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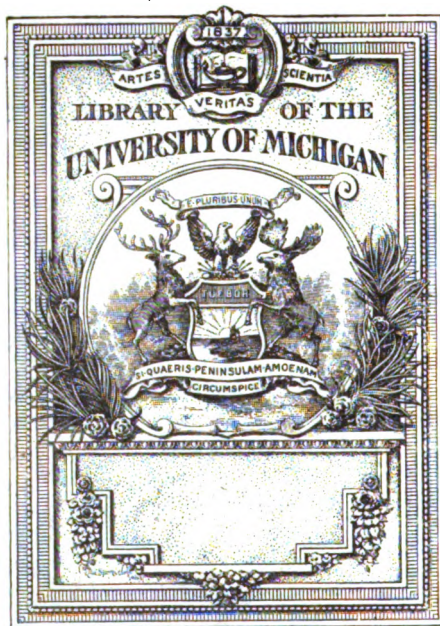
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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

OTTUMWA, Iowa, Dec.—The health of this place is alarming. Doctors congregate about the drug stores like bees in swarming time. There are a few cases of typhoid fever, and coughs and colds, owing to sudden changes in the atmosphere. H. W. ROBERTS.

LOUISIANA, Mo., Dec. 21.—“Distressingly healthy” hereaway, now. The fall months were signalized by an unusual amount of sickness—malarial. *Bry.*, *Nux v.*, and *China*, high, were the leading remedies. Have had some severe cases of pleuro-pneumonia this month, which yielded readily to *Merc. sol.* and *Sulph.*, the 3d trit. The compliments of the season to you. THE UNITED STATES MEDICAL INVESTIGATOR has improved decidedly of late. C. P. JENNINGS.

CHICAGO, Dec. 23.—Nothing of a marked character in my neighborhood except hooping cough—which thus far this season has defied treatment—and erysipelas; two typical cases of the latter occurred in one family. *Lach.* 200 worked well in both cases. In one case the tongue was greatly swollen, protruding nearly an inch; profuse discharge of tough, ropy saliva; neck very sensitive to touch. *Lach.* in water, every two hours, saved the case. *Apis* followed by *Bell.* completed the cure. Both patients were babies. A. E. BALLARD.

WHITE ANT CHOLERA.

I believe all new ideas and discoveries, tending to advance the science of medicine and surgery, should find their way as quickly as possible into our journals, for enlargement and criticism.

As we utilize the poisons of the different snakes, reptiles, fishes, and animals, why not find a valuable cholera remedy in the little white "Ant" of far off India?

To quote from the article, "For at certain seasons of the year, the white ants, the termites, emigrate from one place to another, you may see a great commotion among the natives. They gather the ants by an ingenious method, and deposit them on hot stones or metal plates, and when parched grind them into powder, which is sold for cheap flour. The poor make this into cakes, which, when largely eaten give the consumer a rapid and fatal cholera." If this be true, it is certainly a fine proving of the ant, which doubtless contains a specific for the above disease. I give the hint for what it is worth.

CHARLESTON, Ill.

G. B. SARCHET.

HOW SMALL-POX ORIGINATED IN SYRACUSE.

About a year and a half ago a Syracusean visited New York and in two weeks had what was suspected to be varioloid. Returning home he employed his family doctor, an Allopath, who diagnosed lichen. The patient had a febrile eruption and was sick but a few days, thanks to the skill of his physician or the mildness of the attack, and he was soon able to circulate around among his friends and the public generally. In about two weeks from this attack his infant child had a similar rash and fever. The same doctor was called and he made the same diagnosis and followed it up substantially with the same treatment. Many anxious enquiries about the nature of the complaint were made by the friends and numerous visitors, some of whom strongly suspected small-pox. But the good doctor stoutly denied that it was small-pox, and he opened his big medical books and showed them that it was lichen. In a few days the little sufferer died of the lichen, and a public funeral would have been held but for the timely interference of some one who strongly suspected small-pox. Several persons, who were exposed by taking care of the child, came down with small-pox or varioloid in about two weeks. The good doctor calls these suspicious cases nothing but lichen.

I understand that this was the origin of the epidemic in Syracuse, and I was familiar with these incidents. Since that time some cases of small-pox or varioloid have been mistaken for measles, scarlatina, and chicken-pox, and in consequence, not a few persons exposed have lost their lives.

SYRACUSE, N. Y.

H. V. MILLER.

CONSULTATION CASES.

AN AFFLICTED FAMILY.

My friend, Dr. Ward, of Dahlonaga, four miles north of here, related to me about six weeks ago the history of a peculiarly afflicted family. At his request, we visited them together on the 26th of October.

The family consists of Mr. D., wife, and six children — five boys and one girl. Mr. D. has not been able to do any kind of work for seven years. The four older boys, aged and named respectively: J., twenty-five years; G., twenty-three; S., twenty, and W., eighteen, have not been able to do any work for four years.

CASE I. Mr. D. was first attacked with enteritis, from which he partially recovered, though not sufficiently to enable him to work. An attack of typhoid fever followed which kept him in bed eight weeks. Says he was severely salivated, and made a slow recovery, but not sufficient to enable him to carry on his farm work. He now complains of a dull, aching pain in the umbilical region — the pain is aggravated on pressure, so much so that it makes him feel faint. Two or three times a month the pain becomes severe and of a throbbing nature, at which times the pain passes upward through the chest and on either side of the neck terminating at the top of the head.

The pain is evidently due to some suppurative process as pus and blood are passed from the bowels. Every acute attack has terminated with the passage of pus, blood, and small crusts, after which the sharp pain gives place to the dull. The bowels are constipated, the feces being hard and flattened like gun-wads. His appetite is pretty good. He is emaciated and the skin has a peculiar cachectic look. Family history good.

CASE II. J., has been sick four years. His ill health dates from a severe attack of typhoid fever followed within a few months by measles. He is unable to walk two hundred yards without resting, though he is in medium flesh and has a very good appetite. Complains of feeling very weak, and has a burning pain in the bowels on a line with the umbilicus. Has some pain in the region of the kidneys. The abdominal walls are thickened, and he becomes bloated at times. A warm room is very oppressive to him, and during warm weather the burning in the bowels is aggravated.

CASE III. G.'s history is similar as regards time, but after the attack of typhoid fever he was attacked with mumps. He is emaciated and complains of severe pains after eating any kind of food; also complains of pain in the kidneys. Since having the mumps the left testicle has become atrophied.

CASE IV. S. has also been sick four years beginning with typhoid fever, from which he made a partial recovery. Two years ago he had an attack of inflammatory rheumatism which left its effect upon the heart. There is a blowing sound with each impulse, also a murmur at the base which is conveyed to the arteries of the neck. The apex beat

is in the fourth intercostal space, and the impulse against chest wall abnormally strong though the pulse at the wrist is feeble and thready. Pulsations, 100 per minute. On percussion the area of dullness extends to the seventh rib and two inches to the left of the nipple and one inch to the right of the sternum. He complains of a burning in the chest, and at times severe pain at the apex of the heart and passing up the sides of the neck. His appetite is good; bowels regular; no trouble with the kidneys causing complaint, though he has been troubled with dropsy of the extremities; at present he is as slim as a rail, being six feet tall and weighing but ninety pounds.

CASE V. W., also tall, presents symptoms similar to J., with a like history. He is stronger than the rest and able to go to school but cannot do any hard work.

Now comes the strangest part of the whole. Each of the four boys have been passing a peculiar parasite with the urine, they are about five-eighths of an inch long, head expanded, and body about one-fiftieth of an inch in thickness. When first passed they were quite lively but became quiet as soon as the urine cooled, they were of a greyish color with white specks.

The family had been under Allopathic treatment till June last, at which time they came under Dr. W.'s care. He has given Mr. D. *Merc. c. 3*, and later *Sulph. 3*, with no apparent benefit.

J. has taken *Canth. 3*, and later *Cannabis 3*, with improvement. Has not passed any parasites for forty days.

G. has taken *Cina*, and later *Canth.*, with some improvement. Seen nothing in urine for thirty days.

S. has taken *Ars. 3x*, and later *Canth. 3*, with improvement. Seen nothing in urine for sixty days.

W. has taken *Cannabis* with benefit, and seen nothing in urine for sixty days.

These are the main points. Now what are the parasites, and whence their origin? They have not been troubled with intestinal worms, and the family have used water from the same well for twenty years. I have taken considerable interest in the cases and would like to see them helped, but how to account for the cause of the parasites was a sticker.

As Dr. Ward has the cases in charge and is furnishing them medicine from time to time, according to the symptoms present, he may be able to report something in the future.

OTTUMWA, IOWA.

H. W. ROBERTS.

DR. A. F. RANDALL'S CASE.

For that case of epilepsy of Dr. A. F. Randall's given in the November 15th number of THE UNITED STATES MEDICAL INVESTIGATOR, I would suggest *Bromine 12 to 30*. If the epileptic falls toward the right

I have found it to work well. That symptom seems to be a characteristic of *Bromine* in that disease.

SAN FRANCISCO, Cal.

G. M. PEASE.

THE HOPEFULNESS OF THE CONSUMPTIVE.

In disease of the lungs, the condition of depression is rarely present, and, when so present, is possibly due to some abdominal complication; though, of course, some of the existing depression may be fairly attributed to the anxiety naturally arising from an intelligent comprehension of the danger impending. In tuberculosis of the lung there is commonly such an emotional attitude in the patient as has earned for itself the designation of *spes phthisica*. Here the hopefulness is as irritational as is the depression of some other affections. The consumptive patient just dropping into the grave will indulge in plans stretching far into the future, ignoring his real condition, and the impossibility of any such survival as he is calculating upon. It is a curious yet a familiar state. Hope seems to rise above the intelligence just as in certain abdominal diseases there is a depression which defies its corrections. The intellect is not equal to finding the true bearings or of correcting the exalted emotional centres. In curious relation to these conditions stand well-known differences of the pulse. In chest diseases the pulse is usually full, sometimes bounding; in abdominal disease it is small and often thready. The pulse of pneumonia and the pulse of peritonitis are distinctly dissimilar and contrast with each other. It is well known that there is much more tendency to collapse in abdominal than in thoracic disease; taking the conditions of the pulse together with the emotional attitudes of these affections the synthesis is unavoidable that some effect is produced by the tubercular disease in the lungs upon the emotional centres as opposite to the effect of abdominal disease as are the varied effects upon the pulse; and further that the result is probably produced through the circulation. The explanation which is shadowed out, for it really does not amount to more, is that abdominal disease causes a depletion of the emotional centres—of which depression is the outward indication—while phthisis leads to a plethoric state associated with exalted emotional conditions. In either case the intellectual and volitional centres appear unequal to the task of maintaining the balance which normally exists. As a matter of fact, there are certain mental attitudes found in some diseases which are so regularly present, so well marked and pronounced, that they may fairly be included as a part of the rational symptoms. So commonly is mental depression found along with biliary disturbance that the name *melancholia* was given to these conditions of mental gloom; and modern observation is but establishing the propriety of the term.—Dr. J. M. FOTHERGILL, in *Popular Science Monthly* for March.

MENTAL ACTIVITY IN DISEASE.

There are two distinct physical conditions under which the intellect seems to possess a power and a brilliancy much exceeding the normal standard. These two conditions are: 1. The initial or pretubercular stage of pulmonary phthisis; and, 2. The condition of chronic gout. Whatever difference of opinion may exist as to the explanation of the cause of this high state of mental activity, there can be none as to the fact. There is, as it were, almost an aureola of intellectual light around the heads of those who are about to enter the fated pathway of pulmonary tuberculosis. To what is it due, it is difficult to say. One factor may be some accession of arterial blood to the cerebral cells in excess of the normal flow. We know that there are usually an accelerated pulse-rate and a heightened temperament in such cases. There may be some nerve-communication between the lungs and the vaso-motor nerves of the cerebral vessels, of which we are as yet but dimly conscious, which may some day explain the matter to us. As to the intellectual power of the gouty, there is less difficulty in explaining it. In the first place, the blood of the gouty is highly charged with nitrogenized matter. Carpenter has pointed out ("Human Physiology," Sec. 62) how desirable a nitrogenized diet is for the evolution of nerve-force, while Liebig dilates upon the effect of food upon the disposition, in his well-known "Letters on Chemistry." M. Metz, of Matrray, found the value of a liberal dietary in giving strength of will to irresolute boys in his reformatory. An excess of nitrogen in the system, and especially in the blood, acts as a stimulant to the brain-cells in the case of the gouty. This, however, is but half of the matter; there is an equally, or even more important factor, in the condition of the circulation.—From "*The Mental Aspects of Ordinary Disease*," in *Popular Science Monthly* for March.

[There is a large fatty metamorphosis going on, which, like the effect of *Phosphorus*, tends to load the blood with the fatty elements so necessary to nourish the brain and nerve centres, which as we all know is quite one-third fat.—ED.]

HOMŒOPATHY IN SOUTH AMERICA.

Homœopathy has penetrated to many quarters of the globe, but one would scarcely look to the little Republic of Uruguay, for such a report as has lately been sent to the Hahnemann College. A letter in the Spanish language, accompanied by a table of statistics, has been received from Dr. J. Christiano D'Korth, of Montevideo, in which the Doctor says that the good results obtained under Homœopathic treatment, in the Insane Asylum of that city, have encouraged him to publish the statistics of the last fourteen years, during

which time the asylum has been under his care.

The circular is filled with compiled statistics of the Insane Asylum attached to the Charity Hospital of Montevideo. The Governor, Dr. Isaac de Tezanos, directed the Board of Public Hygiene to set apart a fund for the support of this institution, and for fourteen years, since May 1861, it has been under the care of Dr. D'Korth. Then follows full statistics for each month from May 1861 to September 1875, of which I can give in this brief review but the grand total.

In the men's department there were 71 inmates when Dr. D'Korth took charge, since which time 908 have entered, making a total of 979. There remain 122 inmates, the rest having been disposed of as follows :

Number of patients for fourteen years,.....	979
Discharged cured,.....	617
Left for other causes,.....	73
Died,.....	167
	857
Remaining September 1875,.....	122

(Of the number remaining, 56 have entered since 1873. In the months of April 1867, and January 1868, twenty-two patients were lost by cholera. Can any of our northern Insane Hospitals show better results than these? The Doctor explains that from July 1861, to January 1869, he had charge of both the men's and women's departments, but at the latter date he was confined to his bed for three months, during which time the Allopaths managed to get possession of the women's department and have held it ever since, which shows that the struggle for supremacy is not confined to northern climes. Let us hope for the survival of the fittest.

CHICAGO.

C. B. GATCHELL

THE PAST YEAR.—ITS WEATHER AND ITS DISEASES.

CLINICAL OBSERVATIONS.

[The following article is written for the latitude and longitude of Chicago. It is hoped that our journal will be able to furnish more precise and extended information in another year, gathered and reported carefully from all over the country. It is an unexplored field of observation which is open to us that will yield rich results to science and humanity, if Homœopathic practitioners will take notes of the climatic changes especially with regard to their influence on disease forms and the remedies thereby especially called into action. If these observations are carefully made, and reported frequently we may be not only fore-warned but fore-armed.— Ed.]

The year 1875, has been interesting to meteorological observers in that there have been variations in the atmospheric conditions that were unusual and exceptional.

After a winter of notable severity and duration. The spring and summer have been cold and wet, we could almost say there has been no summer.

The rain-fall has been largely in excess of the yearly average, and there has been almost continued prevalence of northerly winds throughout the year. The south and south-west winds which we always expect from June to November, as surely and regularly as "The Trades," these have been almost entirely absent.

While the temperature has averaged much less, and the humidity greater, we have to note peculiarities in the diseases that have prevailed during this time, and the remedies that have been called for.

While the mortality reports will probably show a smaller average throughout the country than is usual. It is to be noted that in certain localities severe epidemics of scarlet fever and variola have prevailed. For several months Syracuse New York, was scourged with the small pox. And, later until now, Columbus and Cincinnati Ohio, are reported to be suffering severely with the same pestilence.

During this time our city has been entirely exempt from this disease and indeed from any other fatal epidemic; while we have had some cases of scarlet fever and diphtheria, they could not be said to have prevailed epidemically.

The fact that this city with its great population should have escaped in so remarkable a manner from serious epidemics, and especially from the small pox, where it is the thoroughfare for a vast multitude of travelers from all parts of the world, this fact of our entire escape must be attributed to *other* causes than *thorough vaccination*. It would be absurd to assume our city to be any better prepared in that way, than Syracuse or Columbus has been. And so the explanation for these facts must be looked for elsewhere.

While Chicago has escaped so happily from these diseases, she has also had less than is usual of typhoid and malarial fevers, and even the victims of cholera infantum have been comparatively few.

The typhoid cases occurred in more than usual proportion among the wealthy, who lived in *fine houses*, but had wretched *sewer connections*. Our mortality lists have exhibited an unusual number of deaths from nervous diseases, apoplexy and paralysis have been frequent causes, and sudden deaths, from congestion of various organs have often occurred. Chronic cases of all kinds have either gotten well or died, their long waiting has ended.

Our atmosphere has been like that on the mountain tops, stimulating and invigorating. And as a consequence the wide spread demand has been "Curing rheumatism." "Give me something for the epizootic." "Hay Fever" subjects have never before suffered so severely; notwithstanding the coolness of the season many have been obliged to flee for relief, who in former years have been able to remain at home. Other fevers, when *unadulterated* with drugs, were as a rule moderate

and benign. Hæmorrhages have been frequent but they were more often a favorable than an unfavorable incident, they have not been indicative of septic conditions, but were rather a measure of relief to some congested organ.

Routine practice utterly failed in controlling these diseased forms with the old remedies. Exceptional treatment had to be studied out to meet the ailments of this summer. And once found, the remedy had a very wide application.

Our armamentarium has been very limited, we might have abolished many remedies as entirely useless for the present.

We have found more prompt results follow the use of *Ammonium muriaticum* and its hydrogenoid analogues, than from any other line of treatment, it seemed all controlling, for everything between infancy and old age. Besides the *Sal ammoniac* we have found these remedies to be especially useful, viz: *Apis*, *Arnica*, *Arsen.*, *Lycopod.*, *the Kalis*, *Ignatia*, *Hyos.*, *Lachesis*, *Natrum*, *Podoph.*, *Rhus rad.*, *Stibium*, and *Verat. alb.*

With these few, we could treat all forms of diseases that presented themselves with more than average satisfaction and success, and we have had less than usual of ugly complications to deal with, which we believe is owing to the facts of a strictly physiological as well as therapeutical adaptation.

And further-more we modestly affirm that *Bell.*, *Bry.*, *Phos.*, *Nux vom.*, *Rhus. tox.*, and *Mercurius* might as well have been left at home. Scarcely a dose of any of these remedies has been of any use in our hands, during this time while they have been our "sheet anchors" in former years.

We have had to substitute *Hyos.* for *Bell.*, *Ammonium mur.* for *Bry.*, *Ignatia* for *Nux vom.*, *Rhus. rad.*, for *Rhus. tox.*, and *Kali. or Natrum* for *Mercurius*; the acids never before were of so little use. Even *Arsenicum* was often forgotten, or if given failed us.

And now the questions are how long will these conditions last? And what is coming next?

In answer to the first, we can only say that Rademacher's observations lead to the conclusion that wide spread epidemic conditions continue from six to eighteen months. If this be a general truth we should find a radical change in the disease forms through this area, be it large or small(?) during the next three months, for this condition of the atmosphere has endured now for more than a year.

What will take its place, it is not in our power to predict. But in the coming time it is not vain to hope such predictions may be made, when new facts are discovered and sufficient data are collected, with which to prognosticate the future.

Whatever this change may bring, and whenever it comes, we must expect to find a *new typical remedy* and its analogues, called for, and it may be soon selected by careful study especially if we do not have to deal with putrid and malignant forms.

CHICAGO,

A. W. WOOWARD.

EFFECT OF MIND ON THE SPLEEN.

BY MRS. E. C. COOK, M. D., BUFFALO, N. Y.

Read before the Chicago Academy of Homœopathic Physicians and Surgeons.

At the age of twenty-three, this patient being six months pregnant, jumped from the top of a high lumber wagon, her husband simply taking hold of her hands. This one act of his life is a sample of all of it. He did not believe in a woman making a fuss or complaining. Some flooding and severe pain ensued, and he finally called the village doctor, who enjoined absolute rest, and a miscarriage was prevented. She was soon at work again, and went to full term. The child never grew any more but seemed healthy. This patient never saw another day of health, although she lived twenty-five years. During the next five years she had twelve miscarriages, and became extremely emaciated and apparently at death's door.

She was then brought to me and remained under treatment for several months, and restored sufficiently to go through another pregnancy. At its close dropsy supervened and she barely escaped death. Very soon after this the spleen began to enlarge and harden; the countenance was very sallow, the menses irregular, and the nervous system became *almost a wreck*. Thus she dragged along her weary, unhappy life, trying vainly to please her tyrant husband, and actually begging for the comforts of life, although this husband paid the largest income tax of any man in his town. I mention these things because I feel that the state of mind influenced the health of this woman in a very wonderful manner. When she was removed from his depressing influence for a few weeks, great improvement of the spirits always resulted, and a temporary improvement of the health in consequence. The spleen however continued steadily to increase in size until it became about ten inches in length and eight in thickness, as nearly as could be ascertained. Then the liver began to suffer and *it also* enlarged slowly but steadily until the climactic period arrived. The uterus and ovaries then took on their share of diseased action, and at the post-mortem three small fibroids were found in the uterine walls, and you see the condition of the ovaries, the only part of this interesting case we could smuggle under the close surveillance of the husband.

The spleen weighed six and the liver ten pounds. It has never been my fortune to know a lovelier character than this woman possessed. On her death bed she told me she had *never*, during her married life eaten a meal with her husband, that she did not choke down tears, or leave the table to prevent them! It has been a query in my mind, whether or not grief did not play an important part in producing this diseased condition of the liver and spleen.

CASE II.—Disappointed love did no doubt play an important part in the case of a maiden lady, at whose post-mortem I removed a cystic tumor of the spleen, weighing sixteen pounds. On my way to this city, I exhibited this tumor to the class at the Homœopathic college in Cleveland and left it, in its museum. For twenty years this woman's

skin was spotted as a leopard's. The dark liver spots, (as they are called) covering at least one-third of the entire body.

Among the scores of doctors who examined this case, not one suspected splenic trouble, but all agreed that the diseased liver was the cause of the dropsy which terminated her life. There was no enlargement of the spleen, or pain to indicate its diseased condition, but a dropsical state gradually increasing until tapping was resorted to for relief. Four weeks intervened between the first and second tapping, and the time grew shorter between each, and after twelve operations, each time from twelve to twenty quarts of albuminous fluid removed, death ended the sufferings of the patient. Before the removal of the tumor the fluid was again drawn off, and the numerous attachments broken up, and by a peculiar process not known to many but doctors, I severed the specimen. It consisted of numberless cysts from the size of a pin's head to those which had contained the largest amount of the fluid. Scarcely two of them resembled each other in color or consistency of their contents.

OBSERVATIONS ON THE THERAPUTICS OF (TYPHOID) TYPHUS FEVER.

FROM WURMB UND CASPAR'S KLINISCHE STUDIEN—TRANSLATED
BY A. MCNEIL, M. D., NEW ALBANY, INDIANA.

[Continued from page 441.]

As is evident from the following, there can be but little difficulty in designating the indications for *Arsenicum* and *Veratrum alb.* in this disease, if we only consider that in the above description of the disease the phenomena occur only in the highest state of development, and to these there only need be added the associated consecutive phenomena in a proper manner.

INDICATIONS FOR ARSENICUM.

The patients are in a very restless and anguished frame of mind, and are really so weak that they can only move the hands, feet, and head, but not the body, and therefore cannot voluntarily change their position in the bed. The pulse is very quick, even uncountable and usually irregular. The temperature is increased very much; the cheeks are burning hot and red, and the thirst insatiable. That the decomposition of the blood advances equally as fast as the signs of irritation, is proved by the exanthemata, ecchymosis, the violent hæmorrhage from different organs, the condition of the discharged blood, and the destruction of tissue on the parts on which they lie, and on other parts.

The sensorial activity is no longer subject to the will; the reciprocal relations between them are disturbed and confused; the uncontrolled, exalted imagination calls forth unusually vivid images in quick succes-

sion. The images are always of an anxious character, they appear to float before the patient; this kind of delirium is almost always present and is not absent even when the excitement yields to stupor; for although the former active delirium is changed into a constant murmuring, yet the condition of irritation is revealed by the sudden startings, the twitching of the muscles of the face and the facial expression. The perceptive power is often entirely suppressed; therefore the patient complains of nothing; the discharges from the bowels pass unconsciously; the urine is often retained and the bladder so much distended that it appears as if it would burst, and even does really burst if the urine is not removed by mechanical means at the proper time.

The lips and tongue are dry, the latter often like wood, furrowed and either clean or thickly coated; the covering of the tongue is frequently brownish-black, and sometimes covers the lips and teeth also. Their language cannot be understood, many times speaking is impossible.

The intestinal secretions are colliquative; the stools are very frequent, watery and bloody; the meteorism is often enormous.

In the lungs are to be heard many coarse rales and purring and whistling sounds.

Nutrition sinks rapidly; the patient is extremely emaciated.

This state of excessive decomposition and breaking down of tissues, united with, and perhaps more correctly speaking, arising from over-irritation, leads frequently to death, which comes either in the period of excitement or after the transition into the torpor which may follow. If health returns the irritation of the vascular—and the nerve-life abates and then usually the opposite condition of relaxation occurs. In the beginning of the improvement, there occurs a quiet refreshing sleep of short duration; this condition lasts frequently a long time, for generally the proper proportion of sleep is the first indication of improvement. The derangement of the different organs being adjusted, the harmony between them returns and the performance of the functions, although languid, is normal. The remaining morbid symptoms disappear gradually, but the last to go is the meteorism; but there still remains an extreme debility which often keeps the patient in bed for months.

In many cases this condition of weakness extends to the psychical activity, so that the patient becomes weak-minded or even idiotic, and remains so for a long time. The effects of the destruction of tissue heal slowly in the usual way.

Frequently death occurs in consequence of perforation of the intestines, or from intestinal consumption, or from the debilitating effects of the suppurative process on the extensive surface of the decubitus, when the typhus process itself is completed, and convalescence has apparently begun.

INDICATIONS FOR CARBO VEG.

Among the indications for the choice of this remedy are also as in

Arsenic, the breaking down and decomposition of the organic substances. The symptoms of excitement are absent in the typhus in which *Carbo veg.* is indicated; the torpor is everywhere manifest in an equal degree, and finally sinks into perfect paralysis; when the condition which *Arsen.* finally produced through over-irritation is caused by *Carbo veg.* directly by depressing the vital activity, therefore in the selection of a remedy, a compounding of these remedies is easily avoided.

We find therefore in cases in which *Carbo veg.* is indicated, the following: The circulation of the blood is usually not accelerated, and the pulse is even then extremely weak, in fact sometimes scarcely to be felt; generally the blood moves slowly through the vessels, and frequently clogs in the capillaries of the lips and limbs, and causes a cyanotic condition. The well-known signs of decomposition of the blood soon appear, particularly ecchymosis and decubitus.

The temperature is not increased and often sinks below the normal. The whole body is frequently covered with a cold clammy sweat.

The sensorial activity is, as it were, devoid of all expression; the patient lies on his back, sunk together, with closed eyes and open mouth, he is as the expression of the face indicates, scarcely conscious of anything; and either cannot be aroused at all or only with difficulty for a moment; he is conscious of no wants, etc.

The tongue is generally moist and of a pale bluish color: the colliquative discharge from the bowels flow off involuntarily.

The mucus rales are loud, even audible at a distance; the respiration is very difficult, but notwithstanding there is but little cough, in fact it is frequently entirely absent; the expectoration is frequently bloody; hypo-stasis of the lungs is always present.

If the disease takes a favorable turn it is so gradual that it is scarcely perceptible, therefore the favorable change is first discovered when it has existed several days; first of all the circulation improves; the pulse becomes stronger; the temperature of the skin is increased and more uniform.

The consciousness returns for a moment at least and at every return continues longer; soon after, the diarrhoea is lessened; the meteorism abates much later than in the other typhus cases; the decubitus requires much more than the usual time to heal, and it is still longer before the debility is entirely gone.

Death may happen at any stage from the usual causes, even when the convalescence is far advanced.

We have in the course of the year never had the opportunity of treating typhus which at the beginning, or soon after, demanded the employment of *charcoal*; the condition corresponding in similarity to this remedy occurred unfrequently, and then always when the disease had continued some time, and we therefore always had to administer other remedies at the beginning. It was the same in *Arsen.* for in almost all cases when it was employed the indications were not present at the beginning; typhus which required in the beginning the use of this remedy, appeared only exceptionally. The character of the epi-

demic prevailing in Vienna this year did not favor their production.

When we employed *Arsen.* and *Charcoal* only in such cases which were similar to those described, or at least come near to them, yet we could not see from these remedies any brilliant results. That they, however, even in very extreme cases of perfectly developed typhus, sometimes accomplished something, perhaps the following observations will show :

All the varieties of which we have hitherto spoken, of whatever degree of violence, and whether they required for their treatment poison *Sumach* or *Arsen.*, *Phos. acid* or *Charcoal*, agreed in one thing, viz: that there was present in some measure an agreement between the affection of the vegetative and the animal sphere. These varieties of typhus most frequently occur, and those remedies are consequently the remedies which must be employed most frequently, but however other cases occur in which such harmony does not exist, but on the other hand are characterized by a lack of symmetry between the disturbances of the vegetative and the animal life, and therefore demand the employment of other remedies. In regard to the latter we believe that the two following remedies are to be recommended based on the observations which we have had the opportunity of making during the year, viz: *Veratrum alb.* and *Cocculus indicus.*

[TO BE CONTINUED.]

CONFIRMATIONS OF THE ILLUSTRATED REPERTORY.

BY R. R. GREGG, M. D., BUFFALO, N. Y.

We design giving cases from practice, from time to time, as we obtain them, which serve to confirm the symptoms of the various drugs as we represent these upon the plates. And to make this work general, and therefore so much more reliable than could be the case from the observations of two or three physicians, we ask our readers to forward us the results of their clinical experience in this direction, that such may be given for the benefit of all. But to ensure the greatest reliability in this matter, we should very much prefer, and have no doubt others would desire those cases which are cured by a single dose, or at most a very few doses of the high potencies, given at long intervals. Then we can all know that they are really *cures*, or that the medicine acted in a curative manner, and not in suppressing the symptoms to be followed by worse conditions. Again, it would be preferable to have those cases in which a long line of complicated chronic symptoms were broken up by the single dose — the key to the remedy being furnished by the position and direction of the arrows.

Natrum Muriatricum. — Dr. George F. Foote has confirmed the symptom of this drug, represented in our plates by an arrow extending from the upper portion of the left lung, out into the left shoulder joint.

The case was as follows: A lady aged about thirty years, had complained of this symptom some two years. It was at times very severe and attended with many other symptoms which we cannot now give, owing to the Doctor's absence. She had, for some years previous to the appearance of the pain in the superior portion of the left lung, suffered greatly from facial neuralgia, upon the left side. But this was finally suppressed by local, and other wrong treatment, and soon after, the disease seated in the lung. And as we have said she suffered from this some two years until Dr. F. took charge of the case. Upon ascertaining the locality and direction of the pain, he consulted the plates, and found *Natr. m.* to be the *only* remedy for such a symptom. Then by using this as a key to the case he examined the Symptomen-Codex and there found, under this drug, all the symptoms of which his patient complained. Upon this he at once administered one dose of *Natr. mur.*, 40,000. He said this entirely relieved all the suffering in the lung, in forty-eight hours time, when the facial neuralgia returned with great severity, and upon the same side as formerly, that is, the left side of the face. This continued very severe a few days, then gradually disappeared, without further medication, and the lady left here for the west some weeks after, averring that she was entirely cured of all the symptoms from which she had suffered so long and so much.

Kali Bichromicum.—In January, 1870, we were called to a lady, aged some 36 years, who was suffering from chronic disease, the result of an attack of cholera morbus in the preceding August, and its partial suppression by a long course of Allopathic treatment. We say partial suppression for the reason that she was a long time in getting any relief, and was finally left with a chronic diarrhea which troubled her daily. The evacuations generally occurred in the morning and forenoon, seldom in the afternoon or at night. She was much exhausted from it, and failing to get better by the treatment she had been pursuing, she went to a Water Cure establishment in November, and remained there some two months under treatment. This afforded some, though not entire, relief to the bowels, but at the expense of driving so much of her disease to the lungs. At least she returned with a cough and other symptoms showing that irritation was arising in the respiratory organs. We prescribed in succession *Arsenicum*, *Phosphorus* and *Nux Vomica* in the order named, giving each several days to develop its action, but the results were not satisfactory. They ameliorated the cough and relieved the other chest symptoms somewhat, and as they did this the diarrhea became worse, still they did not seem to us to act in a really curative manner. Under the latter named drug, however, there came a decided change of symptoms, for one day as we called, our patient was complaining that she was taken early that morning with very acute pains in the chest. Upon enquiry for their locality she said they darted through the right lung, from just below the right mamma, to the back below the right scapula. She also said that at the same time she suffered with very acute pains darting from just behind the left hip joint down on the outside of the

left thigh, and sometimes to the calf of the leg; and that with all the rest she had severe acute pains about the left eye and left side of the forehead, from which she had suffered at times, very much, for years.

Not remembering the remedy for this combination of symptoms, we returned to our office and consulted our plates. These directed us to *Kali b.*, and upon consulting the symptoms of this drug, in the *Symp-tomen-Codex*, we found the following: "Stitches under the sternum through to the back," and "Dull heavy pain in the right side of the chest, passing through to the back, recurring at intervals of twenty minutes, and lasting about that time." Then again: "Pain in the course of the left sciatic nerve, extending from behind the great trochanter to the calf of the leg," and "Darting pain down the outside of the left thigh." For the pain about the left eye and forehead we found the following: "Violent shooting pains from the root of the nose along the left orbital arch to the external angle of the eye," which "begins in the morning and increases till noon." Also this: "Soon after rising in the morning, darting pain in a small spot over the left eye, spreading over the forehead, but still remaining worse at the original spot; worse on motion; with gastric derangement, lasted several days." The lady always had gastric derangement with these headaches, and this attack commenced in the morning. We consequently prescribed *Kali b.* 200 one dose, followed by *Sac. Lac.* which in a day or two entirely relieved all the pains, and in a week so far relieved the diarrhoea and recruited her strength that she went down two flights of stairs, to her meals, a thing she had not before done since her first attack in August. And she was able to go out to ride in two or three weeks, and now appears as well as ever.

Could science, in any of its departments, go further, or be more exact than it was in this instance, in pointing out by the three different localities, the curative remedy for the case? True, the chest symptoms were not so exactly covered by the language of these, which we have quoted from the provings, as were the thigh and eye symptoms, but this was no doubt owing to those symptoms not having been carefully located by the provers. A re-proving would no doubt show pains in the chest to exactly correspond to the clinical result in this case. And we place the arrow to correspond with such result, but put two tails upon it, one to represent an acute pain passing from behind the sternum through to the back, according to the *Materia Medica*, and the other under the right mamma, upon the same arrow, to correspond with the facts of this cure.

VERATRUM IN FROTHY VOMITING.

A very prominent indication for *Veratrum* is FROTHY vomiting, followed by vomiting of yellow matter, or bile, and attended by an intermitting pulse. This combination we have recently met in two cases, one with very serious trouble at the base of the brain, the other in a case of pneumonia complicated with acute bronchitis. In both the conditions were of the most serious and alarming character, and yet

Veratrum 2000 afforded very prompt and very great relief, taking the cases almost at once out of danger. The intermittent character of the pulse was as marked in each as we have ever seen. With the lung case there was cold perspiration, in the brain case there was no perspiration.

THE THERAPEUTICS OF NEW REMEDIES.

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

Volume II; New York: Boericke & Tafel. \$6.00.

This therapeutic volume is made up of the observations found in the second edition with others obtained since and much that has appeared in the journals.

The author says: "This volume contains my own personal experience in the therapeutical use of the New Remedies, together with the clinical experience of physicians belonging to the Homœopathic and other schools of medicine. With some remedies this experience extends over a period of more than twenty years; with others a briefer time; a few of the medicines I have not used. In quoting the clinical experience of others I have tried to give all the authorities as far as attainable. I have not intended to show any preferences, for I believe in tolerating the largest liberty of opinion and practice. I have tried to explain the law of dose, based on the primary and secondary action of drugs, and have given some illustrations which appear to prove its truth. I expect it will meet with that persistent opposition and severe criticism, which greets every discovery or new principle; but my convictions are strong that when accepted and adopted it will prove of incalculable value in the advancement of our school of practice, and to the art of healing."

This law of dose has been before the profession several years. Its use presupposes a division of all the symptoms of a remedy into two classes, primary and secondary. As this is not done in the authors symptomology nor else where, the practical test of his law is therefore impossible.

We miss the proving and experiments with the remedies. In this day of physiological experiment and study, we need these to understand the sphere, range of action, organology, order and sequence of symptoms, series of symptoms, groups of effects, in fine, to get a panoramic view of remedies as well as the tabulated effect upon each organ. We look for such a work by and by. It must be made by a most skillful physiologist assisted by the best materia medica interpreters in any ranks. The present arrangement of the pathogenesis is perhaps the best possible for the profession, and the therapeutic results of experience the next and most needed of all volumes. Still a time is not far distant when the necessity for a third volume, giving the experiments with the drug, will be more apparent than it is to-day.

These volumes make very interesting reading and will no doubt well repay consultation. There is not that enthusiasm manifest in the first editions, experience grows cautious. The success of this work is one of the marvels of the decade.

Materia Medica Department.

PRIMARY AND SECONDARY SYMPTOMS OF DRUGS.

BY H. V. MILLER, M. D., SYRACUSE, N. Y.

Scattered through the pathogeneses of drugs may be found alternations of primary and secondary symptoms. These are exactly opposite to each other in their character. Primary symptoms are not necessarily the first developed in drug-provings, but they represent drug-action as distinguished from secondary symptoms produced by vital reaction and designed to overcome or remove the cause of the disturbance. Either of these effects may embrace a single symptom or a train of symptoms. The first symptoms of a drug-proving may be either primary or secondary according to the size of the dose. Comparatively large doses are required to produce upon the nervous centers a decided and powerful impression. This is primary, and it may be either irritating and exciting or depressing, according to the nature of the drug. The succeeding vital reaction is secondary. But small doses produce a prompt reaction without developing primary symptoms.

A large dose of *Belladonna* produces dilated pupil by paralyzing the sphincter. Most of the provings of *Belladonna* give dilated pupil, because they were made with massive doses of the crude drug. In some instances contracted pupil is given as a symptom of this drug. But this symptom doubtless represents vital reaction, whether following a large dose secondarily or immediately succeeding a small dose. Large doses of *Cicuta*, *Cina*, *Hyoscyamus*, *Opium*, *Stramonium*, etc., also produce dilated pupil, and this symptom often leads to the selection of the appropriate remedy. Small doses of *Opium* produce contracted pupil as a reactionary symptom. When dilated pupil occurs in connection with itching of the nose and other worm-symptoms, *Cina* is generally indicated. When attended with convulsions, *Belladonna*, *Cicuta*, or some other cerebral remedy is suggested.

Large doses of *Alcohol*, *Belladonna*, *Cannabis, ind.*, *Opium*, etc., produce stupefied and comatose sleep as a primary symptom and sleeplessness as a secondary symptom. But alcoholic sleep is at first snoring as if apoplectic; later, not to be roused. In alcoholic insomnia,

the patient tosses from side to side during nearly the whole night, getting only broken snatches of sleep attended with frightful dreams. *Belladonna* has lethargic slumber with cold face and hands; or soporuous condition with violent convulsions of the extremities and hot head, red face and protruding eyes. Secondly, it has sleeplessness, and, when falling asleep, starting up in fright. Also starting up in fright with sensation of falling deep down, which causes shuddering. The child tosses about, kicks and quarrels in his sleep. *Cannabis ind.* has profound sleep as if dead-drunk, or interrupted drowsiness and wakefulness, cat-naps, dreams pleasant, vivid, voluptuous, prophetic, etc.

Cannabis ind. primarily has exaltation of animal spirits, excessive loquacity and immoderate laughter, and secondarily, great anguish, depression of spirits, moaning, weeping and taciturnity. It is similar, and hence antidotal, to alcohol, but it produces greater excitement, followed by corresponding depression of the animal spirits and of the imagination.

Alcohol, one of the most extensively proved of all drugs, produces the following remarkable group of primary and secondary symptoms :

A feeling of lightness and clearness in the head, a rapid flow of thought without the faculty of concentrativeness, loquacity, hilarity, exaltation of spirits and then mental confusion and heaviness, taciturnity, moroseness, extreme misery, sadness and melancholy ; spasms in pharynx and œsophagus, and paralysis of the same muscles ; quantity of urine increased and then diminished ; sexual desire at first increased and after a time diminished, and finally impotence ; circulation quickened and then retarded ; respiration quickened and then retarded ; increased warmth of the extremities followed by coldness ; a feeling of increased strength and then debility ; marked sensory paralysis followed by hyperæsthesia ; deep comatose sleep and insomnia ; muscular debility, trembling, delirium tremens, convulsions and coma ; apoplexy and paralysis. It also has paralysis of the sphincters of the pupil, the rectum and the bladder.

All these symptoms are produced by nervous excitement and anæsthesia or resultant nervous prostration and hyperæsthesia.

Primarily from nervous excitement there are : Quickened circulation, and in consequence, quickened respiration ; increased warmth ; increase of apparent strength ; increased quantity of urine ; increased sexual excitement ; increased excitement of the imagination and of the intellectual powers, and muscular spasms ; also, paralysis of the sphincters, anæsthesia, and deep sleep.

Secondarily, from nervous exhaustion there are : Depressed circulation ; diminished respiratory action ; external coldness, from diminished capillary circulation ; muscular debility, from defective nutrition ; diminished urine ; impotency ; melancholy ; confusion of mind ; hyperæsthesia ; insomnia. and general paralysis.

STRYCHNINE ANTIDOTE.

The report of a case of poisoning by *Strychnine* in No. 11, Vol. II, of THE UNITED STATES MEDICAL INVESTIGATOR, by H. P. Cole, calls to mind the case of a large dog, which had taken the poison by means of an alluring piece of beef. The usual symptoms in such cases were fully developed with every prospect of a speedy death, when a quantity of the fluid extract of *Apocynum can.* was poured down the throat of the animal, soon after which he returned to consciousness and activity, to the great annoyance of near neighbors and perhaps others. A few weeks afterwards, the same symptoms were manifested and the same treatment restored the nuisance to activity, but the third attempt to destroy his life was more successful, as no antidote has been discovered to the effects of a minnie ball penetrating a vital part.

There is no doubt by those who saw it, that the *Apo. c.* antidoted the poison in the above instances.

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L. B. HAWLEY.

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UTERINE DISPLACEMENTS.

BY M. S. CARR, M. D., GALESBURG, ILLINOIS.

HISTORY.

There is no doubt that the earliest practitioners of medicine were familiar with the subject. The disease is distinctly mentioned by Hipocrates, and more clearly and exactly still by Galen, about the second century of the Christian era.

This remark applies not only to prolapsus but also to versions, which were evidently understood. Coming down to the middle of the eighteenth century we find gynæcologists paying attention to versions and even flexions of the pregnant organ. Denman was the first writer who described flexions of the unpregnant uterus, which he did in reference to a case of retroflexion about the year 1800. Soon after this there appeared several writers on the subject, among whom Simpson and Bennett, of Edinburgh, and Hodge, of Philadelphia, take high rank, who have brought to bear upon this subject the light of reason and science. The facts contributed by these authors have been gradually merged into the common stock of medical knowledge and admitted into all systematic works on gynæcology. But most of all are we indebted to Simpson, who opened the way to a correct diag-

nosis by introducing the uterine sound. Hardly less to Bennett for insisting upon the fact that structural disease is very generally the cause of displacements. In this country the profession is especially indebted, for correct views upon the subject, to Dewees, Meigs, and Hodge; more especially has the latter of these identified his name with it by important contributions to its pathology and treatment.

In considering this subject we shall notice first the

ANATOMY.

The uterus is delicately poised in the pelvis and prevented from descending to its floor by three agencies :

First. The vaginal walls which rest on the sphincter vaginæ muscle.

Second. A surrounding investment of *pelvic cellular tissue*, which encloses the vagina and uterus, together with their vascular connections. In structure it is eminently fibro-elastic, and muscular, also, where it surrounds and constitutes the framework of the utero-vaginal vascular plexuses; so constructed, it forms an integral part of the uterine system, which may be conceived as having been thrust into the pelvis between the rectum and bladder, and there fixing itself by cellular attachments to every available part of the pelvic cavity. The independence of this collocation is exemplified in certain forms of pelvic subperitoneal abscesses of long standing which leave unaffected from first to last the rectum, uterus, and bladder. The uterine cellular system is continuous at its periphery, with every part of the subperitoneal cellular tissue at the lower part of the abdomen. A great deal of support is derived from this tissue, which so closely unites the uterus with the rectum and bladder as to involve a displacement of this latter organ in its descent.

Third. Certain ligaments which attach it to neighboring points for support from the posterior face of the neck there run two folds of peritoneum which go to the rectum. These enclose corresponding bands of fibrous tissue which attach the cervix to the sacrum, which are called the utero-sacral ligament. There are also two corresponding bands connecting the cervix with the bladder in front.

There is no doubt that these three influences unite in prevention of prolapsus of the first and second degree; when they are entirely overcome and the descent has become complete, then the round and broad ligaments come in play, but not until that has occurred.

Retroversion of the uterus is prevented by the round ligaments, two fibrous cords which pass from the fundus to the pubes, the broad ligaments which attach it to the pubic walls, the utero-sacral ligaments, and the vaginal walls.

Anteversión, which is generally associated with flexion, is guarded against by less numerous and less effectual means; the presence of the bladder, the broad and the utero-vesicle ligaments, and the walls of the vagina, are the only preventives.

None of these means of suspension are concerned in flexions and inversions, which are combatted by entirely different means. The tissue of the unimpregnated uterus is of such strong resisting character in the adult female as to prevent too great a curvature of the body upon the neck, either anteriorly, laterally, or posteriorly.

CAUSES.

First. Influences which increase the weight of the uterus, such as congestion; tumors in walls of cavity; pregnancy; hypertrophy of any of its component parts; subinvolution; fluid retained in cavity; masses of cancer or tubercle.

Second. Influences weakening the uterine supports, such as rupture of the perineum; weakening the vaginal walls; stretching the uterine ligaments; want of tone in the uterine tissue; derangement of uterine tissue.

Third. Influences pressing the uterus out of place, such as tight clothing; heavy clothing supported on the abdomen; muscular efforts; ascities; abdominal tumors; repletion of the bladder.

Fourth. Influences exerting traction on the uterus, such as lymph deposited in pelvic cellular tissue; shortening of uterine ligaments; natural shortness of vagina.

The mode of action of each of these causes is so evident as to require no special mention farther than to say that, in the cases which have come into my hands so far, subinvolution has been the most common cause, and muscular effort the second. In the vast majority of cases they date their troubles from the last pregnancy, when, from a foolish ambition to make a rapid recovery, or from the urging of ignorant nurses, or too officious friends, they get up too soon, and the weight of the uterus combined with the relaxed condition of the ligaments and cellular tissue has produced the disastrous result. Or after some extra muscular effort, such as reaching up to fix a window curtain, or pushing on the hands and knees to stretch a carpet, they fell something give way, become suddenly ill, and from the carelessness or ignorance of the physician the trouble is not detected until a confirmed displacement is the result.

The displacements resulting from these various causes have received the following appellations: Prolapsus, anteversion, anteflexion, retroversion, retroflexion, lateroversion, lateroflexion, and inversion.

It will not be necessary for the purpose of this article to enter into a minute description of the different forms of displacement, as they are well understood by any well-read member of the profession.

PATHOLOGY.

It is well known that there is a wide difference among medical men as to the pathology of uterine displacements. Some claiming, with the Bennet School, that they all arise from or are the result of inflammation, generally located in the cervix, resulting in ulceration of the os, requiring active depletive and *Caustic* treatment, and that when this is

removed the uterus will be restored to its normal place. This school have carried matters with a high hand, and at one time the physician who did not go constantly armed with his speculum and *Caustic* was considered an old fogy and behind the time and age.

We have the opponents of these who claim that displacements are the result of certain alterations of the tissues of the uterus which cause a change of shape, and as a result of this change a strangulation of the circulation becomes established and permanent, flexions or versions is the result. This class of pathologists depend almost entirely upon mechanical support in the form of pessaries and abdominal supporters, and the use of tents to dilate the cervix and thus straighten the obstructed canal and relieve the strangulation. In this case, my opinion is, that neither are entirely correct, and that cases do arise attributable to both; but my experience, limited as it is, leads me to adopt the latter theory and consider ulceration of the os, in most cases, the result of displacement of the uterus and very rarely benefitted by local treatment unless accompanied by means of mechanical support. I am led to this belief from the fact that in numerous cases that have come into my hands where *Caustic* treatment had been used and without relief, they have made rapid recovery on the application of a carefully adjusted pessary.

In order to a full understanding of the pathology of uterine displacement, it will be necessary to explain a little more fully the peculiar manner in which the uterus is suspended in the pelvis. The upper part of it, which is the main part, has no attachments posteriorly or anteriorly sufficient to absolutely maintain it in one position. The uterus is suspended in such a manner that a degree of motion is allowed anteriorly and posteriorly, and as there is much more motion allowed in its upper than in its lower portion it rarely moves from side to side, because, laterally there are attachments which bind the uterus pretty effectively to the side of the pelvis and the cervix is kept pretty firmly in its place by its attachments to the rectum and vagina. Thus we see that the fundus of the uterus is constantly moving with the contents of the pelvis; when the bladder is full it is thrown backward, and when the rectum is full it is thrown forward, and it depends mostly upon the thickness of its walls and the proper tone and elasticity to keep it in proper position.

This very delicate adjustment of the uterus in its position in the pelvis is a physiological necessity. It would be impossible otherwise for the uterus to expand and undergo those changes of position which are involved in the existence and course of pregnancy. It is the upper part which undergoes this expansion in pregnancy and this part is left comparatively free.

Again we must notice the character of the circulation; the vessels of the uterus enter for the most part from the sides of the organ.

The arteries are derived from the uterine artery which passes upward from below along the sides of the uterus giving off very numerous branches which pass inward to the uterus and the greater number of them about the situation of the internal os uteri. These branches of

the uterine artery are mainly concerned in giving artificial blood to the uterus, but not entirely so, for there is a free inosculation at the junction of the Fallopian tube and the fundus uteri between the extremities of the uterine artery and the branch of the spermatic artery which supplies the Fallopian tube itself. Were it not for this inosculation, which is effected, however, through a vessel small in calibre, the cutting off of the circulation in the uterine arteries would deprive the body of the uterus of blood. The veins issue from the sides of the uterus, forming large plexuses around the organ. It follows from these considerations that the application of a ligature around the uterus, at about its middle, would materially effect the circulation in the body of the uterus, and that it would tend at last to induce congestion of the body of the uterus while the effect of such ligature would not interfere materially with the circulation in the cervical part of the uterus.

A ligature is substantially applied to the uterus when it is flexed or bent upon itself; the amount of arterial supply from the uterine arteries is then lessened from the compression these vessels undergo. It is true that the vessels are outside of the uterus, and it may be conceded that the bending of the uterus itself may leave the main trunk still patent as ever, but the moment they enter the tissue of the organ they inevitably fall under the effect of compression. A disturbance in the circulation in the body of the uterus thus results—a disturbance which the small anastomatic branch connecting the spermatic and uterine arteries cannot adequately rectify. Probably this strangulation of the uterus, which is a term I propose to employ in designating it, is present to a greater or less degree in all cases of flexion, being more marked in proportion to its degree, also in proportion to its sharpness.

From this we can readily see that from this mechanical change of the uterus which takes place in displacements, particularly in flexions of the womb, there occurs a congestion of the body of the womb which results in a permanent derangement of the tissue. This strangulation produced by compression of the tissue of the central part, has effects which are very important, clinically, beyond the mere congestion. This congestion may be accompanied by extreme nervous sensibility of the organ, which are marked by hysterical phenomena. The fundus of the uterus becoming engorged and extremely sensitive to the touch.

From all these facts we are led, I think, to the conclusion, that in the vast majority of uterine displacements, in the first place, the dislocation is produced by constitutional troubles which prepare the way for such disasters, and from that time until the uterus is restored to its proper place the displacement itself becomes a cause of a long train of severe and annoying symptoms, and may lead to a permanent disorganization of the uterus itself.

SYMPTOMS

are dependent upon two results growing out of the displacement :

First, the mechanical interference of the uterus with the surrounding parts; second, alternations induced in its circulation and tissue

by reason of its abnormal position.

Some of the leading symptoms are: Sensation of dragging and weight in the pelvis; rectal and vesical irritation; pain in back and loins; great fatigue from walking; inability to lift weights; leucorrhœa, and other signs of congestion,

When a patient presents the above symptoms and on inquiry into the history of the case we find at some time in the past, it may be a few years or longer, they have after some muscular effort been suddenly prostrated; or after a confinement they have never properly recovered their usual health and date their troubles from that time. We have ample reason, and do not do our duty to ourselves nor to the patient, if we do not insist on making a thorough physical examination.

EXAMINATION.

First. Vaginal touch, will be the first explorative measure. During this examination the patient should be upon the back with her legs flexed; the os should be carefully examined, then the cervix, then the recto-uterine space, then the space between the bladder and uterus. The state of the ovaries should then be tested by lateral pressure.

Second. Conjoined manipulation. This is accomplished by placing one hand outside of the abdomen whilst the index finger is in the vagina and thus holding the uterus between the two and making a complete examination of its outer surface and size. This is of great importance and should in no case be neglected.

Third. The uterine sound, which is by far the most valuable and certain means of discovering a displacement, and, in fact, an examination is not conclusive without it.

The use of the sound requires a great deal of practice, but no physician should consider himself competent to treat uterine displacements unless he has made himself completely and practically familiar with its use. To give a complete list of the symptoms that may be produced by uterine versions and flexions would be to give almost every symptom to which the human organism is liable. It is astonishing to one who has not given the subject careful attention to see what an array of symptoms may be presented as the result of a very slight displacement, and again in another case it is astonishing to see how few symptoms may be present in a case of grave and long standing displacement; hence the importance in all cases of this nature of making an early and careful physical examination and of using the sound which is the only sure means of a correct diagnosis.

I recollect a case of a lady who had been treated for four or five years for various diseases, and with various results, sometimes she would seem almost well, again she would commence to run down. She had been examined by several physicians of long experience, and on every examination it had been decided that no displacement existed and that to other causes must be attributed the suffering which she

endured. I had been called in council several times and was strongly and decidedly of the opinion that she must be laboring under the effect of uterine flexion, but the former examinations had satisfied her that such was not the case and she would not submit to another examination. Finally she grew worse so rapidly that fears were entertained of a fatal result in the case, and she consented to an examination. The vaginal examination seemed all right, and conjoined manipulation developed nothing of an abnormal nature, but the use of the sound developed a complete retroflexion. In this case the utero-sacral ligaments held the cervix well back so that it was about in its natural position, and the fundus being wedged in between that and the sacrum presented a case that nothing but the sound would detect although attended by grave symptoms.

Uterine hæmorrhages are a frequent symptom of displacement and are sometimes very alarming in their nature. When we take into consideration the character of the circulation of the uterus and the obstruction of the circulation which necessarily must result from flexion of its walls we can readily see that menorrhagia must be the natural result. The blood does not escape readily, it collects and distends the uterus, the cavity of which is thereby enlarged, the secreting surface increased, more blood poured out, and finally the contents escape in a gush; farther accumulation again occurs and the event is repeated. This occurring first at the menstrual period the constitutional frame of the uterus becomes weakened, the congestion increases until a hæmorrhagic condition becomes established and at the slightest exciting cause a severe and dangerous hæmorrhage takes place.

TREATMENT.

The first indication is to restore the uterus to its normal position in the pelvis. When the displacement is recent this is generally easily accomplished by placing the patient upon her right side, with the knees well flexed upon the abdomen—having first attended to it that her clothing is loosened so that the bowels will fall forward and upward. This is accomplished by putting the left arm behind her and turning well on her face. This position being assumed, introduce the forefinger into the vagina passing it upward and backward in case of retroversion, and forward in case of anteversion; and with the left hand open the vagina so as to admit the air, and in most cases the uterus will assume its proper place of itself. In recent cases the sense of relief that follows the proper adjustment of the organ is a sufficient indication that the effort has been successful. But in cases of long standing the reduction of the displacement is much more difficult. I have observed the use of the sound is in many cases the only sure means of diagnosis, so also do I consider it the best instrument to use to replace the uterus.

For this purpose you want a sound as large as can be conveniently introduced and that has the two sides either of different material, or else one side rough and the other smooth, having first attended to the clothing to see that there is nothing tight around the waist, not even

a tape to fasten a skirt; and that the bladder and rectum have been completely evacuated; then place the patient in the proper position and introduce the sound *carefully*, and be sure that it rests upon the fundus of the uterus; then *gently and with as little force as possible*, rotate the instrument, gently lifting at the same time until the uterus is in the proper position and the fundus floats freely in the pelvis; if you leave it bound down tightly it is very apt to resume the old position at once, or soon after it is removed. In case of flexion, especially when hemorrhage is the result, I have derived great benefit from the use of the *sponge tent*, also in cases of induration of the cervix, it not only straightens the flexion, but at the same time promotes absorption of the indurated portion and checks the hemorrhage by the pressure upon the congested bloodvessels, it is a very powerful remedy, and requires to be *used with due caution and not too often repeated*. I generally introduce as large a one as can be readily used, and let it remain for something less than twenty-four hours, and then carefully, and with as little force as possible, remove it. There is another advantage in its use, it enables us at the same time to make a more careful examination of the internal surface of the uterus, and to detect any abnormal growth, if any exists that may be keeping up the hemorrhage. Having restored the uterus to its proper place in the pelvis, it seems to me that the next step is to use means to keep it in its place. There is no doubt but this is one of the most difficult things that we encounter in the treatment of displacements. The array of instruments in the shape of pessaries of all kinds and sizes, many of them not fit to be used on a human being, and of abdominal supporters, which rival an ancient suit of armor, is a demonstration. Again, the disasters that have resulted from improper instruments and of good instruments used in an improper manner, are such as to cause many a good physician to shrink in dismay from their use. But all this in my mind only proves the necessity of resorting to some mechanical means of support; what that means is, must in all cases be the result of careful study of each case by itself, good judgment and experience; it is impossible to give directions for the use of mechanical support that will apply to each case by itself, but some general rule may be given that may aid in the selection of these means. In the first place we must by all means try to avoid the distending the vagina by the pessary. Again it requires a great amount of tact to select a pessary that will fit the vagina without putting it upon the stretch. I think it one of the most difficult things in the treatment to secure this end. No two women have vaginas or pelvises alike, and a physician should be able in making an examination to decide what kind of a pessary, and also what size will fit the case; the object to be attained is to find an instrument that will retain the uterus in its natural place, which the patient can wear without being conscious of its presence only by the relief it affords. We have seen that in cases of retroversion the utero-sacral ligament is weakened and stretched, and the indication is to hold the cervix in place and relieves the ligament.

This in many cases can be accomplished by the use of the Albert

Smith pessary, which has a sharp point which passes behind the neck and a broad base resting on the pubic bone. Even in cases of long standing, by making it very narrow, this object can be accomplished without putting the walls of the vagina on the stretch, as the length of the instrument corresponds to the length of the vagina. I think this pessary meets the indication more nearly than any other that I have seen, but have failed with it in some cases, and found others to suit better. Hodge's closed end has succeeded in my hands many times in retro-version, and in some intractable cases, Thomas' modification of Cutter's. Every physician should make himself familiar with the different kinds of pessaries and then select that which in his judgment meets the case.

There has been such disastrous results from their use that great care should be taken to attend to them; they should be very carefully adjusted and very carefully watched until you are satisfied they will be tolerated. They should not be introduced if the parts are irritable and tender, until the way has been prepared for their use; in this case I use cotton compresses saturated with *Glycerin*, in alternation with warm water injections; until this is relieved, and if at any time during treatment this returns, I remove the pessary, keep the patient quiet a few days, and resort to the same treatment.

Having restored the uterus to its proper place, and devised means to retain it there, we have now got the patient in a proper condition to effect a radical cure; and this I regret to say is an object not so easily attained as many of our co-laborers would fain have us believe; many of them, when the subject is mentioned, pass it over very lightly, as a very easy thing to cure all uterine diseases by the use of Homœopathic remedies, and seem to doubt your faith or think you a mongrel if you do not look upon the matter in the same light. But there is no use in disguising the matter, the success of our brethren and of ourselves in these cases have not been such as warrant us in thus boasting. I have no doubt we have done better than the Allopaths, but this is not enough, let us bestir ourselves and not take on airs until a patient shall not have it to say I employed a Homœopath and he did not cure me.

There are many reasons for our want of success in these cases, a very prominent one of which is the paucity of our provings and their indefiniteness, such as saying it produces prolapsus, etc. We need to study first our patient and next the remedy, and not give a remedy because the patient has prolapsus, but because the ensemble or totality of the symptoms correspond; there is no doubt that we need more careful provings of our remedies on female organisms; but until that can be attained we must be more careful in studying what we have.

I will give a few of the remedies that I have found useful in these cases, and the indications that have followed in their use:

Belladonna.—When the patient is a *Belladonna* constitution, and there is congestion of the capillary vessels.

Calcarea carb.—Very similar to *Bell.* in a *Calcarea* constitution.

China.—When the constitution corresponds, and a tendency to hæm-

horrhage exists, and when there has been a great loss of fluids; also, for induration of the cervix.

Sulphur.—As an intercurrent remedy and the psoric diathesis.

Sepia.—When the constitution corresponds, and scanty menses.

This will suffice, as it is absolutely necessary in all cases to give the remedy a careful thorough study, and not repeat or change too often.

HYGIENIC TREATMENT.

In the treatment of all these cases, the result to be aimed at is a full restoration of the general health, and unless this can be attained, there is not much hope of a favorable termination of the disease, and to attain this object all such means as are conducive to this end must be employed. One of the principal uses of mechanical support is to place the patient in such a condition as to enable her to take exercise, and thereby acquire tone to the muscles and ligaments that retain the uterus in position. The proper exercise is a very important means to be used; this should be regulated according to the strength of the patient. Riding in an easy carriage is the best, and gives her a chance to get another very important adjuvant, which is fresh air, both of which should be carefully used according to the strength. Bathing is another important means, but one that has been very much abused in these latter days; in most cases the patient should be rather restrained than encouraged in its use, yet cleanliness should by all means be enforced, but with great care not to exhaust the strength. The diet should be carefully attended to; regularity in taking food should be insisted upon. *No late suppers* should be allowed; good nourishing food, and plenty of it should be allowed, but no dainties or rich pastries. In these cases the stomach is very apt to become weakened from sympathy, and after eating a good meal it rejects it; in these cases a little wine or good old rye whiskey taken at meal time will rectify this trouble. Milk is a good article of food and when the digestion is impaired, a little lime water in it makes a very easily digested article of diet.

A cheerful state of mind should be encouraged; all gloomy discouraging subjects should be avoided. The physician should be, and appear as cheerful and give as good a prognosis of the case as possible. The patient should be encouraged to engage in some light, agreeable employment to engage her mind and keep her from dwelling on her disease. As soon as her strength will permit, a short journey made by easy stages, avoiding fatigue and too much visiting, will materially aid in restoring the general health.

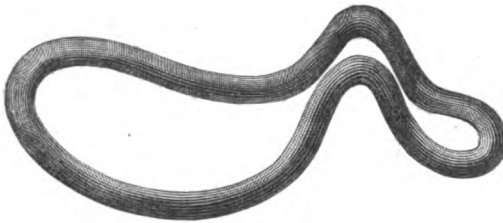
In short, all wise means that a good judgment and sound discretion would suggest, should be used to restore the general health.

I have now passed in review very briefly, the whole subject of uterine displacements; it is a subject that has engaged the attention of the most eminent in our profession, and although great progress has been made of late, yet experience and a more careful study of the subject, is enlarging our views, and leading to a more scientific and successful mode of treatment. Let us not therefore, because we have discovered

a law to guide us in the administration of our remedies, hug to our bosoms the delusive hope that we have reached the end, that all we have to do is to get the symptoms of the case, and select a remedy and administer it, and the patient is cured. So sure as we do this, disappointments will be the result. We may do very well in a great many cases where the imagination is diseased, but when the reality appears we shall be found wanting.

Let us make ourselves expert in the selection of the proper remedy, and use it at the proper time, and in a proper manner; but at the same time let us study well the pathology of each case. Make ourselves acquainted with all the means that have been or can be used for the patients recovery, and use them with discretion and in accordance with sound judgment. And the day will soon come when our school of medicine will take the position which of right belongs to it in the treatment of these troubles, and it can no more be said, I had uterine displacement, I employed a Homœopathic physician, and he *cured me not*.

In the use of Pessaries in recent cases, when the uterus is of nearly the normal size, I find little difficulty in giving relief by the use of the Hodge or Thomas, or Albert Smith pessary, but in cases of long standing when the uterus has become enlarged, and the ligaments weakened, I find great difficulty in their use, from the fact that the internal pessary will turn and get out of place, thus doing more harm than good, and those with a stem connected with an abdominal strap causes too much irritation.



ADJUSTABLE PESSARY.

To avoid this difficulty I have invented a pessary which I call the *adjustable* pessary; it consists of an oval hard rubber ring larger at one end than the other, which, by immersing it in hot water, can be adjusted to any case by bending it in such a manner as to make a short stem of the small end; this stem is a complete preventative against turning or getting out of position. This pessary will be better understood by the accompanying drawing. Messrs. Seebach & Delbridge have been so kind as to get them manufactured for me, and will furnish them to any one that may wish to use them. Any directions that may be required by the profession as to their adjustment and use, will be freely given by addressing me at Galesburg, Ills.

Hospital Department.

DIABETIC URINE.

A LECTURE DELIVERED TO THE CLASS OF THE HAHNEMANN MEDICAL COLLEGE, NOV. 30TH, 1875. BY CHAS. B. GATCHELL, M. D.,
LECTURER ON PHYSIOLOGICAL CHEMISTRY AND HISTOLOGY.

Let me invite your most earnest attention to-day to the consideration of a subject, a thorough knowledge of which will enable you to satisfy yourselves regarding your patient's condition when suffering from a disease which, though obscure in its pathogeny and difficult of treatment, demands from the physician the most intelligent care. I have before impressed upon you the importance which a correct knowledge of the composition of the urine occupies in the diagnosis of many diseases, and how frequently it may be taken as an index to the general or special condition of the system. Especially is this true of that condition which is accompanied by a state of the urine such as will now engage our attention. Indeed, it can be said of diabetes that the character and quantity of this excretion is for a time the only evidence which the physician has that his patient is suffering from so severe a malady.

It is stated on good authority that traces of sugar are present in healthy urine, but in such minute quantities as to be unrecognizable by the ordinary tests. When the quantity of sugar becomes appreciable, and its presence is accompanied by certain other conditions, it constitutes the disease known as Diabetes, Mellituria or Glucosuria, which are synonymous terms. According to promise, I shall to-day describe the general characters of saccharine urine and illustrate the ordinary tests for the detection of the sugar.

THE COLOR OF DIABETIC URINE

is well represented by the sample contained in this vial, which may be taken as a typical specimen. You see that it is very pale. After standing for two or three days the surface sometimes becomes covered with a whitish film, owing to the development of the sugar fungus, and subsequently this spreads through the whole mass, making it opalescent and turbid.

The smell is peculiar — sweetish-nauseating, and has been compared by different noses to that of apples, new hay, musk, whey and violets, but if I trust to my olfactories, I cannot dignify it by likening it to any of the odors named.

Upon dipping into the urine this slip of blue litmus-paper, you see

that its color is promptly changed to a red, indicating its acid reaction, which is characteristic, and usually very marked.

THE SPECIFIC GRAVITY

is usually very high — above 1030, and sometimes reaching 1050. The urinometer, which I apply to the present specimen, indicates a specific gravity of 1040. At times, however, the specific gravity may fall below the healthy standard, which does not necessarily indicate that there is an absence of sugar, but simply that the proportion of water is very great; as would be the case after drinking large quantities.

The quantity of urine is sometimes enormous — often being the first symptom which attracts the patient's attention. Many pints are often passed per day, and a case is reported in which urine to the amount of fifty-two pounds was discharged in one day. It will be well for you to remember that, notwithstanding the urine may contain very much sugar, there is no ground for anxiety so long as the quantity of urine passed is not excessive. The proportion of solid matter, like the water, is much increased, though it varies much in different cases. It will sometimes exceed two pounds, the greater part of which is sugar.

Deposits you will not often find in diabetic urine. When present they are most frequently composed of the phosphates or uric acid, and the microscope, or the tests heretofore given, will lead you to a knowledge of their characters. You will find the chloride of sodium to be generally absent, and the fixed salts present in small quantity. Albumen is sometimes in diabetic urine, Garrod having found it in ten per cent. of the cases examined.

Two kinds of fungi are found in saccharine urine, the *penicillium glaucum* and *torula cerevisiæ*. The latter you will find to be of more frequent occurrence, and when found will always lead you to suspect the presence of sugar, but since it is not distinctly characteristic, should only suggest the employment of other tests, some of which I shall now give you. Of the twenty or more which I might enumerate, I have no doubt you will feel satisfied if I give you four or five.

Trommer's test is probably the most common. Its action depends upon the fact that grape-sugar, with which liver-sugar is identical, has the power of reducing the persalts of copper when heated with them in an alkaline solution, thereby precipitating the suboxide of copper. Before applying the test, I will determine whether there is any albumen in the specimen of urine, and if there is, remove it, for otherwise its presence would interfere with the action of the copper test. Finding it to be free from albumen, I proceed with the other test. I fill this test-tube about one-quarter full of the urine; you now see me add two drops of a solution of cupric sulphate. The exact strength is not important — this which I use is one part of crystals to ten of water. To this mixture I further add about half as much liquor potassæ as there is of urine. You who are near enough can see that, as I add the first few drops, a slight blue precipitate occurs; this is the hydrated cupric protoxide. Now, *if sugar is present*, this will be redissolved on adding an excess of the alkali; this, you see, takes

place, and there results a beautiful blue transparent liquid. But this is not of itself satisfactory evidence of the presence of sugar, since other organic substances will produce the same phenomenon. This blue liquid I now boil, and a change immediately occurs; you see now a copious yellow precipitate—the hydrated cupric suboxide. This, on standing, will part with its water of composition, and become the red suboxide, which adheres to the sides of the glass, and deposits in the bottom a brick-dust looking sediment. This is the reaction which we sought, and is satisfactory evidence that sugar was present in the specimen of urine employed in the experiment.

There are certain conditions which will interfere with the action of the copper test, which I shall mention. (1) You have already been told that albumen, if present, will interfere with the reduction of the copper, and how to guard against this source of error. (2) You noticed that as soon as the mixture was brought to the boiling point, we got the characteristic reaction. Had the reaction occurred only after *prolonged* boiling, we would not be at all certain of the presence of sugar, for there are other substances which, under such circumstances, will reduce the copper. (3) Moreover, a precipitate of earthy phosphates will always take place, but this need not mislead you, for such a precipitate is colorless, or of a pale greenish hue, and need not be mistaken for the suboxide. In order to be sure of the presence of sugar, you must have a brown or yellowish precipitate, either on boiling not longer than a minute, or after standing for some time; for the same reaction would have occurred if the mixture had stood for a short time. The typical test should be a brownish-red precipitate, resembling brick-dust.

On first adding the liquor potassæ to the solution of cupric sulphate, you were told that there occurred a precipitate consisting of hydrated cupric protoxide; but upon adding an excess of the alkali this was redissolved. Had there been no sugar or other organic matter present, no excess of alkali would have had this effect, and it was only due to the presence of the sugar that re-solution took place. Now from this we learn that an excess of alkali will dissolve a precipitate of cupric protoxide, if in the presence of organic matter. This enables us to construct a fluid which will hold the copper in solution, provided an organic substance can be found which will not reduce the copper, as does sugar. Tartaric acid is such a substance, and, acting on this, a formula has been established for the composition of a test fluid, which takes the name of Fehling's solution. Instead, however, of giving you his formula, I will write on the blackboard Pavy's modification of Fehling's:

Cupric sulphate.....	320 grs.
Potassic tartrate (neutral).....	640 "
Caustic potash.....	1280 "
Distilled water.....	20 Fl. oz.

Dissolve together in one portion of the water the caustic potash and potassic tartrate, in the other portion the cupric sulphate; these solu-

tions should then be mixed, and preserved in a cool, dark place in well-stopped bottles. The action of this is the same as of Fehling's, and I shall make use of it in the present demonstration. As I hold this bottle to the light, you see that it is a clear, blue fluid. I fill the test-tube one-quarter full of the solution, and over the flame of the spirit lamp bring it to a boil. This I do in order to see if by boiling the fluid alone any change of color occurs. This precaution is necessary because these solutions sometimes undergo decomposition by age, causing a reduction of the copper on boiling the simple fluid, which, if it occurred, would of course destroy it for all practical purposes. In such case it is recommended to add a little more of the potash solution, and filter, when it is again ready for use. But if absolute accuracy is desired a fresh preparation must be made.

Since we get no change of color on broiling this, I proceed with the experiment. I now add the urine, drop by drop, again heating the fluid, and a change is soon perceptible—the beautiful blue color is destroyed, and you perceive a yellowish precipitate—the hydrated suboxide of copper. This, on standing, will part with its water and become the red suboxide, such as we got by Trommer's test, and sufficient evidence to warrant us in deciding that the urine contained sugar. The same precautions must be observed as I mentioned when speaking of Trommer's test, always remembering that the cardinal point is to obtain a decided red or yellowish precipitate, and not a mere change of color.

I show you in this bottle a test fluid which may be substituted for either of those named, it being a modification of Pavy's, in which glycerine is made the organic ingredient, and substituted for the potassic tartrate. The formula you may copy from the board as I write it:

Cupric sulphate.....	1 drachm
Caustic potash.....	3 drachms
Glycerin.....	ss Fl oz
Distilled water.....	12 “

This, you see, makes a fluid resembling Fehling's. It was devised by Prof. Haines, former professor of chemistry in the Chicago Medical College. This preparation possesses the advantage that all the ingredients may be found at any country druggists, whereas the neutral potassic tartrate cannot be so readily obtained, especially in its pure state. It is simpler and more easily prepared than the others, and it is claimed for it that it will not undergo decomposition by age. It is used in the same manner as Pavy's, and you see in this test-tube that it gives the same reaction.

It is desirable in practice to be able to determine the variation in the amount of sugar from day to day, and to accomplish this there have been devised several methods of

VOLUMETRIC ANALYSIS.

One of these can also be used to verify the copper test, the most relia-

ble probably being what is known as the copper test. This is based upon the fact that if the fermentative process be set up in sugar it will undergo decomposition into alcohol and carbonic acid. At the same time it is found that the fluid which contained the sugar in solution, loses in specific gravity. Advantage has been taken of this fact to establish a quantitative analysis called

ROBERT'S FERMENTATION TEST.

This experimenter found that each degree of specific gravity lost by the solution corresponds to one grain per fluid ounce of sugar. Its mode of application I will practically illustrate. About twelve hours ago I half filled this bottle with diabetic urine, and into it put a small lump of yeast. It has been allowed to stand in a warm place and kept at a temperature of about ninety degrees. All the sugar which it contained has been decomposed, the alcohol remaining in the fluid and the carbonic acid allowed to pass off through the openings left in this nicked cork. As I now apply the urinometer I find the specific gravity of the fermented specimen to be 1012, whereas you have been told that before fermentation it was 1040. The difference between these degrees gives the number of grains of sugar per fluid ounce, which we find to be twenty-eight. Always be sure that the temperature is the same each time the specific gravity is taken.

I have devised a little apparatus for applying the fermentation test which gives both qualitative and quantitative analysis. This large-sized test-tube and four-ounce bottle are connected by means of a bent glass tube. The short end of the tube passes through a cork which closes the mouth of the test-tube. The long arm penetrates the cork of the bottle, reaching to within a short distance of the bottom. Both corks are tightly sealed with wax. The test-tube I filled with a solution of sugar, having previously placed a bit of yeast in the bottom. The bottle contains a saturated solution of lime, well filtered to remove all sediment. This having been set in a warm place for several hours, fermentation was set up and the sugar decomposed. The alcohol remains in the test-tube, while the carbonic acid passed over into the bottle, united with the lime, forming the insoluble carbonate of lime, which you see has deposited as a snow-white precipitate covering the bottom of the bottle. Thus we have visible evidence of the former presence of sugar in the solution. If now the bottle of lime water be accurately weighed immediately before and after the experiment, the amount of sugar can be approximately determined, for every increase in weight of a grain corresponds to about two grains of sugar. The precautions to be observed in this test are to have both tube and bottle well filled with their respective fluids, and to have a little excess of lime, a little more than enough to take up all the carbonic acid which may pass over.

Probably the volumetric test most commonly employed is that by one of the standard solutions, Fehling's or Pavy's. To apply this test it is first necessary for you to know that 200 minims of either solution are just decolorized by one grain of sugar. Hence I measure out

exactly 200 minims of Pavy's fluid, and pour it into this Florence flask, diluting it at the same time with about twice its volume of water—a knowledge of the exact quantity is not essential, it only being important for you to remember that it contains a quantity of the solution which will be decolorized by one grain of sugar. I place the flask in this sand bath, with a flame beneath to heat it to the boiling point. While waiting for it to boil I will prepare the other half of the experiment. Since most specimens of diabetic urine contain too much sugar for this method of analysis, I will dilute this with a known quantity of water, and add to one drachm of the urine four drachms of water, making the proportion one in five. This graduated pipette is now filled with the diluted urine until it contains 300 minims. As the test fluid is now boiling in the flask, I add the fluid from the pipette, drop by drop. As each drop touches the fluid you see that it causes a slight precipitate of the suboxide. I continue to add the mixture drop by drop, pausing occasionally to let the precipitate settle, until at this point the entire quantity of the test fluid is decolorized, and we know that just one grain of sugar has passed into the flask. Reading off the pipette I find that it took 100 minims of the dilute urine to bring about this reaction. Now the rest is simply a mathematical calculation. Since the proportion was one to five, 100 minims of the dilution contain 20 minims of urine, and the experiment demonstrates that 20 minims of urine contains one grain of sugar. Then one ounce, or 480 minims of urine will contain 24 grains of sugar, and multiplying the number of ounces passed per day by 24 you can obtain the total daily quantity of sugar excreted.

THE SUGAR FUNGUS.

will develop in diabetic urine after standing two or three days. Dr. Hassall supposed that this was characteristic and peculiar to saccharine urine, and could be accepted as a certain indication of the presence of sugar, but neither the characters nor occurrence of the fungus are sufficiently constant to warrant us in accepting such a conclusion, for the sugar fungus which grows in diabetic urine has been found to be identical with the yeast fungus or *torula cerevisiæ*. Both this fungus and the *penicilium glaucum*, very commonly met with in acid urine containing albumen, resemble each other in the sporule stage; the spores at this period consisting of transparent, oval cells, in their long diameter about the size of a blood disc. But later the *penicilium*, by union of its cells, end to end, form thalli, or branches; while the spherical and granular cells of the *torula* fall from a spherical mass, not unlike that on the end of an onion going to seed. These appearances I hope to be able to show you under the microscope, after which I trust you will at no time have trouble in detecting sugar in the urine.

WARDS ISLAND HOMŒOPATHIC HOSPITAL.

ALFRED K. HILLS, M. D., Secretary New York County Homœopathic Medical Society :

Dear Doctor : In response to your card of November 8th allow me to state that our wards are at present arranged and occupied as follows :

WARD A.—Right wing of the building, first floor, sections 1 and 2, are still the home for thirty old soldiers not yet sent from the Retreat. Sections 3 and 4, same ward, are nearly filled with male medical patients.

WARD B.—Second floor, right wing, section 1, is the surgical ward for females, while sections 2, 3, and 4, of this floor, constitutes the medical department for women.

WARD C.—Third floor, right wing, sections 1 and 2, are set apart for male surgical cases, and section 3, same floor, is full of male medical patients.

WARD D.—Fourth floor, right wing, is a small ward and is used for cases of erysipelas, or such other cases as we do not care to have with our general patients.

WARD E.—First floor, left wing, is inhabited by inebriates who are all pay patients. We have nine of these in keeping.

WARDS F, G, and H.—Are the second, third, and fourth floors of the left wing and are tenanted by one hundred and twenty-three insane patients, and Dr. Madden.

WARD I.—Consists of the entire fourth floor of the main building. At the opening of the Homœopathic Hospital this ward was used as sleeping apartment for the house females, these have now been transferred to spacious quarters in the basement, and the floor thus vacated has been designated, and is being fitted up, for an obstetric ward. When ready it will accommodate about twenty-five lying-in females. We have two "nest eggs" on hand with which to start our obstetric department, and we trust the medical board will, by every *legitimate* means in their power, add constantly to that number.

The *ground floor* of our medical temple having been laid, the plan of caring for our patients may be of some interest :

All new comers to our hospital are at once treated to a thorough bath, and provided with clean clothes—a treat rare indeed to many of them. They are then examined and assigned to appropriate wards, each patient being furnished with a card stating name, nativity, age, occupation, condition, and the ward and number of beds they are to occupy. This card is placed in a tin slip and hung at the foot of the patient's bed.

In the wards every effort is put forth to secure thorough cleanliness and good ventilation. Clean skins and pure air being absolutely essen-

tial to success in treating the sick, whatever may be the system of medicine practiced.

All patients must wash or be washed regularly every morning, and take a full bath at least once a week and oftener if necessary. The bedding is changed weekly, or if soiled, daily. The floors of all the halls and wards are scrubbed every other day, while those of the dining rooms, water closets, bathrooms, etc., are cleaned every morning. Once a week, and more frequently if foul, every water closet in the building is drenched with a weak solution of *Sulphate of iron*, which keeps them pure and in excellent condition.

Every hall, ward, and room, is thoroughly ventilated each morning; and a good supply of fresh air is constantly insisted upon, with marked effects for good.

The dietary table of this institution is almost identical with that of the New York City Asylum for the Insane, and is more liberal in variety than that of any other charity hospital in the city. Many of our patients, too, enjoy the luxury (or rather, necessity,) of an "extra diet," which affords them a quality and quantity of nourishing food, entirely sufficient for the most delicate and debilitated. Our *per capita* expenses are, however, kept at a low mark by dispensing largely with expensive drugs and liquors—and the patients seem to gain rather than lose by the latter *omission*.

To-day's census shows a total of two hundred and thirty-eight patients in the hospital; of this number one hundred and twenty-three are insane, and thirty-seven are surgical cases. Our receiving capacity is now over two hundred and sixty, and when the remaining veteran soldiers are removed, we can accommodate about three hundred. I have ordered, on requisition, one hundred more beds, and bedding for the same, which, when received, will swell our accommodations to a round four hundred.

During the two months this hospital has been in existence, nearly three hundred patients have been admitted and but *five* deaths have occurred. This is more remarkable in view of the fact that many almost hopeless cases have been committed to our care.

That you may form some idea of the nature of the diseases we have had to treat I enclose a list of those most common and the number of cases received, also a few of the rarer cases, which may be of some interest:

Phthisis pulmonalis, 23 cases; chronic ulcers of leg, 24; rheumatism (mostly chronic), 15; intermittent fever, 7; bronchitis, 6; Bright's disease, 5; epilepsy, 4; cardiac diseases, 3; lumbago, 2; aneurism of abdominal aorta, 1; aneurisms of subclavian and innominate, 1; Addison's disease, 1; Potts' disease, 1; Bright's disease and alcoholism, 1; orchitis and gonorrhœa, 1; osteo arthritis of knee, 1; kerato-iritis, 1; hemiplegia, 1; pneumonia, 1; pregnancy, 2; pannus, 1; Bright's disease and hemiplegia, 2; cirrhosis of liver, 1.

As a sort of appendix to the foregoing statement it affords me great pleasure to state that the four assistant physicians in this hospital are

proving themselves earnest, energetic, and enthusiastic, in the performance of their varied and onerous duties.

Some of our nurses also display a self-sacrificing zeal in their work which is worthy of commendation; while others, I regret to state, will be required to "vacate" in favor of those more competent and trust-worthy.

In conclusion, though we have as yet no great achievements of which to boast, I cannot but feel that thus far our successes are worthy of our brief existence. But worthy as they seem to us, to the prophetic mind they are as the bluffs observed by Columbus, only evidences of the undiscovered world beyond.

WARDS ISLAND, N. Y., Nov. 10.

SELDEN H. TALCOTT.

Biographical.

"Lives of great men all remind us,
We can make our lives sublime."

CARROLL DUNHAM, A. M., M. D.

In this number we present a picture of our worthy colleague, Dr. Dunham, of Irvington-on-Hudson, New York.

To many of our readers, his personal character is not only well known, and appreciated, but his noble face is also quite familiar. We need not comment upon the even-balance of temperaments which the picture portrays to even the superficial observer, for most of us are already personally aware, that the original is founded in such virtues as *truth*, *justice*, and *charity*, and worthy the title, (bestowed by Hering,) "The Great American Peacemaker."

The subject of this sketch, was born in the year 1828, at 37 Broad street, New York. During the cholera epidemic of 1834, having arrived at the age of six years, he was attacked with cholera so severely as to result in enfeebling his constitution to a degree that prevented his completing a consecutive year in school, during his boyhood.

He graduated in the literary department of Columbia College in the year 1847, and received the degree of Doctor of Medicine in the medical department of the same college, then located in Crosby street, now Twenty-third street, (known as the College of Physicians and Surgeons of New York,) in 1850. During his student years, he, with his father, became very ill. The family physician with such counsel as he could procure in New York failing to cure them, the father sent for *the*

Homœopathic physician (there being not one in Brooklyn where they then lived) who speedily restored to health both father and son.

This experience shook the faith of student Dunham in the teachings of his preceptor and professors who only ridiculed Homœopathy, and he determined to know what the system was. Being informed that Dr. Hering was the most learned man of the school in America he, sought his acquaintance, and in the language of Dr. Dunham himself, "Gained the most helpful, generous, genial friend, I have ever made." Under Dr. Hering's advice, he read Homœopathic works until his graduation.

After graduation he thought it his duty to seek to make a partial comparison at the bed-side of the results of "Old School" and Homœopathic treatment. There being no Homœopathic hospital in this country, he went abroad for the purpose. After spending three months as an *interne* at the Dublin Lying-in Hospital, observing at the same time Stokes' treatment of fevers at Meath Hospital, he proceeded to Paris and followed Charnel and Bouilland at Hotel Dieu, Velpeau at La Petie, and Trousseau at *Enfans Malades*, studying especially pneumonia and rheumatism.

By this time he had observed what "Old School" treatment could do in continued fever, in pneumonia, and in rheumatism, and was ready to compare with these observations the results of Homœopathic treatment. He had regularly visited Tessiers' Hospital in Paris, but did not regard him as high authority in Homœopathic practice. He then proposed to go to Vienna.

But first, he needed to study Homœopathic materia medica and the art of prescribing. So he went to Bœnninghausen, in Munster, for this purpose, and found in him another friend to whom he considered himself under very great obligations. After spending many months in study under his direction and in observation of his practice, he proceeded to Vienna, where in Wurmb's Hospital (Leopold Stadt), attending, meanwhile, his lectures, and Kaspar's in *Materia Medica*, he acquired a conviction of the superior efficacy of Homœopathic treatment which has never been disturbed to this day. On his return to America he began practice in Brooklyn.

His practice was interrupted by severe articular and cardiac rheumatism which nearly proved fatal and suspended his business for more than a year.

In 1858 a pretty severe hæmoptysis induced him to remove to Newburgh-on-Hudson, where he acquired a large practice during five years, interrupted, however, by a severe illness. Finally, lack of strength and a recurrence of cardiac disease, compelled him to relinquish his practice, and he removed to New York, with the assurance of leading Allopathic physicians, that he could not long survive the attack. It was during this attack of cardiac rheumatism, that he sought Dr. Hering's professional advice, with the following circumstances and results: He was asked by Dr. Hering, at their first meeting, if he was limited in time for his sojourn in Philadelphia, to which he replied

that he was not, he came there to get cured, and *his* time should not be considered.

Dr. Hering said, "Call upon me at five o'clock to-morrow morning." This request was gladly assented to, and the next morning at five found the two doctors in consultation. The patient on this occasion stating his case in detail in accordance with the Hahnemannian plan. Dr. Hering noting the same. After two hours spent in this way, the patient was requested to come again at the same hour the next morning, and the time was occupied in much the same manner as on the previous occasion.

But still Dr. Hering was not satisfied, and he says, "Come again to-morrow morning at the same hour." As the patient entered the "Sanctum Sanctorum" for the third interview, he was met with a roll of manuscript in German and the statement that if "*Lith. carb*" was not the remedy, he did not know what was. (Dr. Dunham afterward translated these provings into English). The patient now returned to his home, and not being able to find the desired potency of the *Lithium* he procured the third trituration, and attempted himself to triturate to a higher degree. The medicine having been placed in the mortar with the requisite sugar of milk, he began the trituration.

It was not long, however, before the exhalation from the triturating drug began to manifest themselves, and the patient succumbed to their influence, lying for some time in a semi-unconscious state. The recovery from this latter seeming complication, was slow, but resulted in most complete recovery from his cardiac disease, without farther medical aid, thus illustrating the wonderful efficacy of the truly Homœopathic remedy, and the care requisite to its selection. During his stay in Europe and after his return to Brooklyn, he was the correspondent of the *Philadelphia Journal of Homœopathy*, and his articles contributed to that journal were of a most interesting character, the latter being entitled "Notes of Kaspar's Lectures."

About the year 1860, he became associated with Drs. P. P. Wells and H. M. Smith, as one of the editors of that most valuable journal, "*The American Homœopathic Review*," continuing his connection therewith, from volume three to six inclusive, then withdrawing, partly in consequence of ill health, and thus ended the existence of the journal.

It is conceded by all, that this was one of the best Homœopathic journals that was ever published, and great credit is due Dr. Dunham for his contributions to its editorial columns, and as one of its managers. He was offered the editorship of the *North American Journal of Homœopathy*, in volume two, but refused because he could not be allowed to criticise *books*, lest it injured the trade.

From 1865 to 1872, he was at different periods and in different capacities, connected with the New York Homœopathic Medical College, and during the last two years, officiated as Dean of the Faculty.

As Professor of *Materia Medica* and *Thrapeutics*, both in this and in the New York Medical College and Hospital for Women, his lectures were attentively listened to by a good number of students, and formed

the basis for his studies of drugs published in various journals, and are eagerly sought after by the profession, as the most practical and concise articles extant upon the subject. He was one of the first trustees of the New York Ophthalmic Hospital, under the new organization, and one of the original trustees of the Middletown Homœopathic Asylum for the Insane, and also of the New York Homœopathic Surgical Hospital.

In 1870 he translated into English, with additions of his own, "Bœnninghausen on the Treatment of Hooping Cough." This little monograph met with a wide sale, and was duly appreciated by the profession. At the author's special request, he also translated many of Bœnninghausen's contributions to the *Allgemeine Homœopathische-Zeitung*.

The code of medical ethics adopted by the American Institute of Homœopathy in 1869, was the result of his mature and deliberate judgment; framed according to an appreciation of the "Golden Rule," we should all aspire to reach :

The right of the physician, *if qualified* to practice, no matter where he acquired his knowledge, and the right of the patient to the possible benefits of a consultation between physicians of whatever school.

These are strong points of the code of ethics, and they distinguish it from all other codes, they commend themselves to the common sense of the community.

[TO BE CONTINUED.]

Medical News.

The Great Value of "Clinical Observations" as published during the past year, has been apparent to all, and especially to those who have made them a special study. See Dr. Woodward's article on page 25. Let us hear from all.

Report of the New York Ophthalmic Hospital for the month ending Nov. 30, 1875: Number of prescriptions, 2,234; number of new patients, 232; number of patients resident in the hospital, 27; average daily attendance, 93; largest daily attendance, 133.

ALFRED WANSTALL, M. D., Resident Surgeon.

Treatise on the Effects of Coffee, by S. Hahnemann, we are pleased to see, is issued by Dr. W. L. Breyfogle, of Louisville, Ky., in pamphlet form. It will prove very interesting reading for many a one who suffers with "terrible nervous headaches."

Care of the Sick is a sensible pamphlet presented by the Mutual Life Insurance Company of New York to its policy holders. Eighty thousand copies have already been printed. This is a practical way to encourage longevity, and therefore to advance the interests of the company. There is a lamentable need of this class of information.

Dr. I. C. Teague sends us a rejoinder to "Stimulants in Labor" in which he reasserts his former statements. Although a strong advocate of temperance, Dr. T., does not see why he should not use *Alcohol* as a medicine, when indicated. The contested points of veracity do not especially interest the profession. Gentlemen, "To err is human, to forgive, Divine."

The Clinic, published by the faculty of Cleveland Homœopathic Hospital College, is one of those meteoric publications that is intended to startle the profession and captivate students. Why was the money not spent on one of the regular journals? If some of the faculties of our colleges wish to do something startling and very unusual, we will let them get out a whole or part of one number of the UNITED STATES MEDICAL INVESTIGATOR, and *pay all the bills, of course.*

Dr. H. B. Stout, has removed to Jacksonville, Florida, on account of his health. We have commissioned him to tell our readers just the class of diseases that will be benefitted by the climate of Florida. Those who propose to send patients south can consign them to the care of Dr. Stout with the assurance that they will receive most skillful attention and be placed in the most favorable surroundings. Some of the best people in Jacksonville are his relatives and friends. He has our best wishes, and hearty endorsement.

The Western Academy of Homœopathy, held a very profitable session in Davenport, October 5-6. Owing to the great amount of sickness prevailing throughout the west the attendance was smaller than was anticipated. But we never listened to more practical papers in any medical gathering we ever attended. The proceedings, papers, etc., will appear in full in our columns and will be read with interest by all who were unavoidably absent. The Academy was put on a more practical basis with special reference to the experience of all western physicians.

Hahnemann's Organon, a new edition, just published by Boericke & Tafel. We hope all our readers will possess a copy, as it is really a text-book of the principles of Homœopathy. We once gave an enthusiastic but shallow-brained student the Organon to read, his idea of the duty and requirements of a Homœopathic physician so expanded that he relinquished the study in despair. We do not think any of our readers need have that fear, still we hope they will all read the Organon and see just what Hahnemann did think and teach. Some books are quite as valuable for what they suggest as what they teach. The Organon will prove such a one to the thorough physician.¶

The Missouri School of Midwifery graduated its first class Dec. 15th, numbering sixteen scholars. The institution since its organization has been most flourishing, and promises for the future all that its most earnest friends could wish. It is conducted on the plan approved by the German authorities, and is under the surveillance of Dr. A. E. Reiss, the principal, Dr. W. C. Richardson, the secretary, and Mrs. S. Schiereck, assistant midwife. It has made a most promising commencement. Annexed is a list of the graduating class:

Mesdames C. C. T. Wentzel, C. K. Waidekamp, L. C. Mitlekamp, M. J. Zobel, C. Rosenthal, A. M. L. Mainzen, E. Eglin, Mary E. Griffin, Emma Jackson, Bertha Schiereck, M. Nienian, K. Post, Mary Clemens, S. P. Fehan, M. Regnier and D. De La Motte.

The exercises were of a most interesting nature, an address being made by Dr. Richardson, and an examination of the candidates by Mrs. Schiereck.

President Reiss, in conferring the degrees, took an advisory tack, and reminded the graduates of the requirements of duty, at all times.

Office of
The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

[Consolidation of the *United States Medical and Surgical Journal*, (Quarterly, \$4.00), Vol. X, with the *MEDICAL INVESTIGATOR* (Monthly, \$3.00), Vol. XII; Commencing January, 1875.]

Two Volumes a Year. — Terms: \$5.00 a Year, Payable in Advance.

T. C. DUNCAN, M. D., Editor.

F. DUNCAN, M. D., Business Manager.

67 Washington St., Chicago, January 1, 1876.

P. G. Denninger, M. D., of Eyota, Minn., has formed a co-partnership with C. H. Wagoner, M. D., at Spring Valley, Minn.

HOYNE'S CARDS.—Ten groups (\$5.) will be given with THE UNITED STATES MEDICAL INVESTIGATOR for 1876 (\$5.) for \$8 50.

TO A COMPETENT SUCCESSOR I will sell my furnished residence for \$8000, and retire from a large and valuable practice. W. A. Edmonds, M. D., Homœopathist, Memphis, Tenn.

BACK VOLUMES.—We can furnish a few volumes of 1872 and 1873 for \$2.00 each. A few complete volumes of 1874 can be had for \$3.00. Volume I, 1875, for \$2.50; it contains portraits of Drs. Shipman and Dake, with biographical sketch of each, also many very valuable articles.

FORTY CENTS sent with subscription (\$5.00) to THE UNITED STATES MEDICAL INVESTIGATOR will secure *The Weekly Inter-Ocean* one year. Ten per cent off is allowed when one or more journals is subscribed for through this office, with THE UNITED STATES MEDICAL INVESTIGATOR.

A HOMŒOPATHIC physician with several years of city practice, and best references as to his medical studies, skill, knowledge, and personal character, wishes to take charge of a doctor's practice, or to go into partnership with a physician with a good practice—city practice preferred. Address H., P. O. Box 1274, New York City. }

BIND YOUR JOURNALS.—Emerson's Binder we can supply, stamped with name suited for this journal, for 40 cents; without backs, 20 cents. Keep the numbers all together for ready reference. We can furnish these binders for any journal the same size as THE INVESTIGATOR, with the name of the journal that they are for printed on the back, for the above prices.

THOSE RARE OFFERS.—*Surgical Diseases*. Having purchased this work, we are able to give it to our subscribers on the following liberal terms:

Seven dollars sent at once will secure THE UNITED STATES MEDICAL INVESTIGATOR for the year 1876, and a copy of this valuable work. ☞ If you have not this work now is your chance.

Ludlam's Diseases of Women. We are happy to be able to make this rare offer: Ten dollars sent at once will secure THE UNITED STATES MEDICAL INVESTIGATOR for 1876, and a copy of the above practical work.

Twelve dollars sent at once will secure THE UNITED STATES MEDICAL INVESTIGATOR for 1876, Ludlam's Diseases of Women, and Surgical Diseases.

☞ It will be for your interest to let us hear from you at once.

N. B.—The expressage will be paid by the party receiving these books at the above low rates. Postage: Ludlam, 50 cents; Gilchrist, 32 cents.

The *American Cyclopedia*, being revised and published by Appleton & Co., New York, has reached the thirteenth volume. This is a library within itself. If any one of our readers cannot possess a copy they should induce their town authorities to purchase a set for their public library. The medical articles are well written by different physicians.

The *Advocate of Holiness*.—A monthly Journal, exclusively devoted to the spread of primitive christianity, is published by the National Association for the promotion of Holiness. John Shepherd, agent. It is a most valuable periodical, at \$1.00 per year, royal octavo. Those of our readers interested in an earnest christian life, should send to 921 Arch street, Philadelphia, Pa. for a sample.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. III., No. 2.—JANUARY 15, 1876.—*Whole No.* 158.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

MOBILE, Ala.—We have passed a healthy season and *are having* an unusually healthy fall. Nothing special to report. Our weather is clear, dry, and cool—very favorable for invalids. MOBILE.

DUBUQUE, Iowa, Jan. 6.—For the past two months we have had quite a severe epidemic of scarlet fever, many cases of a malignant type. The remedies I have found most useful were *Bell.*, *Bry.*, *Merc.*, *Ars. alb.*, and *Rhus tox.* R. L. HILL.

MORRISTOWN, N. J., Dec. 27.—There has been very little sickness in our city the past two months. I don't know as the mothers in my families have been trying to prove *Lachesis* the past year, but they have had additions to their number. E. D. DOOLITTLE.

SAN FRANCISCO, Cal., Dec. 16.—One of your correspondents from this city says we scarcely ever have any epidemics here, therefore he and others may be pleased to learn that there is quite a *prevalence* of influenza about this time, so that nearly the whole of some families are afflicted with it. There is a resemblance to the symptoms shown by the horses. *Ars. iod.* and *Bcll.* have been of benefit in many cases.

G. M. PEASE.

ROCHESTER, Wis., Jan. 6.—Am very busy. For a month past neuralgia complicated all my chronic cases, giving me some trouble; *Bell.* and *Ars.* have been largely and successfully used. Two or three cases of measles of a mild type in which *Acon.*, *Puls.*, *Bry.*, and *Sulph.*, have acted well. THE UNITED STATES MEDICAL INVESTIGATOR is quite a help to the beginner in practice, and I cannot get along without it.

L. D. COOMBS.

ALEDO, Ill., Dec. 14.—We have had a healthy season here—some typho-malarial and intermittents. A few cases of scarlet fever and rash this fall; in one case *Ars. iod.* relieved the throat symptoms very soon, and the patient made a quick recovery. Three years ago Dr. T. Bacmeister recommended the above remedy for epizootic, and I have used it in that disease with good results besides finding it very beneficial in sore throat from cold and influenza, in the human system; among other symptoms I might mention heat, dryness, roughness, pain on swallowing, and cough.

T. J. MERRYMAN.

BEARDSTOWN, Ill., Dec. 27.—I wish you A Happy New Year. The past year has not been an entire success. Four of my patients died: One in January, Mrs. —, aged forty years; child of thirteen months died in August; child of nine months died in November; Mr. —, sixty years old, died December 16th. The three last were treated the first part of their sickness by Allopaths. Colds with hoarseness, are cured in six to twenty-four hours with *Carya sulcata*. Fever and inflammation of the larynx is cured with *Epilobium p.* One case of erysipelas of the face, commenced swelling under the right eye, closed the eye in six hours and passed over the nose and partly closed the left eye, was cured in three days with *Polygonum punc.* Scarlet rash cured with *Polygonum punc.* One case of inflammatory rheumatism in the right wrist and knee, left foot and shoulder, could not turn in bed, was cured in nine days with *Carya sulcata*.

J. S. WRIGHT.

LOUISVILLE, Ky., Dec. 23.—Scarlet fever has prevailed extensively here this fall and winter. Dr. Breyfogle in writing to the *Courier-Journal*, adds:

“Thus far every death from scarlet fever has been under Allopathic treatment. Not a single death has yet occurred under Homœopathic treatment, as can be proven by an abundance of cases and from the reports of the health officer. The experience of half a century among some of the best educated physicians in the United States has proven that *Belladonna* is not only a prophylactic but also exercises an influence over scarlet fever that shears it of all its terrors.

The editor comments upon Dr. Breyfogle's communication as follows:

“Homœopathy has for many years been used with marked success in scarlet and other fevers, and the statement by a reliable party that not a single death from scarlet fever has occurred in Louisville this season under Homœopathic treatment will attract attention.”

BALLSTON SPA, N. Y., Jan. 7.—Please answer through THE UNITED STATES MEDICAL INVESTIGATOR the antidote to Carburet of hydro-

gen gas. I have a few patients suffering from its effects; they work in an axe factory and are obliged to inhale the gas. One of the prominent symptoms is the tickling in the vocal cords and a constricted feeling of same, a severe frontal headache of a beating nature, and other symptoms found in a nasal catarrh; all symptoms better in the open air and in warm weather.

Since last writing I have had two cases of small-pox—two boys aged thirteen years and ten years. The oldest was taken with convulsions and delirium, till eruption was well out; the other, delirious, but of a comatose nature. Both doing well. *Bell.* was the remedy in the first case, and *Bell.* with *Phos. acid* in the second seemed to act well. Shall give *Hepar* and *Merc. viv.* to promote suppuration.

I am well pleased with THE UNITED STATES MEDICAL INVESTIGATOR, and know it benefits me.

W. W. FRENCH.

DENVER, Dec. 19.—Even pleasant weather, warm and balmy breezes, an unclouded sky and continued sunshine may become monotonous, and one of your cold, damp, sleety, slushy, windy, foggy, sunless, and downright uncomfortable days, seem acceptable for a change. For six weeks past we have had nothing but clear, warm and beautiful weather—not a cloud in the sky, not a flurry of snow even, to remind us that this is winter. Between the hours of nine in the morning and four in the afternoon it has been uncomfortably warm in the sun; overcoats have become a drug in the market, and coal dealers are on the verge of bankruptcy. While I am writing this the thermometer indicates 78 degrees, my windows are open and the stove without a fire. The air is so pure and transparent that the higher peaks of the Rocky mountains, decked with eternal snow and stretched out before me in panoramic view of two hundred miles north and south, seem to be but a few blocks away, though their actual distance is about forty miles. For some weeks past scarlatina, rotheln, and diphtheria, the latter of rather a malignant type, have been somewhat epidemic. Scarlet fever, at least all such cases as came under my own observation, was quite mild, needing but little medication. Diphtheria, in certain localities in the city, was malignant, while in others it was simple, yielding readily to appropriate remedies. I had several cases of simple and three of malignant diphtheria, the former were cured by *Bell.* 3x, while in the latter *Merc. biniod.* 3x, *Phytolacca* 6x, and *Ars.* 3x, were the remedies mostly relied upon, together with gargles of *Kali permang.*, and vapors of *Acetic acid* and water. My cases made a good recovery, and thus far no unpleasant sequelæ have been met with. One family was particularly unfortunate—they lost three children, all they had, aged respectively seven, four, and two years. I need hardly say that this unfortunate family was attended by “regulars.”

THE UNITED STATES MEDICAL INVESTIGATOR is an ever welcome visitor, and its pages, so abundantly filled with matter calculated to assist the practitioner in his daily rounds, are read and re-read. Your offer of Gilchrist's Surgical Diseases for a merely nominal addition to the regular subscription price for THE UNITED STATES MEDICAL

INVESTIGATOR, I shall avail myself of. While not quite as enthusiastic as friend Gilchrist in the belief that in so many of surgical diseases met with, the knife can be dispensed with and the pellet substituted, I do believe in conservative surgery, and the work referred to leads in that direction.

Dr. Walker has called my attention to the remarks of Dr. H. V. Miller, in your issue of December 1st, concerning the climate of Denver. Dr. M.'s dyspeptic patient must be a confirmed hypochondriac, or else his imagination has entirely got the better of his veracity. During the latter part of October we had a slight fall of snow, which soon disappeared under the influence of our genial sunshine, leaving the streets for a day or two in a muddy condition. It seems that Dr. M.'s spleenetic friend happened to be in Denver during these few days and forthwith takes up his little carpet-bag and hies himself back to Syracuse. He must, of course, give a reason for his eccentric conduct, assign some cause for his speedy return when he started to be absent a year, or else become the laughing stock of his acquaintances. Denver, lying at the safe distance of some two thousand miles from his habitat, has to be the scapegoat, and he tells his credulous physician the story of his woeful experiences. According to this learned and veracious traveler it is much colder here than in Syracuse, it freezes up solid (whatever that may mean,) in the fall, the drinking water is strongly impregnated with alkali, and every house in Colorado swarms with bedbugs. My preceeding remarks may be regarded as an answer to the two first points; as we have the Holly system of water works here, Denver is supplied with water from the Platte river, which is fed by the melted snow from the Rocky mountains, leaving the canon only twenty miles above the city. How our drinking water, being really melted snow and having to traverse a distance of only twenty miles before it is distributed by the water works, can be so strongly impregnated with alkali, as charged by our learned explorer, I leave him to explain. The charge of every house in Colorado (he probably never left Denver,) swarming with bedbugs, is another amiable though not very aesthetic fiction, pardonable, however, in this case, as third-class boarding-houses, being generally frequented by Mexican teamsters, technically called "Greasers," very often have a surplus of the animal referred to. But seriously, there are some people who never will be satisfied, and who would quarrel with Eden. M. MAYER MARIX.

SAN FRANCISCO, Cal., Dec. 27.—The following extracts from the "Third Biennial Report of the State Board of Health of California for the years 1874 and 1865," just received, will clearly demonstrate the falsity of the statements made concerning epidemics in this state, appearing in the November 15th number of THE UNITED STATES MEDICAL INVESTIGATOR on pages 389 and 390 :

"From diseases of the stomach and bowels, the greatest number (80) for any one month, recorded in our biennial reports, by diseases of these organs, occurred in July. Thirty-four of these were caused by *cholera infantum*, in San Francisco. This appears to be an exceptional instance, for the very inconsiderable mortality, heretofore, by

this infantile disorder, has been cause for much congratulation. Probably in no large city in the Country is there such immunity from this disease. * * * Inasmuch as cholera infantum is a summer disorder, and as San Francisco has no summer climate, we must look to some accidental circumstances (as either foul air or adulterated milk, or both,) as the cause of the unusual mortality by this disease. With pure air and wholesome food, cholera infantum can never prevail in our metropolis as it does in the eastern cities.

Diphtheria and *scarlatina* have occasionally prevailed since the epidemics of 1860 and 1869-70, but generally in a very benign form, as demonstrated by their low death rate. This remark is especially applicable to the former disease. In June, 1873, however, the latter disease took a new departure in San Francisco, where, in the following December, it reached its culmination, the death amounting to eighty-one. In January, 1874, a rapid diminution to forty-seven deaths took place, and from the subsequent months to the end of the year a remarkable fluctuation in the mortality was observed, when it began permanently to decline. Fortunately about this time the vacation in the schools came to the aid of the board, which had advised, but in vain, their closing; for from this juncture the force of the epidemic was stayed. *Scarlatina* was, nevertheless, by no means confined to San Francisco, but visited Oakland, Los Angeles, Stockton, and other places with considerable severity. In Sacramento the progress of the disease was very eccentric, occurring so irregularly and at intervals so remote as to suggest the idea of its sporadic character. At the present writing, however, (June, 1875,) this scourge of childhood, after exhausting itself in San Francisco and the coast towns, seems to be extending its ravages among our interior towns with great malignancy. The uræmic complication appears to be predominant at present, occurring with every form of development of the eruption, angina, or fever. Whether the eruption be intense or moderate, or imperfectly developed, or entirely absent, or it run a protracted or brief and rapid course, the alarming anasarctic symptoms frequently present themselves, and especially in the latter instance. In its present phase, here, the disease has become a terror to parents. The only reliable prevention lies in absolute isolation. * * * *Scarlatina* caused five hundred and sixty-two deaths in the the two years 1873 and 1874, during which it proved as severe an epidemic of this disease as ever visited our city. Nearly all the decedents were under ten years of age, and two-thirds were under five years of age. As was to be expected, they were, with few exceptions, natives of California. A material decrease in the number of deaths from *diphtheria*, croup, and hooping cough, occurred in 1874, but from cholera infantum there were nearly half as many more. Typhoid fever was also more fatal, and precisely one-half of the deaths (61) occurred in four months—August, September, October, and November. * * * In 1873, and now again in 1875, an *equine influenza* marched across the continent from the Atlantic to the Pacific ocean. In 1873 it approached in two directions—from Texas, through Arizona, on the south, and northward, by the great route of travel through Utah and Nevada. In the present year it descended on this coast in an universal shower, without noticeable approaches. The only epidemic of which we have any knowledge as having crossed the continent previously, was the malignant cholera of 1850, which pursued nearly the same course as the epizoon of 1873, though less distinctly marked in its advance and less rapid in its march.

To those who regard the wind as the means of wafting the seeds of epidemic disease, a fact of some interest presents itself for consideration. At the time of the march of the horse plague over the Sierras and its precipitation on the western slope, a constant current of air was sweeping from the ocean in the direction exactly opposite. Not only did this great atmospheric wave occupy the lower stratum of air

in contact with the earth's surface, but it extended upward to the region of the cirrus clouds, as their course from day to day demonstrated. Perhaps there is no point on the globe, in the region of population and civilization, where a deeper and more uninterrupted current of air sweeps in a more uniform course. And it was in the teeth of this wave that the epizootic sped on swift wings across the Sierras, and from the mountains to the sea.

The epidemics under consideration derive a special interest from their evident relation to human health. For two years prior to 1873, our state had enjoyed a remarkable exemption from disease. But simultaneously with the accession of the horse influenza, or rather in anticipation of it, a general tendency to eruptive and contagious disorders was manifested, particularly among children. Measles, hooping cough, and scarlatina were developed quite suddenly in all directions. For the first time on the Pacific coast cerebro-spinal meningitis appeared as an epidemic, invading a few localities in the northern section of the state. The relation of cattle plagues to human health is a question of great importance. Comparative anatomy and physiology have thrown much light on the anatomy and physiology of man; and it will scarcely be doubted that comparative pathology and epidemiology can be made to serve a similar useful purpose. The interests of medical science demand a complete history of the epidemics of 1873 and 1875, particularly the former, from some competent member of our profession in the Atlantic states, where the sources of information abound."

G. M. P.

CONSULTATION CASES.

DISTOME HEPATICUM.—WHAT WILL EXTERMINATE?

EDITOR UNITED STATES MEDICAL INVESTIGATOR: Please throw some light on this case:

Lady thirty years old, has all the comforts of life, was confined nine months ago, since which time she has been passing fluke worms, (*Distome Hepaticum*). She discharges from two to as many dozen at a defecation; sometimes they will disappear for a few days only to return as numerous as before. At times they crawl from her anus. She is in good health, and has no objective or subjective symptoms, except occasionally a little pain about the umbilicus. She ate considerable liver during her pregnancy, from which they may have been transplanted. Have used the leading remedies and failed to give relief, Used *Cina* 200, *Santonine* 3d, and crude, *Nux v.* 30, *Sulph* 30, *Spigelia* 5. and a few other remedies.

I never saw a similar case. Now I want somebody to extricate me.

INDEPENDENCE, Kan.

H. W. MILLER.

PICROTOXINE IN EPILEPSY.

In the December 1st number, 1875, page 430, ninth line from bottom I read, "Give two to three drops of the alcoholic tincture, increasing from two drops daily, then diminishing." I do not understand the

meaning "Increasing from two drops daily." To what amount? I would like to understand first how to use this remedy. Is there any difference between this preparation (*Picrotoxine*), as directed here, page 430, December, 1875, and *Cocculus indicus*?

MUNCIE, Ind.

E. BECKWITH.

[We know only what is printed. The remedy is only *Cocculus indicus* twice as strong as our tincture. If really curative we cannot see why it will not cure in a more attenuated dose. Experience will decide the matter, however.—ED.]

REMEDY FOR INCONTINENCE.

I wish advice in the following case :

Patient, aged sixty-six years, dark complexion, black hair and eyes, has been greatly annoyed for the last five years from an inability to retain his urine, has no pain; always passes less, if quiet, in the middle of the day. Has been subject to bronchitis for forty years. Coughs constantly when he first gets up in the morning for half an hour, and about the same length of time when he goes to bed, the cold air being the exciting cause.

I have given *Bell.*, *Aconite*, *Phos.*, *Ars.*, *Nit. acid.*, and *Nuz.*, which relieved most. Is it due to paralysis of the sphincter and aggravated by the hard cough?

What shall I give?

EMPORIA, Kan.

M. J. KYLE.

DR. LILIENTHAL'S CASE.

My repertory gives under "Delusion that he is double," *Anac.*, *Cannab. ind.*, *Petr.*, *Secale*, *Silic.*, *Stram.*, *Thuja*. Under "Delusion that he is possessed," *Anac.*, *Hyos.*, *Luches*, *Stram.*, *Thuja*, *Verat.* Perhaps this may throw light on the case. Wolf's proving of *Thuja* (which I do not possess) might be referred to.

LONDON, ENGLAND.

E. W. BERRIDGE.

"CANNOT HOMŒOPATHIC PHYSICIANS CURE AGUE?"

My experience in the cases I have seen, have been confirmatory, (providing you can get your patients willing to *continue* employing for a week say, the *properly chosen remedy*; willing to experience an additional chill or two, for the sake of, a *more complete*, and radical *final* cure.) For instance, patient was a little child, (girl;) chill at 7 A. M.;

marked weakness of *lower* extremities, and mental depression. Other symptoms agreeing, *Rhus*. 12, was prescribed. Considered cured at the end of the week. Monday following got the clothes off her through the night and had recurrence of the chill at the same hour, but with *Chamomilla* symptoms, (one red cheek, etc.) *Cham*. 30, was given, and renewed daily. Was all right on the termination of that week, and has enjoyed excellent health since.

LYONS FARMS, N. J.

J. E. WINANS.

EFFICACY OF PSORINUM AND CALENDULA.

I have had occasion, lately, to realize the efficacy of two remedies in two peculiar cases: First, *Psorinum* 700 cured an attack of diarrhoea which seemed to be chronic, as it has lasted several months, in a case of enlargement of the liver and spleen of several years standing. Almost every symptom mentioned by Dr. J. B. Bell, was shown, especially the excessively offensive odor of stools. Almost immediate relief was given and in less than twenty-four hours the diarrhoea ceased, and for several days constipation followed. There has been no diarrhoea since the use of *Psorinum* three or four weeks ago.

The other case was that of a child five years old who had swallowed a tin whistle made of two discs about one inch in diameter. The foreign body, had been retained about six or eight weeks when symptoms of subacute enteritis appeared, frequent stools almost entirely mucus, accompanied by a continuous soreness of abdomen and tenderness in right iliac region. I thought of *Calendula*, reasoning by analogy and turned to Allen, Vol. II, page 420, found under head of "stomach, abdomen, and stool," corresponding symptoms. Prescribed *Calendula* 2x, five drops in four consecutive doses, a teaspoonful every hour, and was gratified by prompt relief of my little patient who soon began to brighten up and play as when in health. The foreign body is still retained but no recurrence of violent symptoms for the last three weeks.

LOUISVILLE, Ky.

J. R. PIRTLE.

WANTED ONLY HOMŒOPATHY.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: On page 480, December 15th number, you say and very truly I presume, "A medical journal is something that almost every one thinks he can run, but very few succeed in doing." Now I have no disposition to dictate as to how the thing should be done, at the same time I have a preference as to what kind of medical literature I have furnished me when I pay for it. And being an avowed and uncompromising Homeopathist, I desire that reading to be Homeopathic, and therefore, as a subscriber to THE

UNITED STATES MEDICAL INVESTIGATOR, I must enter my solemn protest against being compelled, from time to time, to see in its columns articles that should have appeared, if anywhere, in an Allopathic or Eclectic journal, unless the writers should frankly state they are not Homeœopathists.

Two such articles immediately precede your reply from which the above quotation is taken. I have no desire to reply to these writers, or to show, as could easily be done, their miserable false premises and deductions, but when a man sets himself up as a mouthpiece for the profession, and perpetrates a base slander on Homeœopathy and a respectable class of its practitioners, it would appear culpable cowardice not to speak in their behalf. I am barely willing to admit that a physician may be excusable for prescribing *Quinine* or any other crude drug, as long as he knows of no better way, and honestly confesses that anything that suppresses symptoms by its primary action is anti-pathic to the disease; but when he undertakes to make it appear that this mode of prescribing is Homeœopathic, and endeavors to drag all others down to his level and support, I for one beg leave to inform him that he is not authorized to speak for me. Hear him! "We can talk and we can write, but, gentlemen, we *all* use more or less *Quinine*." Whom does he mean to include by this word *all*? We take it for granted it has reference to the entire Homeœopathic profession, and if this is the construction intended, it is a deliberate falsehood. We believe there are honest men in our ranks who do not, as he says, "write and talk one thing and practice another." Men who we know for twenty years have never had a grain of *Quinine* in their offices, or given it in any shape whatever, and who very rarely prescribe even *China* in any attenuation; and if gentlemen of the *Quinine* school desire company, we would suggest that they seek it in the Alopatic ranks. The process is simple, no change of principle is required, the mere name is all.

WASHINGTON, D. C.

C. PEARSON.

ON THE LAW OF DOSE.

IN THE UNITED STATES MEDICAL INVESTIGATOR, for Nov. 15, 1875, Vol. II, page 394, is a communication which is made to "Country Doctor."

Dr. R. says: "Now Country Doctor, for my life I cannot see your point, (just the same way with that other gentleman,) but I conclude that you are very desirous of finding some *one* potency that will save you the trouble of flipping up and down the scale. To this I must answer, that I am 'desirous of finding' a law that will guide me aright in the choice of the attenuation of medicine that is most appropriate to the case."

I am not aware how quick Dr. P., is in seeing a point, but I will give the theory that has guided me for a number of years past and so far has served me well.

I put all those persons who are born and raised in the country and reared to daily manual exercise, their parents the same before them, in one class. They are stout, hardy and enduring. These are one extreme of the scale. If they are sick they will require the lower dilutions or an appreciable dose of medicine to act curatively, while those that are now termed the higher attenuations will have little or no effect. On the other extreme are all those who are born and raised in the city under the influence of wealth, reared without daily manual exercise in affluence and ease, their parents the same before them. These are delicate and sensitive. If sick, the lower dilutions or an appreciable dose of medicine, however well chosen will aggravate. Only the higher attenuations will act kindly and curatively. Among all the inhabitants of the country between these two extremes, there must be many degrees or grades of strength, acquired by daily manual exercise, so also, between the lowest and highest attenuations of medicine there are many degrees or grades of strength, so that when we compare the acquired strength of the people, with the attenuated strength of the medicines, we see the nice adaptability of the whole scheme of attenuation.

I am willing to submit the above proposition to any fair-minded student of medicine in the whole broad land, whether it in any way, or in the least way, shows that I am "desirous of finding one potency or one remedy, a kind of panacea, which will cure all diseases, under all circumstances."

Dr. P., again: "Now I can give you my plan in a very few words. I use the *one thousandth* for my bottom potency in all medicines, and flip up the scale just as far as I please, and no farther." Very well, Doctor, that is your privilege, but where is your science? Any school-boy could do that, even the nurse could do as much, then in choosing the right attenuation of medicine, wherein is your superiority to any other attendant of the sick?

"A CASE FROM PRACTICE."

This case is too lengthy to be all put in quotation.

"The family physician pronounced his case typhoid and treated him about one week. Patient had not slept a moment for three days and nights previous to my first visit. Found him delirious; tongue loaded with a brownish coating; great thirst; * * * pulse 110; he was very restless, getting worse between 6 P. M., and 6 A. M., when it was difficult to hold him on the bed. My predecessor had given freely of *Morphia* and *Quinine*. * * * At 1:50 P. M., I dissolved a few pellets of *Rhus tox.* 100,000, (Fincke) in half a tumbler of water, and directed that he be given one teaspoonful every hour until six doses were given. * * * He slept three consecutive hours during the night and awoke without a single pain only complaining of a dull sore feeling where the pains had been most severe. In five days he was out of doors and remains perfectly well to this date." Is this a "model cure?" Is it not claimed that the 100,000, dilution of *Rhus tox.* given to a person who had already taken freely of *Morphine* and *Quinine* in "full doses,"

could set up a medicinal or curative action above or overcoming the *Morphine* and *Quinine* and thus holding the diseased action in check? Is not this cure brought forward and ascribed to the 100,000, *Rhus tox.* without regard to the secondary symptoms of *Morphine*? Has the 100,000, dilution of *Rhus tox.* the power, or the property, to antidote the secondary symptoms of "full doses" of *Morphine*, and if it *has* the power, *will* it antidote them, and if it will antidote them, are we not just now learning something?

Who can say what the action of *Rhus tox.* in any dilution would be on a person, sick or well, who had already taken freely of *Morphine* and *Quinine*?

Have we a proving of *Rhus tox.* the prover's system being thoroughly charged with *Morphine* and *Quinine*?

Need we speculate farther? Certainly the secondary action of the *Morphine* would have to follow, if not antidoted, which would explain the relief of restlessness, of delirium and the cause of sleep, aided by the reaction of a good constitution would explain the cure just as we have it on the record. If it is such cures as this that we are to "But award all the glory to high potencies." *Bon jour to glorie.*

The subject under consideration is not whether the 100,000, of a medicine will cure, or will not, *but the law of dose.* I will not doubt the capability of the 100,000, of medicine to arrest the expressions of disease provided the acquired strength of the patient corresponds to the strength of the medicine. But there lies my doubt, that the 100,000 dilution will cure the stout, hardy and robust, made so by active daily exercise, and again, the use of the first dilutions of medicine to cure those who are delicate and sensitive, made so by want of daily exercise unless we wait for the aggravation to go by and count on the reaction. The high dilutionist has success with the delicate, producing no aggravation but curative action at once, or in reasonable time. If now we go up the scale of strength of the people, and down the scale of strength of medicines, we come to the low dilutionist enjoying the same success upon the same plan. The favorites of these two extremes jar a little, because each has an honest confidence in his chosen attenuations.

The choice is made from the condition of a majority of patients those who practice in some portion of a city having a majority of their patients delicate, sensitive creatures are compelled to adopt the higher attenuations so as to go clear of aggravations, and curious, they think the whole world can come to their standard dose. The practitioner of the country, just as honest, tries the higher dilutions, fails, tries again, fails again, then goes down the scale until he finds a dose that shows its good works by amelioration of symptoms. There he plants his standard and calls all above moonshine.

There must be a law that governs these things, as it would seem impossible to be so much difference of judgment without cause. The testimony of many honest and sane men on either extreme is entitled to respect, and we should seek out such of nature's laws as will explain the facts, rather than by harsh and unmeaning words, try to silence

those whose condition of life makes them different from us.

On page 393, Vol. II, Dr. Eaton says. "If I mistake not the selection of the potency will some day be considered nearly as important as the remedy. At the least it will be demanded in order to secure the confidence of the brethren and *is now demanded to secure the best success.*" Every Homœopath sees the want of a guide in the selection of attenuations so as to leave the blind path of guess work.

COUNTRY DOCTOR.

**OBSERVATIONS ON THE THERAPUTICS OF (TYPHOID)
TYPHUS FEVER.**

FROM WURMB UND CASPAR'S KLINISCHE STUDIEN—TRANSLATED
BY A. MCNEIL, M. D., NEW ALBANY, INDIANA.

[Continued from page 32.]

INDICATIONS FOR VERATRUM.

There are cases of typhus in which the vegetative sphere is especially attacked, and the organic formation process is so deeply depressed that mechanical and chemical relations arise which are foreign to the vital process. The circulation is sluggish, the pulse slow, weak and soft; the energy necessary to move the blood through the capillaries is wanting, the blood becomes clogged in them and cyanosis arises. The serous constituents of the blood, which is tending towards decomposition, ooze mechanically through the relaxed vascular walls and are deposited on account of this unusual condition, partly on the external skin as (cold) sweat, and partly on the mucuous membrane of the intestines, and thereby profuse vomiting and diarrhea are produced. The following condition of organic decline soon follows: The temperature sinks below the normal; the turgor disappears, so that the skin becomes relaxed and wrinkled; the eyes loose their brilliancy and become sunken; the nose becomes pointed; the lips are relaxed, etc. In spite of these violent disturbances, the consciousness is but little affected; the intellect is so little disturbed, that it can be aroused by an effort of the will or by the other exertions, to its full activity; delirium is either absent or is only moderate, etc. Briefly: The irregular performance of the functions of the animal life does not keep pace with the morbid alterations of the vegetative sphere, but it remains so far behind that a striking want of harmony between them is apparent. This difference is particularly striking when such a depression of the vegetative activity occurs at the beginning of the disease; but is not easily overlooked even when it happens in its farther progress, for, in such a case, the already existing disturbances of the sensorium remains in the previous condition, and is not much increased by the derangements of the vegetative life.

In this variety of typhus the choice of the remedy cannot be doubtful for a moment when the indications for *Veratrum* are so plain. Such cases come to us for treatment very frequently in the months of August and September. It is possible that its frequent occurrence was due in a great measure to the cholera epidemic which prevailed at that time in Vienna, and which raged particularly violent in the suburb of Leopold Stadt—and which did not spare our hospital. During this time it happened frequently that, at the height of a typhus, profuse vomiting and diarrhea of watery fluid set in; the temperature sank below the normal; the number of beats of the pulse decreased very much, etc. Briefly: A condition occurred which sometimes was not easily distinguished from cholera. In addition to this, several of our typhus patients were attacked by cholera in a well marked form. We believe that we are not mistaken when we consider that the prevailing epidemic influence was operating also on typhus and impressing its peculiar influence on it; and that consequently the remedy corresponding to the epidemic disease generally, i. e., *Veratrum* proved useful also in typhus.

We administered, therefore, *veratrum* during this time to all typhus patients who were attacked with profuse rice-water vomiting and diarrhea; impaired circulation; depression of temperature; disappearance of turgor, etc. And we did not have occasion to repeat our treatment, for almost always these symptoms disappeared soon after the administration of the remedy, and it happened that when the cholera complication disappeared the typhus returned in its pure form, or convalescence commenced immediately if it was a typhus produced by the peculiar epidemic influence.

In all of these cases we were induced to use *Verat.* more by the general than the characteristic indications, although the latter were never absent. We also had opportunities to treat typhus in which *Verat.* was indicated long before the appearance of cholera and long after its disappearance; and we want to particularly impress the fact that we observed no such rapid and striking results from the use of any other remedy.

CASE I.—Josephine Weinmer, 23 years old, powerfully built, sick eight days. On her admission into the hospital, January 9th, the following is a description of her case: The temperature very much increased; skin moist; eyes brilliant; tongue red, and moist; respiration accelerated. Percussion revealed nothing abnormal; auscultation, loud inspiration and audible expiration on the posterior wall of the chest. Pulse 120; abdomen very much distended; spleen enlarged reaching to the anterior ends of the ribs; frequent thin, pappy stools.

The patient complained of great weakness, vertigo and confused feeling in the head; frequent shuddering; violent thirst; oppression of the breast; aching of the whole body; sleeplessness, notwithstanding continual desire to sleep, and only occasionally a dreamful slumber, during which wild delirium occurred which caused the patient to cry aloud. She received *Rhus tox.*

In four days the condition had altered so that the pulse was four beats slower; the temperature lessened and only at times increased a little; she lay in a continual slumber; the sensorium was oppressed; profuse sweat set in; several small red spots appeared on the breast and abdomen; and the stools were watery and more frequent. *Phos. acid* was administered, but without any benefit arising, for on the following day the turgor disappeared; the sweat increased and was cold and clammy; the temperature of the skin sank; the cheeks and lips became blue; she lay entirely apathetic; the pulse only 64; the scanty urine was of a brownish red color; the watery diarrhea continued; we prescribed, on the morning of the ninth day *Veratrum*.

Whether the following rapid change may be attributed to the medicine, or not, we will not say; yet we confess in the course of the entire year, we never observed in any other case and from any other remedy so striking an effect. The disease was, as it were, almost annihilated at one stroke. Even on the same day, in the afternoon visit we found the apathy entirely gone; the expression of the countenance was good; the temperature was pleasantly warm; the pulse increased to 76; the sweat which occurred in the night was moderate and agreeably warm.

On the tenth day the patient felt very well and could even sit up occasionally in bed; the appetite had returned; the pulse was 80 and was tolerably strong; the diarrhea only appeared twice.

On the twelfth day the patient attempted to leave the bed, but had to return to it very soon on account of weakness; of all the other symptoms, subjective as well as objective, not a trace remained.

On the sixteenth day her strength had so far returned that she could pass several hours out of bed.

On the twenty-first day of her stay in the hospital, and the twelfth day of her change for the better, she left our hospital entirely cured.

INDICATIONS FOR COCCULUS.

As in typhus, which corresponds to *Verat.*, the disorders occur in that part of the organism which is controlled by the vegetative system of nerves; so the abnormal expression of the animal life appears in the foreground in those which demand the employment of *Cocculus*.

The patients complain, at the beginning, of faintness; malaise from trifling exertion; impaired intellectual power; loss of memory; want of appetite; and unconquerable to sleep. They soon feel so weak that they cannot leave the bed; and fall into an apathetic condition, which finally passes into actual sopor. If awakened out of this condition they complain of vertigo; sensations as if a heavy load oppressed the head; weakness and paralyzed feeling in the limbs and particularly in the eyelids, which can scarcely be kept open, as in the sleepiness following intoxication. Many times, instead of the paralyzed feeling, there is a sensation of twitching and drawing. The patients think correctly but slowly, and soon again relapse into sopor; and the facial expression corresponds, showing an absence of mental activity. This condition is not constant, for there occur moments of awakening—

during which they are wide awake, look about and move themselves quietly, and seek to conceal as it were their condition by hastily answering the questions which may be put to them; and sometimes there may even appear mild, active delirium.

In this torpid condition of the nervous activity the remaining parts of the organism scarcely participate. The pulse is indeed weak, sinks only rarely below the usual number; more frequently rises above. The temperature remains normal, or is but little changed; the skin is pale and relaxed; the tongue only moderately coated, and is even clean; constipation is usually present, and only exceptionally diarrhea; the mucous membrane of the respiratory tract is seldom drawn into sympathy.

The signs of decomposition of the blood, viz.: exanthemata, ecchymosis, decubitus and hæmorrhage never appear; enlargement of the spleen is never absent.

[TO BE CONTINUED.]

INFLUENCE OF THE MIND ON THE BODY.

BY J. S. DOUGLAS, M. D., MILWAUKEE, WIS.

Read before the Wisconsin State Homœopathic Medical Society.

The effects produced by the body, in its various pathological phases, upon the mind is universally recognized. The converse, the influence of the mind upon the body, is much less generally appreciated.

It is no part of the intentions of the writer of this article to present a scientific treatise. It is only intended to give a few disconnected facts and practical hints, to indicate the importance to the physician of mental influences upon his patients.

When important changes are effected in the physical organism by mental impressions, it is often sneeringly said: "it is all imagination." But does giving the mental impression a contemptuous name render the result less potent for good or evil?

Any agent that is capable of modifying the physical functions, either pathogenetically or curatively, belongs to the paraphernalia of the physician. In the effect of fright on the circulatory function, sometimes producing instant death; in that of fear, blanching the countenance and impeding respiration; in that of grief, prostrating all the energies of physical life, we have a few of the thousand pathogenetic symptoms of mental impressions. On the other hand, in the effects of confidence, hope, trust, we have equally striking examples of curative action.

During a prevalence of Asiatic cholera, we have a multitude of cases, the exciting causes of which are purely psychical. I have seen many such cases: A. sits down to his breakfast with a vigorous appetite and digestion. Just then, B. rushes in and announces the death of a mutual

friend and neighbor, an hour ago of cholera. A.'s nervous and digestive functions are instantly deranged. His appetite is gone. He cannot eat if he would, and cannot digest his food if he did. He soon feels nausea and pain of the bowels, and in an hour he has vomiting, diarrhea and depressed pulse. In short, he has cholera, and is as likely to die with it as if excited by any other cause.

One of the oldest aphorisms in medicine is "*Tolle causam.*" In the treatment of such a case, the first step of the judicious physician will be, if possible, to remove the fear which produced it, and on his success in this direction may depend the life or death of his patient.

During a prevalence of cholera a feeling of fear and apprehension pervades the community. Of the importance of allaying this I had an abundance of illustrations during the last year of it in this city.

A merchant here had an attack of moderate diarrhea, and sent for his physician. After a long consideration he pronounced it cholera. In an excited manner he exclaimed: "It is cholera, genuine cholera, and we have got our hands full." He stripped off his coat and was "going for it," when his patient said: "Doctor, if I have got cholera and am going to die, I have some business to do first. I must have my lawyer to do some writing." The doctor replied, "Do it quickly, you have no time to spare." He spent two hours with his lawyer, and then lay down to die. It need not be added that he did die—and from a psychical cause. This case reminds one of that in an army hospital, to which the undertaker came to take the measure of a patient for a coffin. "But the patient is not dead," said the steward; "we don't want his measure taken." "No matter," replied the undertaker, "the doctor says that he can't live till morning, and it is pretty likely he knows what he has given him." In the cholera case, the doctor had given his patient a psychical dose which rendered an unfavorable prognosis perfectly safe. But the family gave him great credit in giving so decided a prognosis.

A large experience in cholera during that season leaves no doubt in my mind of the fatal agency of the early fright and discouragement to which the patient was treated. During that season it is safe to say that fifty cases altogether similar to this, and many much farther advanced, came into my hands. They were all treated as trifles, and the assurance confidentially given that they would be quickly relieved. After making my prescription I generally said to them: "It will not be necessary to call again; but, if you are not greatly improved in two or three hours, let me hear from you." A second visit was seldom made, and none died. Would the result of have been the same if they had received the impression from me that their disease would be fatal? I do not believe it.

Some cases were very noteworthy. A lady for whom I had several times prescribed in critical conditions and who thought that the cures were almost miraculous, had acquired unbounded faith in me. She was attacked with cholera at 1 o'clock A. M. I was sent for, but was not at home. Another physician was procured. In the course of the forenoon two others were added in consultation. At noon her pulse had

ceased at the wrist, and even the tongue was cold. During the afternoon the case was abandoned by the three attendants as hopeless. About four o'clock I met the first one called and made inquiry. He informed me that he had left her an hour ago, and that before this time she was probably dead. But about six o'clock I received a summons to visit her. I found her in as hopeless a condition as can well be conceived. Pulseless, cold even to the tongue, and an appearance perfectly cadaverous, unable to speak above a very faint whisper, and running from the bowels and the vomiting continuous; but, as usual in cholera, perfectly conscious. The case certainly seemed hopeless. She whispered: "You are too late; if you could have seen me in the morning I should have been cured. But I am now dying." Knowing her great faith in me, I resolved to give her the full benefit of it, and said to her with a confident air: "It is not too late, even now; I will relieve you very soon, and you will recover." I gave medicine and sat by her, holding her hands and talking cheerfully. I think within ten minutes she said: "Doctor, I feel better already." "I know you do," said I, "and you will continue to feel better." Within an hour there was a warm moisture on the forehead, and the pulse became perceptible, the diarrhoea and vomiting ceased immediately, the cramps of the limbs subsided and she lay quiet and comfortable, every now and then commenting on her improved sensations; now saying that the terrible burning of her stomach was "cooling off." Then her stomach and bowels had become quiet, and finally that I had told her truth and that she was going to recover. I left her at the end of two hours in a most encouraging condition, saying to her that I would see her at seven o'clock in the morning, and till that time she would have no vomiting, diarrhoea, or cramps. I was unable, however, to see her till eight o'clock, when I was informed that at seven o'clock she had spoken of my engagement, and she had soon after complained of uneasiness of the bowels, expressed a fear that her diarrhoea was about to return, and she soon has a choleraic evacuation. I arrived soon after and found her somewhat alarmed; and she remarked that if I had been there at the time appointed, the evacuation would not have occurred. I assured her that it was of no importance, and that it was the last she would have — and it was. The recovery was remarkably rapid for such an extreme degree of prostration. Who can doubt the powerful aid of psychical influence in this case? Though I am not disposed to disparage the wonderfully successful results of Homoeopathic treatment in cholera; yet, in this case, the almost instantaneous relief, the quiet of the bowels during the time she was assured they would remain quiet, and the disturbances immediately after, unmistakably point to the controlling power of a mental impression, Hundreds of cases illustrating all this might be adduced.

A nervous gentleman came to me, in evident alarm, wishing me to step into his carriage and visit his wife, who had an attack of cholera. We had proceeded but a few rods when he complained of nausea, soon after, of disturbance of the bowels; and before we reached his house, he said: "Doctor, I shall very soon have vomiting and purging, it is

certainly cholera." I made a hasty prescription for his wife, and then gave my attention to him. He was greatly alarmed and assured me that he had cholera. I was well assured of its psychical origin, and resolved to treat him accordingly. After examining his pulse, etc., I said he had cholera symptoms, and it was just such cholera as we loved to treat, as it required but just ten minutes to cure. I put some medicine upon his tongue and assured him that it was all he would need. I remained an hour with his wife, he then took me home; and not another word was spoken in regard to his cholera. I met him some days after, when he introduced the subject of his marvellous cure, and voluntarily declared his belief that if I had ordered him to bed and expressed alarm, he should have had cholera in reality and probably died with it,—and he was right.

Every physician is painfully aware of the discouraging circumstance of a patient entertaining the conviction that he shall not recover. If we cannot dissipate that conviction, there is small ground of hope for him.

The following case is remarkable: A young man had for three years, epileptic convulsions, which steadily increased in frequency until they occurred from twice to six times daily. Finally a woman appeared in a neighboring town, who acquired a great reputation for sanctity and remarkable cures by laying on of hands, and prayer. The young man became anxious to see her. His father opposed it, but he grew so confident that he could be cured that his anxiety fearfully aggravated his disease, and his father took him to the famous woman. Both were very favorably impressed with her appearance and great faith. She assured him that he would be cured, and, laying her hands on his head, offered an impressive prayer. On returning home, he assured his family that he felt a wonderful change in his physical and mental being, and expressed the confident belief that he was cured. Now mark the result. He remained well and without a convulsion for seven months. They then returned; and he was trephined and an exostosis removed which had produced the disease, and he recovered. But what shall be said of the power of a purely psychical cause to suspend the disease for seven months, with the physical cause which had produced it still remaining?

But I only designed to give a few facts and hints of a practical character. This article could easily be extended into a volume.

EQUISETUM HYEMALE ENURESIS.

HEBER SMITH, ON THE POTENCY QUESTION, ETC.

In looking over THE U. S. MEDICAL INVESTIGATOR of Dec. 1st, I notice under the head of "Is Enuresis Hereditary?" an answer to Dr. Bruce's case for counsel, where our esteemed friend Dr. Higgins advises *Carb. americana* in 10,000, 50,000 and 100,000 potencies, com-

mencing with the lowest, and, after giving the patient three doses at intervals of three days, to give placebos for sixty days; and if the cure is not complete, to give the next higher and so on, and finally to study *Petroleum* and *Plantago major*. I do not hesitate to say that the doctor speaks from experience; but, if the patient was mine, I should expect she would have consulted all the doctors in the place and remained uncured, ere my remedy had time to act, even if the first potency was sufficient to cure in the time specified. In my note book I find upwards of twenty cases of enuresis treated during the past year with the one remedy; and I have yet to find a case it will not cure. It is *Equisetum hyemale*. I have used it in the mother tincture and 1x, always adding 6 drops of the tincture to one-half glass of water, and a teaspoonful to be taken every three hours for two or three days, which in most cases has been sufficient to effect a speedy and permanent cure. I have also used it in cystitis and dysuria with unparalleled success.

I do not wish to be understood that *Eq. hyemale* will invariably cure all cases of incontinence of urine even in children, for we must remember that very often incontinence is caused by a morbid irritability of the neck of the bladder; or of the entire organ excited by the acid character of the urine, or by sympathy with the kidneys, rectum, anus, vagina or uterus. In early pregnancy the patient is often tormented with a constant desire to urinate, and if the inclination is not instantly gratified the water flows off involuntarily. Worms in the lower bowel, hæmorrhoidal tumors and fissures of the anus are often attended with incontinence. Onanism, or inordinate sexual indulgence, by establishing a morbid sensibility of the mucus membrane of the neck of the bladder or the commencement of the urethra, may be followed by the same result. In most of these instances the incontinence is incomplete. To young subjects obviously belong these forms of disease. In the treatment of these forms of incontinence particular inquiry should be made into the nature of the exciting cause, the removal of which is of paramount importance. The condition of the urine is examined, disease of the neighboring structure is corrected, the patients' habits attended to, and the remedy best fitted to remove the cause given — and you will be successful.

But when there is no tangible cause excepting a habit (as it were) which has remained after the primary cause has disappeared (as it is in a great many cases,) the *Eq. hye.* will cure almost immediately, and permanently. In Dr. Bruce's case the cause seems to be "power of habit" remaining after the primary cause has been removed, without the entire removal of the morbid irritability of the bladder, as a whole, or some of its parts. I should, therefore, prescribe *Eq. hye.*, as before said, feeling confident that it would restore the parts to a normal condition. As an adjuvant, I should touch the young lady's pride by telling her she *must* control the habit by being on her guard, etc.

EQUISETUM HYEMALE (SCOURING RASH).

Description: This plant, also known by the names of horse-tail,

shave-grass, etc., is a perennial plant with simple, stout, erect, jointed and hollow stems, fourteen to twenty-six longitudinal furrows. Fertile plants, mostly leafless. It is common to the northern and western parts of the United States, growing in wet ground on river banks and bordering of forests, and matures in June or July. It abounds in silix, on account of which it has been used to scour, polish, etc. The whole plant is used. It has been used mostly by Eclectics as a diuretic and astringent, also in nephretic affections. I believe it has not been proved. I was told a few days since of a horse that was very fond of it and ate of it largely one day. That night he had strangury of which he died, as he could not be relieved. I did not hear the particulars further.

My attention was called to this remedy by a letter written by Dr. Thayer, of Boston, to E. D. Buffington, proprietor of the Homœopathic pharmacy of this city (who has a large quantity of the tincture made from the green plant), who had used it in a case of incontinence of urine of twenty years' standing, curing the patient in about ten days, if I remember correctly. Since that time I have used it very often in urinary troubles of all kinds, with good success; but principally in incontinence of urine (enuresis) in children, with a perfect cure in every case so far. I hope Dr. Higgins will not think I have trespassed on the laws of etiquette, for if I understand him correctly, he means that low potencies will not cure these cases, or if they do the action will be at best very slow; for he admits that *Carb. ameri.* takes from seventy to two hundred and fifty days to perform a cure, while I claim that my low potency will cure the case, or does similar cases, in from one to ten days. Are the potencies at fault or is it prejudice; or, are the potencies all right, and man so avaricious for honor that he does not report a case unless he has been successful in prescribing the 50,000th or 100,000th potency?

ON THE POTENCY QUESTION.

Why do so many diseases cease to be diseases when no remedy is taken? Why are we so continually arguing the potency point? One says the low potency always aggravates and only the higher cure; another, equally as eminent, does not use the high potency at all! Let me call the attention of our profession to a part of an introductory address made at the opening of the Boston University School of Medicine, by J. Heber Smith, A. M., M. D., Prof. of Materia Medica, who so admirably sets forth the noblest of views in regard to potencies. He says: "The attenuation of the dose is a side-issue that has been given, in the literature of Homœopathy, a fictitious and air-drawn prominence, alike injurious to our cause and disastrous to our peace. It is seldom that nature brings forth more than one prodigy from a single matrix. The brain of Hahnemann produced with honest throes the matchless law of the similars. Other like fruit was not among the probabilities of mental fecundity; but the usual secundines of such a parturition have been preserved, as though essential to the growth and well being of the heir-apparent, while unessential theories, forced

issues, mental vapors, intellectual flatulencies and after-pains have been mistaken as the sign and promise of another birth. Limitless attenuation is one of these.

“ I care not how much it may please others to attenuate their medicine, if they know how and when to use them ; but for the sake of our struggling cause I would mildly suggest the propriety of giving less prominence to results of such questionable inference as to provoke scepticism and inflame controversy. Our beautiful law of cure should not be compelled to drag after it a questionable shape, paraded as its monstrous twin-birth whose severance would be fatal to existence. For one, I am weary of the opprobrium of the infinitesimal dose. It has kept in the background the beauty of our law of cure, while the prominence given it, even by ourselves, has afforded our enemies a cloak with which to cover their own shame and parry our most fatal thrusts. It seems to me too patent even for question that nature has in store the juices of a thousand curative plants, the potency of which is given them in an alembic, whose fires are the sun’s rays and whose distillation is interrupted only by the changing seasons. A medicinal leaf revives the disease-stricken beast, though only grazed from the rim of some forest spring, instinctively it sends the efficacy of mineral aid, though unvexed with pestle and mortar. Who does not know that some of the most wonderful cures in the history of medicine have been made with some simple infusion ? Let us not fear to copy nature, nor dread the brand of having departed from purity of practice because we choose to experiment for ourselves. Let us warn you never to allow the laity to draw you into a discussion of the question of the dose. Shun the example of some, who fill their patrons mouths with the clamor of “ high potencies ” and “ low potencies, ” dividing our ranks, inviting invidious comparisons, and submitting their successors to the prattling dictation of one part of the community and the success of all the rest. The question of the dose is an open one, as yet undecided by our most acute observers. Every practitioner, sooner or later, drops to a level, rises to an altitude, or fluctuates between extremes, as the necessities of his surroundings, education and temperament compel. If I may be allowed, I would say in this connection, that when a student I was of the strictest sect of the Pharisees in the Sanhedrim of high dilutionists, held the garments of those who stoned recreants, and was ready to bring those at a distance bound to the medical Jerusalem. But there came a time when, like Paul, “ the very commandment which was for life I found to be death, ” and when I could say with him, struggling as I was for absolute purity, “ what I perform that I know not ; for not what I desire that do I ; but what I hate that I do. ” “ But now we have been loosed from the law, ” (of exclusively high dilutions,) “ having died unto that wherein we were held ; so that we serve in the newness of the spirit and not in the oldness of the letter. ” This gospel of freedom is the glad tidings we bring you to-day,—“ absolute liberty in science, ” the watch-word of the Homeopathic Medical Society of Massachusetts. In substance this has also become a part of the constitution of the American Institute

of Homœopathy, through the efforts of a few liberal minds ably championed by one of our illustrious colleagues. Success will attend your efforts if, having learned to select the remedy, you graduate the dose to the requirements of your patients. And do not forget there are not a few patients who will receive the greatest aid from drugs so attenuated that they have quite vanished from the ken of chemistry into those upper regions that are traversed only by the flight of the higher mathematics. Beware of putting a blind and headlong trust in medicine. There is danger in dosing, and in attributing every recovery to your meddlesome interference with nature. Time has been called by poets the great destroyer, and artists have pictured him armed with the implement of destruction. But remember that he is also the builder and restorer; that as the sands in his glass run their unceasing course, so silently and surely his myriad forces are mustering to save.

Diseases have their periods, and many that come and go like comets, sweeping a train of horror, can be predicted and prepared for by the wise physician, but never quite baffled in their maligne influences. Boast not, then, of your specifics against death. "Let not him that putteth on the harness boast, but him that taketh it off."

WORCESTER, Mass.

J. H. CARMICHAEL.

PHYSICAL, VERSUS DYNAMIC FORCE.

READ BEFORE THE MILITARY TRACT SOCIETY BY J. MARTINE
KERSHAW, M. D., OF ST., LOUIS.

I wish to call your attention in this article to a few cases termed because of some peculiarities "Nervous diseases." It was common in former times, and it holds in a measure to this day—to draw a line of demarkation—and a decided one too—between the diseases known as physical, and those manifest derangements of mind, and of the nervous system. This was a grievous wrong then, and it still remains an obstacle to the successful treatment of persons afflicted with this class of diseases. A so-called nervous complaint often has its seat at a point remote from its manifestation. Cure or improve your patients stomach, and his asthma will improve accordingly. The replacing of a prolapsed uterus will often remove a multitude of distressing symptoms of a so-called nervous character, the cause of which may have scarcely been suspected until examination revealed the true condition of affairs. A piece of glass imbedded within the substance of the great toe, caused epileptic convulsions in a young man, the existence of which entirely unknown until discovered by the physician in attendance. The removal of the glass cured the epilepsy. Catalepsy was brought about by the running of a fine needle into the ball of the foot—the subject being a young lady. This disease also terminated on the removal of the needle. My object in calling attention to these cases is, to show that the exciting cause of disease is often of such a nature

that medicine is utterly powerless to effect a cure, or even palliate the urgent symptoms observed, and that, in fact there are diseases outside (for the time at least) the sphere of medicine altogether. It may seem absurd to suggest that the cause of disease be first sought after and removed on commencing treatment in a given case. Yet we are doubtless all of us acquainted with those who rely entirely upon medicines in the treatment of disease to the exclusion of all exploratory, and other so-called rational means of relieving disease. An Allopathic physician of standing in the community was called to attend a patient of mine while I was confined to my room with an indisposition, and pronounced her complaint puerperal peritonitis, simply because she had been confined some fifteen days before. He prescribed opiates and other medicines to subdue the inflammation. Three hours afterward, I was hurriedly summoned to her bed-side, and found her screaming with pain. She acquainted me with what the old-school physician had said of her case. I explained to her and her husband that there was no inflammation present that it was neuralgia, due to prolapsus of the uterus, and that it could be relieved, and that immediately. I introduced my index within the vagina, and found the uterus as I suspected, low down. I pushed the organ up on the point of my finger—and the pain was gone. A pear-shaped, india-rubber inflating pessary was then procured, introduced, and filled with air by means of a syringe, the stem tied to retain the compressed air, and the patient recovered without further trouble.

Some four months later I was called to attend the same lady afflicted this time with sciatica, together with serious pain of a neuralgic character in the region of the left ovary. I prescribed what I considered the indicated remedies, she getting worse all the time, until at last, she was utterly unable to walk, and the slightest movement caused intense pain. On inquiry, I found she had not used the pessary for some time. Suspecting uterine trouble, I made an examination and found the uterus fast within the vagina as before. Restoration of the uterus to its proper place, and the support of the pessary mended matters rapidly, and in a short time she was entirely well. I feel satisfied that my action in this case was perfectly proper, and that no medicine could here accomplished the work more rapidly than did this simple procedure. I well remember being called to a case some few years ago. The subject was a woman. She was lying on her back on the floor, quite unconscious, her eyes set, jaws firmly clinched, thumbs turned in, lower limbs extended, and spine curved in a semi-opisthotonic position. A number of women were gathered about her, but from them I could learn nothing except that she was subject to "spells," as they called them. I suspected they were of an hysterical nature. I questioned and examined in vain for several moments when on passing my hand across the abdomen, I discovered an enlargement, and pressure upon this made the woman shudder, unconscious as she was. The enlargement was a distended bladder. By means of a catheter the water was drawn off, and in a few moments consciousness returned.

In relating these cases it is my object to show that a doctor has something else to do besides portioning out medicines to his patients, and that there are troubles which can be dissipated best by means of physical force, and that the physician fails just that much of his mission who neglects common-sense in the treatment of disease. There is a dynamic force to be used in the treatment of diseases — *the* medical law of cure which is Homœopathy, and there is a physical manipulative force to be used, which is surgery. The former is the medical law of cure, because its power resides within itself and is exerted aside from the physiological or poisonous drug effects; it is the law of cure because nature points out in the physiological action of the drug *the law* whose innate, dynamic force effects a cure through a natural-selection process which is as certain in its action as science itself.

Indeed, a cure made on purely Homœopathic principles is scientific in its absolute sense. Very few of these are made; we approach, but rarely reach precision in prescribing. When we do we are astonished at the miracle performed. The physical, manipulative force of which I speak, is none the less surgical, because no knife is used. I hope I have made myself understood in this article. The medical law of cure, Homœopathy, is right, apply it; surgery and common sense measures are right, apply them — each in its proper place. The application of either exclusively, makes one doubtful, weak, often helpless; together, they make him powerful, confident, strong in the strictest sense, master of every situation.

GLONOINE IN EPILEPSY.

I have been much pleased with the brief, pointed communications, in THE UNITED STATES MEDICAL INVESTIGATOR, of late, touching the treatment of epilepsy.

Allow me to say, that I have employed *Glonoine* to prevent the fits, or paroxysms, of that disease very successfully.

Last year I had a case where the subject had premonitory symptoms of the fit when awake, resembling very much the effects of *Glonoine*, such as sudden quickening or excitement of the heart's action, and a rush of blood to the left side of the head, with fullness and throbbing of temples, etc. The general condition of the patient calling for *Nux* v., I gave that remedy, morning and night, and supplied him with a powder of *Glonoine*, 2d decimal, to carry in his vest pocket and to take upon the first approach of a fit. He improved finely. In place of a fit every week, or two or three times a week, he went two or three months without one. Several times, when threatened, he took his preventive powder with entire success. Not all epileptics have warning sufficient to enable them to take a powder. In some cases the *Nitrate of Amyl* may also be used as an immediate preventive.

NASHVILLE, Tenn.

J. P. DAKE.

Surgical Department.

THE EUSTACHIAN CATHETER.

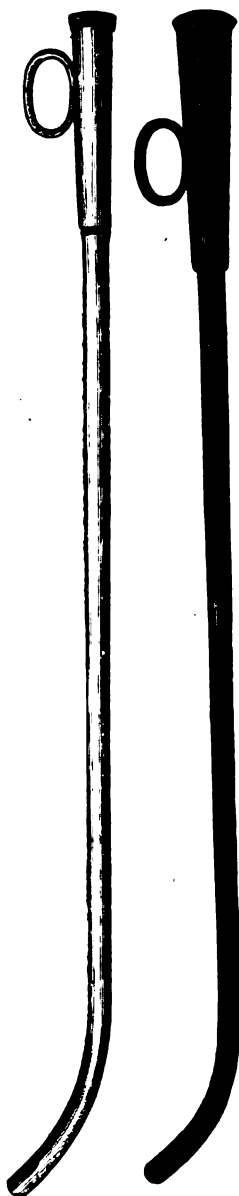
BY C. H. VILAS, A. M., M. D., CHICAGO, ILL.

Read before the Chicago Academy of Homeopathic Physicians and Surgeons.

No instrument used in the treatment of aural diseases has been so misjudged by a considerable number of the medical profession as the Eustachian catheter. Notwithstanding its use by nearly all (if not all) of our aural surgeons, there still lingers in the minds of some of our medical men an unfavorable prejudice, implanted by those whose works "bear intrinsic evidence that the authors did not choose to be very familiar with the details of the proper employment of the instrument." Believing that such prejudice may in a great measure be removed by a candid consideration of its values and dangers, and an efficient and oftentimes necessary instrument be brought into more general use by competent men, it is my intention to consider the catheter with its substitutes and accessories, and endeavor to suggest the best ways of using them, as well as explain some new apparatus of my own devising, specially calculated to remove several objections to the use of the catheter.

The enquiry oftenest made, why should it be used when we have other ways of accomplishing the same purpose, is readily answered. We should not use it if we have other simpler and better ways of accomplishing the same purpose, but should use every known substitute when more efficacious. But there are aural diseases which will not yield to those which are known as simpler ways, but which will yield under appropriate treatment; and the duty of physicians to their patients is not discharged when, after trying the simpler ways, they abandon as incurable cases failing to improve. In a majority of such cases there is a scientific way of reaching them, which will greatly benefit if not cure, and that way lies through the catheter.

Let us glance a moment at the anatomy of the parts we wish to treat. So doing, we find a tube leading from an opening in the pharynx to the tympanic cavity of the middle ear, called the Eustachian, which, with the cavity, is lined by a continuation of the mucous membrane of the pharynx. Through this tube only can we reach the tympanic cavity in its normal state, it being the only accessible opening from within, while there is none accessible from without, the membranum tympani practically forming an impenetrable barrier. Opening into, attached to, or pressing upon the walls and contents of this cavity are some of



the most important parts of the conducting apparatus of the ear, a diseased condition of which, sooner or later, impairs the hearing. All these parts of the auditory apparatus are extremely liable to become diseased in various ways, and in their different pathological states form a large proportion of the aural troubles from which relief is sought.

We see then that we have a tube leading from the pharynx into the tympanic cavity. We desire to reach these parts with remedies; how shall we do it? The simplest way would seem to be to prolong this tube by artificial means, from its opening into the pharynx to an accessible point outside the head. This is exactly what we can do, and the manner in which we do it is known as "passing the Eustachian catheter." Once so prolonged, that is the catheter passed, we attach directly to the appropriately made and exposed end such apparatus as may be necessary to introduce our remedies.

Two ways of prolonging this tube have been suggested: one by Cleland, an English surgeon, that of passing a hollow tube (catheter) through the nostril and inserting the distal end in the mouth of the tube, leaving the other without the nostril; the other by Guyot, a Versailles postmaster, who passed the catheter through the mouth, and in substantially the same manner accomplished a like result. I have never met with an aural surgeon who made use of any method but the former, and hence it must be understood that reference to that method only is hereafter made, and I shall not further describe the other.

In the accompanying illustrations we have the actual size and shape of Cleland's catheter, one of alloyed silver, the other of hard rubber, since his time somewhat modified in its manufacture, and from the description given we have seen the object of its use. It will now be appropriate to consider its substitutes, generally known as the simpler means, and see if they can render its use unnecessary. They are respectively known as those of (1) Val-

salva, (2) Politzer, and (3) Wilde.

The first consists of simply holding the nostrils tightly closed with the thumb and finger, and making forcible attempts at expiration.

It has but a limited range and is but little used; deservedly so if for no other reason than that we have a much better way in Politzer's.

The second, that of Dr. Adam Politzer, of Vienna, a very valuable one, is based on two well-known anatomical facts, (1) that the pharyngeal orifices of the Eustachian tubes open, while (2) the uvula rests upon the pharyngeal wall during the process of swallowing, thus separating the upper from the lower pharyngeal space. In order to make use of this method the patient takes a little water into his mouth which he swallows at a given signal. At this moment air is blown by the surgeon from a rubber bag-syringe into the upper pharyngeal space through the nostrils, and thence into the opened mouths of the tubes, and through the latter into the tympanic cavity, thus freeing those parts from obstruction or proving their permeability. Frequently this method will be sufficient for the purpose, but oftentimes we must resort to other devices hereafter mentioned more fully.

As auxiliary to the methods just described and the catheter, Mr. Toynbee proposed to auscultate these parts at the moment of their inflation by means of an instrument which he called an otoscope. It consists of a flexible rubber tube about two or three feet long, suitably tipped at both ends so as tightly to fit the external ear. One end is placed in the surgeon's ear and the other in the patient's. On forcing the air into the upper pharyngeal space as described, the surgeon listens to the sounds produced and from them judges of the condition of the parts. Mr. Toynbee attached much importance to the sounds so heard and arranged a compendium of them, showing what we might diagnose from a "dry sound," a "crackling sound," etc., which was extended largely by Kramer; but succeeding them several aural surgeons pointed out that they were often in error, and in consequence his instrument has not proven as useful as was anticipated by him, though still used within its range.

The third method, that of Sir William Wilde, takes advantage of the fact that in its normal position a cone of light is formed on the membrum tympani, which changes into a square, divided or irregular shape with altered position, whenever the curvature of the membrane is changed. The latter being largely under the control of pathological changes within, this method becomes a valuable diagnostic aid, but requires much practice and an extended physiological and pathological knowledge to comprehend its indications.

Briefly summing up these three methods then, we see that neither of the first two readily admit of the use of anything in diagnosis or treatment of these parts aside from common air, and in many instances is this limited in value or wholly useless, and at times may be positively injurious; while the latter though valuable in diagnosis is powerless in treatment. It is plain then there are no complete substitutes, for in order to diagnose and properly treat the diseases of the tubes and tympanic cavities, we must at times locally apply various remedies, and in nearly every case free these districts from obstructions and adhesions impeding them in the discharge of their functions. No plan by which the former may always be done aside from the

catheter has ever been advanced, though the methods of Valsalva and Politzer, in combination with electricity have in a great measure rendered it unnecessary for the latter.

The proper method of passing the catheter I consider necessary to dwell on, or at the outset "so many trifling things in the way will prevent its accomplishment."

Familiar with the anatomy and possessed of a steady hand, it is a very simple matter to introduce the instrument, and in nearly all cases without pain to the patient. This remark suggests itself because within the past month two medical gentlemen of much experience in surgery, while in my office expressed themselves as regarding its introduction an exceedingly difficult and painful operation. Said one, "I have practiced nearly fifteen years in surgery but never attempted to use it," while the other remarked that he regarded its use as beyond his capabilities. Such is the prejudice inculcated by the efforts of some who have never fully understood its uses!

In a healthy condition of the parts, it always should, and if properly done always will, be entirely painless, though oftentimes somewhat distasteful. But sometimes the inroads of disease have so affected the membrane, and produced such pathological changes, that some pain will result. When once in position however, it should occasion no inconvenience whatever. These points I have not only frequently tested on others, but on myself as I now show you, and I assert them confidently.

In selecting a catheter, if air is to be introduced the silver ones will be found the best; if steam or hot medication in any form, those of hard rubber are preferable, as the former soon become so hot as to be intolerable. Those who keep their catheters in their general operating case, and lay the latter widely opened and exposing its glittering array of weapons before their patient and his friends, will doubtless have some difficulty in persuading their patient to submit to complete catheterization, even if he allow the surgeon to attempt the use of one of the instruments which to him are equally dangerous; but if the operator with no unnecessary terrors or attempts at display, go about his work with a confident and assuring manner, I believe he will experience none of the objections so often mentioned as reasons for its non-use.

The suitable catheter having been selected, it should be ascertained that it is permeable, clean and warm. These points are best attained by pouring warm water through and over it. Then let the patient blow his nose so as to free it of any collection of mucus and moisten the membrane, and so seat himself that his head may be supported from behind. I think it better not to put your arm around his head as some recommend, for the idea of being held alarms the patient, thus causing him to brace and strain himself, and interferes with the proper use of one hand of the operator.

Holding the catheter perpendicularly with the thumb and forefinger of the right hand near its funnel shaped end, the ring on the instrument pointing to the mesial line of the body, the surgeon slightly draws

down the upper lip of the patient with the forefinger of the left hand, and introduces the catheter into the meatus nasi. This being done he should at once turn the instrument into a nearly horizontal position, with its concavity downwards. Right here is one of the stumbling blocks. The operator either does not turn the instrument into a horizontal position as soon as it has entered the meatus, but strives to get a "better hold" by inserting it a little deeper, with the result that the instrument wanders off into a wrong part of the nostril; or he turns it before it enters at all, so that he really strives to insert it in a horizontal position. Either of these errors will be fatal to success.

With the beak of the instrument closely embracing the floor of the meatus and columna nasi, gently urge the instrument forward. *Do not crowd it.* I have seen a surgeon jam the catheter into the nostril in a most painful manner. It is not only unnecessary to give it too much force, but cruel, dangerous, and inimical to success. If it does not enter readily wait a little, talk to the patient, and induce him to relax his straining and open his eyes. Then slightly withdraw the catheter, turn it a little, and on again advancing it will enter. Gradually raising it until it is in a completely horizontal position, urge it onwards until it touches the posterior wall of the pharynx. Then raise the funnel-shaped end, withdraw a little, generally from three-eighths to half an inch, and turn the catheter from within outwards (guiding by the ring near the exposed end of the catheter) about one-quarter of a circle, or ninety degrees. This movement will lift the beak of the catheter into the mouth of the Eustachian tube if the catheter has been withdrawn exactly enough. Sometimes it will be found that the instrument seems to engage the mouth of the tube, and yet does not open into the tube. In such case it has not been withdrawn enough, and in consequence the beak has been lifted into the fossa just behind the mouth of the tube. Once in position it is grasped tightly by the muscles and you have prolonged the Eustachian tube as desired, and there is a continuous channel from the funnel-shaped end of the catheter through it into the Eustachian tube, and thence into the tympanic cavity of the middle ear.

(In many cases the experienced operator will omit one step of the manner I have described for the introduction, and turn the catheter at once into the orifice of the tube as soon as it has passed through the nasal cavity and before it has touched the pharynx. But only experience can render this possible, and even with it such a departure cannot always be made and success follow.)

Probably there is no better way for the beginner to acquire the *tactus eruditus* than by catheterizing himself. Judiciously done no harm is likely to follow, and the feelings of the patient as well as the judgment and skill of the operator can be combined. That he may know he has actually engaged the tube, let him blow air into the tympanic cavity with a bag syringe or my inflator hereafter described, using a moderate degree of inflation only.

[TO BE CONTINUED.]

INTERNAL MEDICATION IN CHRONIC TYMPANITIS.

Will Dr. Woodyatt please to state in THE UNITED STATES MEDICAL INVESTIGATOR, whether in chronic tympanitis he has observed any curative effect from internal medication.

LEAVENWORTH, Kan.

W. F. MORGAN.

REPLY.

From the fact of the above query being directed to me I infer that it has reference to a disease of either the eye or the ear. Although "tympanitis" clearly belongs to another region of the body and other authority could be consulted with more satisfaction and benefit, if I presume to the extent of construing the question to refer to chronic inflammation of the middle ear it is hoped that the doctor will see in it only a desire to give the information sought. But even then the field is so broad that much space might be occupied in the attempt to illustrate the range and power of internal medication without touching upon the subject to which the question refers.

Chronic inflammation of the middle ear may be suppurative or non-suppurative. If of the first variety it may have complications, such as polypus or caries, or it may have extended to the mastoid cells, and the treatment would necessarily have to be different, according to the stage. If non-suppurative, it might be clearly catarrhal, or strictly proliferous, or a combination of the two. It might have, as evidence of a gradual progression of the disease, thickened drum heads, adhesive bands extending from wall to wall or bone to bone of the little chamber, or a generally thickened or sclerosed condition of the mucous lining, and here, again, the answer to the question would vary according to the condition.

In a very general, sweeping way, it might be said that internal medication does a very great deal in all the conditions named. With equal truth also, that in none of them can a cure be effected by medicine alone. Discharges have to be cleaned away, polypi removed, adhesions broken, stiffened ossicula gently vibrated at regular intervals, etc. But of course the question calls for specific information, and an answer will be easy when the condition under treatment is described in detail.

CHICAGO.

W. H. WOODYATT.

CASE OF SPERMATORRHŒA AND GLEET.

Mr. H. G. L., aged twenty-eight years, unmarried; much emaciated; eyes dull and sunken; very nervous and very weak; pain in the back; also pain along the course of poupart's ligament, both sides; left testicle enlarged; when speaking the eyes were turned toward the floor; could not look you in the face; the scrotum hanging down very long, with cold and clammy feel to the touch. For some years

he was addicted to self-abuse, but mustered sufficient courage to stop the practice, but could not overcome the consequences so easily, the nightly emissions grew from bad to worse. He applied to an Allopathic doctor, whose medicines he took for months, but continued to grow worse; he attempted coitus and received gonorrhœa. To cure this he took three or four bottles of medicine from a druggist, and considered himself cured, but was disappointed to find himself in the possession of a troublesome gleet. The gleet continued for about a year. The nocturnal emissions going on, erection impossible, and his constitution so broken down that he came to the conclusion there was no help for him, and felt that death would be a relief. In this condition of body and mind he applied to me on the first day of last July. The following is the treatment he received and the results that followed:

Gels. 1x., three times a day for four days, the discharge became quite copious and creamy in character; *Gels.* discontinued and *Oleum sental.* three drops on sugar, morning and evening, and *Phos. ac.* dilution, two drops at noon. He received the usual instructions regarding his diet; to abstain from hot drinks at evening, and to take a sitz-bath of cool water every night and morning. After one week he reported the discharges as very slight, he had suffered but two emissions. The same treatment continued another week, at the end of which time he reported the discharge stopped, no emissions having taken place. He had experienced slight erections, and felt encouraged and hopeful; he looked better and felt stronger. The third week the same treatment, with the addition of three powders 1½ grs. *Strychnina* 3x. He had two emissions during the third week, quite copious, which made him feel very weak the following day. No return of the gletty discharge. The *Phos. ac.* continued every second day with an occasional powder of *Strychnina* as before, for the fourth week, when all medicine was discontinued, and I consider the patient quite cured. He has gained thirteen pounds in weight, feels strong and looks happy, and has erections every morning, which subside on the application of the water. The contractility of the dartos of the scrotum is increasing. I would here remark that the results surprised me very much, as grave doubts were in my mind at the beginning of the treatment, of a successful issue, all of which are now dissipated by the changed look and improved appearance of my client.

BLFFALO, Sept. 27, 1875.

JOHN F. WAGE.

CASE OF SENILE GANGRENE.

A man some sixty years old, will weigh about two hundred pounds, has a sore toe (the great toe,) which has been sore for three years—thought it came from the nail growing down into the flesh, now the two next are getting sore. The top of the foot up to the ankle is cold all the time, and the sole of the foot burns like holding it to a hot stove; worse at night; when stepping on it, it feels as though a rope

were tied around the ball of the foot; pains him very much by spells; is not swollen only just a little around the nail; has a red, shiny appearance. He has some kidney troubles. Now I would like to know through THE UNITED STATES MEDICAL INVESTIGATOR what would be the remedy.

NEW LISBON, Ohio.

R. A. BRINKS.

CASE OF PROLAPSUS ANI.

A boy, aged two and a half years. Oct. 1, 1875.—Has had prolapsus ani for some time. The anus prolapsed with every stool, and frequently when not at stool. Could get no particular symptoms, but the simple fact that such a condition existed, and that at times his parents could hardly replace it and were getting very much alarmed. The child has a full florid complexion. I prescribed *Ignatia* 3; this gave temporary relief, but the condition would return. After continuing *Ignatia* for one week, I changed to *Nux v.* 1, which relieved him almost instantly.

Jan. 3, 1876.—Has had no return.

Other cases of prolapsus ani I have relieved permanently with *Crot. tig.*, and *Podophyllum*.

PASSAIC, N. J.

N. C. RICARDO.

CASE OF HÆMORRHOIDS.

Mrs. K., aged about thirty-one years. July, 1875.—She has suffered severely with hæmorrhoids for the past ten days. Cannot get relief from anything she can do. Has had them before, but could generally relieve them herself.

Symptoms: Constant burning pain, and discharge of blood with every stool. Otherwise enjoys good health.

Prescribed *Ars. a.* 200, every two hours. On the second day after, she was entirely relieved.

Jan. 3, 1876.—Has had no return of hæmorrhoids.

PASSAIC, N. J.

N. C. RICARDO.

FUSIL OIL FOR CANCER.

An old lady who has had a good deal of experience in the treatment of tumors, old ulcers, cancers, etc., with *Fusil oil*, thinks that the profession should know of the fact and should try it. She applies the Oil daily to the tumor, and in time it disappears. She reports the cure of one case of recurrent cancer after two operations. Mary Clarke, editor of *Mothers' Journal*, is the lady referred to.

Physiological Department.

CO-ORDINATION THE SOLE FUNCTION OF THE NERVOUS SYSTEM.

BY E. N. FOSTER, M. D., CHICAGO, ILL.

Read before the Illinois Homeopathic Medical Association.

As Chairman of the Bureau of Physiology I beg leave to present to the society a brief paper on the nervous system.

This paper is offered, I hope, with sufficient modesty; for it especially disclaims all pretence to profundity, it contains no startling discoveries, either of novel functions or of strange pathological symptoms; it records no results (I ought to be ashamed to confess it, but I am not) of new experiments by drugs or knife or battery; on the contrary it expressly and purposely avoids all these things.

The medical profession is already sufficiently endowed with minds enriched with a varied knowledge of nervous physiology, so that whatever is profound, or new, or inexplicable, by whatever means it can be elicited, is continually set before us. And after having been regaled with this kind of instruction to our full capacity, I think you will all feel with me that it would be a relief to rest a while, to review the ground so laboriously passed over, and to gather something like at least *one* simple, tangible, comprehensible result from all our toil. I think you will find pleasure, if not instruction, in a temporary escape from the wilderness of reflex action, ideational centers, emotional centers, ideo-motor and sensori-motor responses, volitional impulses, the special cerebral abode of language, the cerebral convolutions (to which the intestinal convolutions are as nothing) and the dreadful mystery that overhangs them all — I say I wish you all to experience with me a little genuine satisfaction in leaving all these behind (temporarily of course,) and indulging in a view of the nervous system that is at once simple, natural, and comprehensible. If I shall indeed succeed in presenting to you such a view of the nervous system, one thing only shall I claim, that I have done for you what no one ever did for me.

ANATOMICAL STRUCTURE.

The simplest elementary form of a nervous system, of *any* nervous system, is a cell and two fibres. One cell and two fibres are a complete nervous system in themselves. The *simplest* nervous organism known in the animal kingdom, consists of the smallest number of these cells, each cell with its two fibres. Such organisms are found among the

radiates. As we ascend the scale of animal life the number of these cells and fibres increases, and the *most complex* nervous organism known in the animal kingdom, that of man, consists of the *greatest* number of these cells, each cell with its two fibres. There may be cells *without* fibres also, and again fibres without cells, but if so, they are incomplete: to make a nervous system it takes a cell and two fibres connected together. Thus we have stated to us one primary and universal fact, without any exception, of nervous physiology, and it is very simple indeed—a nervous system is a multitude, greater or less, of nerve-cells, each cell having connected with it two fibres.

MICROSCOPIC STRUCTURE.

These cells and fibres do not differ in their minute structure, no matter in what organism, or in what part of any given organism, they may be found—that is, they do not differ essentially. The fibres of the brain are finer than those of the sciatic nerve, but otherwise no difference can be detected in them. Here then is another fact of nervous physiology equally important, primary, and universal; also equally simple.

This is all we have to do with the anatomy of nerve. This is all that anatomy has to say on this exclusive subject—that nerve, whether in complex systems (like that of man), or in its simplest elementary form (the cell and its fibres), or in its minutest structure as seen by the microscope, is singularly uniform—everywhere and always the same structure.

ANATOMICAL DISTRIBUTION OF NERVE.

If a nerve-cell had been discovered like Dundreary's bird "flocking all alone by itself," it would have been wholly inexplicable; but having two fibres attached to it affords a clue to its character, for while *one* end only of the fibre is connected with the cell, the *other* end is connected with something else; and this fact would naturally lead any scientific mind to suspect that the fibre had a use, and that this use would be found by looking at its connections. Now what are the connections of these nerve-fibres? Both fibres are connected with the cell at one end—that is, they are both connected with the same thing; but they are *not* both connected with the same thing at their other ends; on the contrary, they are connected with very different things. For one of these fibres is always connected *with an organ of sensation* or of sensibility, and the other *with an organ of motion*. Furthermore these fibres constitute the *only* FUNCTIONAL link between these two organs. Sever the fibre, and the functional link between these two organs is destroyed—they can no longer act together. One may be or do or suffer as it may, the other can neither assist nor resist. Leave that connection by means of the nervous fibre intact, and no change can be produced in the organ of sensation that is not promptly responded to by the organ of motion. In other words, of the countless fibres that combine to form the human nervous system, just one half are distributed, at their peripheral ends, to the muscles or *other motors* of the

human body, and the remaining half are distributed to organs endowed with more or less sensibility. And it still remains plain and simple that the function of these fibres is to do precisely what anatomy demonstrates—to establish a connection between these two different kinds of organs; and now the most elementary form of a nervous system, in complete working order, with its connections all made, is the cell and its two fibres, one fibre terminating in a piece of muscle—a structure that can move but cannot feel—and the other fibre terminating in a structure that can feel but cannot move. Or if you object to this free use of the term “feeling,” as implying conscious sensation on our part, then let us say, an organ that can *receive impressions*, but cannot *move* correspondingly.

Whatever else may remain to be said of the nervous system then, this much we may confidently affirm thus far, that its function is to connect sensitive with motor organs.

That is brief, but it may mean a good deal, for it means *to connect a change of form or of place with every change of state or condition to which the body is subject*. It means to so connect them, or their organs, that one change shall always follow the other, and that the harmony of physical being shall suffer no interruption. Apart from the nervous fibres no such connection for a complex organism exists. Animals that have no muscles, no separate organs of any kind, but whose organism is a homogeneous mass, and all their functions one homogeneous function, need no nervous fibres. But animals with many diverse organs, and many with distinct functions, to be harmonious with themselves throughout, need one uniform system that will connect and harmonize all these parts and functions. The more complex the animal structures and functions, the more complex will be the *anatomical* structure, at least, of the system that connects them. And to this requirement the anatomy of the nervous system exactly responds.

I would not have you think that I have forgotten *some* of the nerve fibres in this hasty generalization. Some of you are doubtless thinking now of a very respectable body of nerve-fibres that are really not included in the foregoing arrangement—such for example as part at least of the *corpus callosum*, which connects the two hemispheres of the brain, and some also of the fibres of the optic commissure, which connect one eye with the other, and one quadrigeminal body with the other, and so on. But this difficulty is more apparent than real. It does not alter the actual state of the case one iota. Man has the good fortune to be bilateral. It is all important, apparently, that the two halves of him should be connected; and manifestly the complete way to that is to connect the nervous system of one half with that of the other. The connection would be of no efficacy, however, were it not that these commissural fibres connect other fibres which still terminate in muscles and impressible organs. The same object precisely is obtained in the spinal cord by another but similar method—viz: the decussation of its fibres from one side of the body to the other. That is, a cell and two fibres is a nervous system. *Commissural* fibres connect two or more such systems.

Now this view, which has two merits, one of being strictly correct as far as it goes, and the other of not going further than we can see, exhibits the nervous system, as structurally and anatomically uniform from head to foot, and its function obvious, and that function as one purely of *co-ordination*. And going no further than this the answer to the question, what is *the* function of the nervous system? would be, *Co-ordination*. Of what? Of all the other functions of the organism, consequently, of all its parts and organs. If anything more, why then it is still co-ordination—the co-ordination of its own divisions each with all.

Are we not irresistibly driven to infer a uniform function for the whole nervous system from its uniform structure? Is not the structure of muscle uniform, and its function likewise? Is not the same true of bone, and blood-vessel, and skin, and serous and mucous membrane? Where there is great difference of function, do we not always find a correspondent difference of structure, and *vice versa*? Now why should the nervous system be allowed to violate all anatomical rules in this matter, and with a plan and a structure *more* uniform throughout than those of any other apparatus in the body, be endowed with a multiplicity of the most diverse and astonishing functions conceivable? Everywhere in the body it is the function of bone to resist motion, of muscle to move, and of blood-vessels to convey blood; but the nervous system is one thing here and another there with infinite variety. In the spinal cord it is excitable and motor, in the medulla oblongata sensitive and motor, in the cerebrum ideational and motor, and in the cerebellum Heaven only knows what. In this special spot it smells, in that it sees, or hears, or tastes. But, you notice, that everywhere it is *motor*—uniform in one function, diverse in all others! Worse than this, the same nerve, the pneumogastric, moves the lungs at the rate of fifteen respirations per minute, moves the heart at the rate of seventy pulsations per minute, and disturbs the stomach and bowels grievously on irregular occasions. There is nothing that the nervous system cannot do in the whole round of animal life; and we should hardly be astonished if some physiological savant should announce to-morrow that his spinal cord had written a poem. The nervous system is supposed to be in some of its spinal fibres, all of which are alike, sexual, in others peristaltic, in others again, circulatory, and in fact it has been made to usurp the function of every organ in the body.

But there is a limit to things and against this modern “neurosis” we respectfully protest. Would this society deem it imprudent in me if I were to suggest that *motion is not the function of nerve but of muscle*, and that if we take this function away from muscle and give it to nerve, then clearly muscle has no function at all! Let us not be misled. There *are* motor muscles. All muscles are motor. There are no “motor nerves.” There are nerves connecting muscles with other organs, but they do not move the muscle. *Muscle itself is the organ of motion. Muscle moves.* When and where and how a given muscle shall move is determined, moreover, *not* by the nerve connected with it, but



by the sensitive or "excitable" organ which the nerve serves to connect it with. The nerve is a mere "go-between." Look at a muscle, its structure, its anatomical connections with bone or other muscles, its contractile force, its immense strength; everything says that it is the organ of motion. Now examine the eye. See every object mirrored in it with all the perfection of nature. Examine its connections, location, motions, and everything declares — that is the organ of sight! Now examine a nerve, take the brachial plexus or the optic nerve. Does the brachial plexus look like an organ of motion? Did it ever move a hairs-breadth, or lift an ounce weight, or has it even the material consistency to do so, apart from the fibrous tissue that ensheathes its fibrillæ? Not if we call things by their right names. Or does the optic nerve differ so much from those of the brachial plexus or from the sciatic that it should be called the organ of sight? Much less are the corpora quadrigemina the organ of sight. Does it not seem more consistent with all the anatomical facts of the case to say that the organs of motion are muscles; the organs of sight, eyes; the organs of hearing, ears, the organ of taste, the tongue and palate; the organ of smell the nose, the organ of common sensibility, the integuments. The organ of respiration is the lungs, of circulation the heart and its vessels. These are the *organs*, and the nervous system connects them all each with the other, puts them all in constant communication, harmonizes all their actions, so that no one part can ever act without the knowledge and consent, so to speak, of all the other parts; in a word the nervous system *co-ordinates* all the organs and all the functions of the body, and *that* is its function.

I do not mean to affirm that this is *known to be* the exclusive function of nerve, but I do say that it contains nearly all that is clearly, definitely, and scientifically known about the matter. The moment we depart from this simple anatomico-physiological basis of nerve-study, that moment we are involved in mystery and entangled in grave difficulties. But while we adhere to this firm basis, progress is certain and safe. For studying the nervous system in this manner, we see at once why nervous plexuses and nervous enlargements and concentrations of large masses of neurine occur here and there in the body. For plexuses occur where many muscles are to be associated; and nervous anastomoses, decussations and commissures occur where the associated movements are to be most complex — where two or more minute systems are to be united into one larger system capable of harmonious action in all parts together. Thus the great size of the brain is due chiefly to the masses of fibres there collected. These fibres come from all the sensory or excitable organs, and from all the motor organs, and their course within the cranium is instructive. Thus from both columns of the cord fibres ascend to the cerebrum and to the cerebellum both — they pass through the pons, constituting one great part thereof, commissural fibres constituting the other part. They pass through the optic thalami and stliated bodies. All the fibres of the special senses converge and meet and are here kept in communication by commissural fibres. The commissuring of the eucephalon is most complete, as

shown by the direction of the fibres which connect each part with each and each with all.

The optic commissure is a familiar type of this grand commissural system, for in it both eyes are directly connected and both corpora quadrigemina, and then the quadrigeminal bodies are each connected with both eyes. In other words the optic commissure is a *perfect* commissure, for it connects the four bodies concerned in all possible ways. It is mathematically, as it is anatomically, complete. Now this optic commissural system is again commissured with the hemispheres, by means of the corpus callosum, and again with the cerebellum by means of the fibres running from the cerebrum to the cerebellum. And, to be brief, we may justly, and without being able to demonstrate all the details, regard the whole encephalic system of nervous structures as the supreme commissural system of the whole body, and like the optic commissure, as being simply complete—connecting all parts in all possible ways, so that in the brain the co-ordination of all the bodily functions and all the bodily organs may be perfect.

To effect this perfect co-ordination is the first function of the nervous system. In this paper I desire simply to emphasize this word *Co-ordination*. Up to this point the study of the nervous system is comparatively easy, and every step is anatomically demonstrable. Leaving this point we pass the boundaries of pure objective science, and it becomes a grave question at every step whether we are talking about the nervous system or about something else. *Savants* talk of "ideation" and "cerebration" and none of them know to this day which it really is. We can point out no definitely bounded organ of volition, or ideation, or language, or emotion or even of sensation, at least not yet, but we can affirm by anatomy that one great function of the nervous system is co-ordination.

Children's Diseases.

MERITS OF RIDGE'S FOOD.

I read THE UNITED STATES MEDICAL INVESTIGATOR with a good deal of pleasure, but sorry to find in the August number, page 102, among the "Clinical Observations," where a physician quotes one case of cholera infantum which bothers him terribly, and which will not yield to *Rheum* or *Ars.*, and goes on to condemn *all* foods as a fraud and a snare on account of this one obstinate case. We do not fret much over his remarks as his opinion stands almost alone, and we have no proof that he used Ridge's Food, but think it fair to presume



so as he takes in a wide scope by saying "all foods are a fraud and a snare. If the doctor is looking for well-developed mammary glands in this country, he will also be disappointed, and should he be successful in his petition to congress to drown all the babies whose mothers are unable to nurse them, what a baby drowning day we may soon expect.

WOOLRICH & CO.

[We have often had occasion to refer to the merits of Ridge's Food. Its place is with the thin, scrawny, vomiting, diarrhoeic children particularl . It will agree better than any other farinaceous food we know of. We should not like to be without it. For the invalid it stands without a rival, as far as we know. It is endorsed by some of the most eminent medical men and should be well known to all of our readers. It fills its niche most admirably.—Ed.]

ENURESIS IS HEREDITARY.

THE REMEDY IS CINA, HIGH.

Allow me to return thanks to those gentlemen who responded to my request for advice in that case of enuresis. In addition to the advice given through the columns of THE UNITED STATES MEDICAL INVESTIGATOR, I have received several letters direct, on the subject, giving therapeutic hints and treatment in similar cases, for all of which I am very grateful. The patient was withdrawn from treatment so that I am unable to report the case any further, but will mention the remedies recommended in the private communications: *Am. carb.*, 1st and 2d decimal; *Causticum*, high; *Sepia*; *Santonin*; *Kreosotum*, 2d centesimal; *Cina* 10,000; *Cina* 100,000. I am assured that the disease is hereditary, as much so as syphilis, scrofulosis, or tuberculosis.

NEWARK, N. J.

H. M. BRUCE.

ENURESIS IS HEREDITARY.

H. M. BRUCE.—*My Dear Doctor*: I have just read your query concerning the hereditary nature of enuresis. I can assure you it is as hereditary as syphilis, scrofulosis, or tuberculosis. I will give an instance and treatment and cure from which you can draw your own deductions:

Miss Carrie H., aged thirteen, a blonde, has had enuresis from her cradle. Her mother had the same for several years after she was married, and until she was the mother of three children. Carrie's grandmother had the same difficulty until she reached her "teens." My patient resembled her maternal ancestors in mental and physical appearance.

Carrie came under my care Jan. 21, 1875. She would wet the bed three times in one night, and continue every night in the month. The urine was very profuse, so as to flood the bed and wet her to the shoulders. Bed clothes smelled strongly of *Ammonia*. Gave *Amm. carb.* for a few weeks, every two hours in water, with no benefit.

Fincke advised me some years ago, in a milder but no less hereditary case, to give *Cina*, high. I found Carrie had a great appetite, even soon after leaving the table; some itching of the nose, and restless during the night. I gave *Cina* 10,000, every two hours, in water, for a week, with decided benefit, she only wetting three times within the week. Afterward she relapsed, when I gave her *Cina* 100,000, every morning, dry. She was cured of enuresis in less than three weeks.

I have cured these hereditary cases with *Cina*, very high, where there were no symptoms whatever beyond the wetting and ammoniacal smell. But it must be given *high*, in proportion to the time of continuance, and repeated.

NEW YORK.

A. M. PIERSONS.

Biographical.

"Lives of great men all remind us,
We can make our lives sublime."

CARROLL DUNHAM, A. M., M. D.

[Continued from page 60.]

In 1870 Dr. Dunham was appointed to deliver the annual address before the American Institute of Homeopathy at its meeting in Chicago, and selected as his subject, "Freedom of Medical Opinion and Action; a vital necessity and a great responsibility."

It is unnecessary to add that the subject was treated in a masterly manner, and throughout its course, the most catholic and charitable position maintained toward those that might disagree with his own opinions.

He says: "No longer forced to battle for the right, to believe as reason compels and to practice as we believe, we are now free to devote ourselves to the avowed object of our Institute, the 'Promotion of Medical Science.' Our success in this our legitimate work must mainly depend upon the spirit in which we enter upon and prosecute it.

Every tyrannical assumption and exercise of repressive power reacts upon the spirit of those who make it.

We find to-day, in the membership of the Institute, all varieties of medical belief and practice that could obtain among physicians who accept the law '*similia similibus curantur.*'

Shall we seek to establish a standard of medical faith and practice, which must be accepted, without reservation, by all who would join us or remain with us? And if so, what shall be its articles? Shall we require, first, belief in the Homeopathic law, *similia similibus curantur*, and that the physician shall follow it in all his operations, or to such or such an extent; and shall we specify when he may follow some other law, and how far? Shall we, further, require adherence to the single remedy; or shall we suffer deviations from this rule; and when, and how far? Shall we, moreover, prohibit the mixture of remedies in a prescription, or shall we allow it sometimes; and can we say under what circumstances? And, finally, shall we insist upon the minimum dose, or what shall be our decree on this point?

My own position on these points of doctrine and practice is not unknown to some of you. Holding that the law *similia similibus curantur*, expresses the relation between the specific drug-action and the diseased organism, and that it is a sufficient and the only trustworthy guide in every application of drugs to cure the sick. I fully believe not only that the practical rules laid down by Hahnemann, and which enjoin the single remedy and the minimum dose, are the rules of sound practice; but I believe that every observing physician who faithfully applies the law of cure, will be led by experience to the same conclusion, and will adopt these rules as leading to the best results. Notwithstanding this belief I advocate entire liberty of opinion and practice.

Nay, *because* of this belief, I plead for liberty; for I am sure that perfect liberty will the sooner bring knowledge of the truth, and that purity of practice which we all desire.

So long as we are a body of physicians characterized by a distinctive name derived from the law of cure which we profess, I suppose that none will seek membership in the Institute who do not substantially accept the law. This granted, I would have no exclusive creed, no restrictions relating to theory and practice, but would receive into membership of the Institute, every applicant of suitable educational and moral standing. I deprecate any attempt to regulate or prescribe the opinion and practice of members of one school for two principal reasons. We *cannot* do it if we *would*, and we *ought* not if we *could*.

We cannot. We are not a body claiming to possess infallibility. It belongs not to us to utter denunciations of what we may believe to be errors of faith and practice; nor to put forth an index of the allowed and the forbidden. We are a voluntary association of laborers, simply for the love of knowledge, as is the case with all workers in science; and we have no power to enforce any restrictions upon which we might determine.

We ought not. Not until we have reached the absolute truth, should we be justified in establishing a standard of faith and practice. In our own case, too, there would be *practical* difficulties in any course which

sought to prescribe a rule of practice.

For who, of us all, should compose the creed? If the stricter Homœopathists should prevail and exclude those whose practice is mixed (or, as it is offensively styled, 'mongrel,') that might perhaps accord with *my* views. But how would it be if the opposite should prevail? Or, if at alternate sessions of our Institute, the different parties should be in a majority, and should make corresponding changes in the creed? But, ignoring these considerations, wherein would our profession be the gainers? If membership were confined to the comparative minority of us who are stricter Homœopathists, we should be a select company indeed, but comparatively without influence upon the school or the profession at large.

We then, perhaps, should no longer hear the gibes and sneers of our Allopathic brethren who, being themselves without any scientific law to guide them in the selection of drugs, mock at the imperfection of our practice in comparison with our principles—and with about as much reason as has the godless profligate who derides the shortcomings of a Christian life. But I fail to see what good would accrue in the promotion of medical science.

On the other hand, by excluding those who, willing to be with us and of us, had not yet reached our standard of knowledge and practice, we should deprive ourselves of all opportunity to influence them or to show them a better way than they have yet known. For, if we consider that the vast majority of existing Homœopathic physicians were, at one time, Allopathic physicians or students, or at least under Allopathic influence, we shall perceive that our ranks must contain men of all grades of Homœopathic conviction and knowledge, from those who have but just accepted the law, and have but little idea of true Homœopathic practice, to those who have had long experience in the stricter methods of Hahnemann. To doubt that physicians who are sincere enough to join us from acceptance of our therapeutic law, will accept and follow the truth, as fast as it is demonstrated to them is to discredit all sincerity and earnestness.

Indeed, if we harbor such a doubt, we do betray in ourselves a sad indifference to truth and duty; for how can we judge of others save by our own consciousness of ourselves? In so far, then, as doctrine and practice are concerned. I would have the fellowship of this body free to all qualified and upright physicians who seek it. I would make its sessions occasions for a free and temperate discussion of all questions of this kind on which we differ. Entertaining very definite opinions myself, I ought to welcome the expression of antagonistic opinions and of arguments in their support; for if those who differ from me in opinion are clearly wrong, I ought to be able to show it. If truth and error fairly meet in free discussion, we should not fear for the result. Nor do I know of any effective way to *combat error*, save by PROCLAIMING TRUTH. Let us avoid the mistake, into which men have often been betrayed, of supposing that if we silence an opponent we have convinced him. Let us not fancy that if we exclude a man of mixed practice from our fellowship instead of teaching him a better

way, we have purified our fellowship. Instead of purifying the Homœopathic practice, we should exclude a large number of its professors from a means of improvement.

And, reminding you again of the object of our Institute, and still pleading for that large liberty without which it may not be attained, let me add: Should women come, with her different equilibrium of intellect physique, with her special and distinctive tests of drugs, to make our materia medica as all-sided and complete as is the human organism to the care of which our science is devoted, let us welcome her contribution to our still imperfect store of knowledge, and give the hand of equal fellowship in the profession to a claimant who presents so unquestionable credentials.

Do we demand liberty of opinion? Then must we take care that our opinions rest on a foundation of study and acquirement, which embraces the entire circuit of medical knowledge, and takes in and honestly estimates every new contribution to it, no prejudice of place or person giving a bias to our reason. Then must we act in the spirit of Hahnemann's noble admonition, 'In a science in which the welfare of mankind is concerned, any neglect to make ourselves master of it becomes a *crime!*' 'Do we claim liberty of action? Then must we take care that our action, springing from well grounded opinion, be honest, faithful, and efficient.'"

This address very generally touched the professional heart, and the almost unanimous response was, a hearty *Amen*.

There is one fact which Dr. Dunham says he has never regretted. He was always an earnest (though never a noisy) advocate of the admission of women physicians to the Institute as members. At the violent disruption in Boston, (1869) he said that women had not yet done much in the way of proving, and could not be expected to take a hearty part in work to which they were not admitted on equal terms with men; but, if the proposition to admit them were favorably regarded he pledged himself that women would present the next year a proving which would indicate their claim to equality with men, in at least this department of medicine, and next year, 1870, at Chicago, he presented through Dr. W. E. Payne, some provings of *Lilium tig.* by women, the value of which was at once conceded. That year, women were admitted to membership.

The following statement explains so clearly the writer's views upon the points involved, that we transcribe the entire text, to our columns:

* * * "When I planned and carried into execution my method of preparing potencies, my only object was to settle, if I could, for my own satisfaction, certain questions which then interested me, and which applied to *low* potencies as well as to *high*; for at that time, I used *low* potencies as a rule and *high* ones only exceptionally. I did not prepare them for sale, and have never sold them, nor should I ever have placed the high potencies in the hands of a Pharmaceutist but that of late years so many physicians applied to me for the identical preparation with which I had treated such or such a case, that I was compelled, as a matter of convenience, to request the Messrs. Smith, of New York, to take charge of them.

My potencies were prepared in 1851. At that time I had had opportunity, in the practice of Dr. Bœnninghausen, to observe the action of the potencies of Jenichen, and those of Lehrmann. Jenichen's certainly acted with great power. It was alleged, however, by some who admitted their efficacy, that :

1. They were not what they purported to be, that although called 200th, 800th, 4000th, etc., they were really identical with Hahnemann's 3d and 6th dilutions.
2. Others ascribed their peculiar excellence to the *force* with which Jenichen made his *succussions*, and to the neophyte was exhibited the portrait of the stalwart fabricator, who is represented with belying biceps and holding in his hand the large vial, in which his vigorous arm-shake would make the dilutions "jingle like silver coins."
3. Others attributed the superiority of Jenichen's potencies to something which they called the "magnetism" of the man who made them, and claimed that all potencies would be efficacious or otherwise according to the degree in which their maker might possess and impart to them this mysterious "ism."

Here there were three questions :

1. Will *bona-fide* centesimal high potencies act upon sick people ?
2. Does great force, applied to the succussion, add to the efficiency of potencies, whether high or low ?
3. Is any force (?) added to remedies by the personality of the succussor; or would potencies, whether high or low, prepared by machinery, act as well as if made by hand ?

Hoping to gain some light on these points which then were more seriously regarded and discussed than they now are, I prepared my remedies as follows :

Determined to use machinery for succussion so as to test negatively question No. 3, and to use a force far exceeding the brachial power of any man, in order to throw light upon No. 2, I availed myself of an abandoned oil mill, in which, by water power, four stampers, consisting of large oak timbers eight inches square and eighteen feet long, where, by a cam movement, lifted and let fall a distance of eighteen inches. By means of strong oaken receptacles, firmly bolted to these stampers, 120 vials (more or less), were succussed at one time, and thus that number of remedies was, by a simple operation, advanced one degree in the scale of potentization—a great economy of time. The force with which the succussions were made, was considerably more than that of a half ton falling eighteen inches; greater therefore (by a rough computation) than that of six Jenichen's (or ten Finckes) falling bodily, bottle and all, through the space of an arm-shake. One hundred and twenty-five such succussions were given to each potency.

* * * I used a *single bottle for each remedy*, making the successive potencies in this bottle. Having found by a series of careful experiments, that a method of draining which I adopted, left on the sides of the vial a quantity of liquid equivalent to two drops, I added one hundred and ninety-eight drops of alcohol and subjected it to succussion, and regarded the product as the potency next in order, and so denominated it. Thus the proportion of 1 to 99 was preserved, and in this way my potencies were made and numbered from 1st to 200th. If *force* in succussion were of any great value, my preparations ought to be superior to others.

If the "magnetism" of the maker, imparted by the hand while succussing, were essential to the action of the potency, they should be good for nothing; for they were made by machinery. Questions No. 2 and 3 receive some light from my experiments; while, as regards No. 1, I can only say that, to me, they prove that remedies in the 200th

centesimal potency, using terms as Hahnemann used them, are efficacious in medical practice; for with them I remove disease, both acute and chronic, every week, month and year. * * *

Such are my "potencies." As I have not made merchandise of them, I do not offer them for sale, nor profit by them pecuniarily. I have no temptation to "hawk my wares" nor to extol them. I simply say that — the list comprising most of our polychrists and many drugs beside. I have since 1851, for seventeen years, used them constantly, and with few exceptions exclusively in my practice; used both high and low; for several years the low almost exclusively, then gradually the higher, and now, in most cases, the 200th. Whatever I have accomplished in treating the sick with drugs, has been done with these potencies thus prepared.

It might not be amiss to say that I took great care to procure, both in Europe and America, the best crude preparations with which to make my potencies."

In 1874, he was appointed Chairman of the Bureau of *Materia Medica* of the American Institute of Homœopathy during which time a reproof of *Sepia* was instituted and largely from his efforts reached a successful issue.

He was also appointed Chairman of the Committee of Arrangements of the World's Homœopathic Convention, and has thus far proved himself most efficient in this, as in all other positions.

In June 1875, the American Institute of Homœopathy did itself the honor to elect him its president, for the ensuing year, during which service will be held the great National Centennial, and at which time will occur the "Worlds Convention of Homœopathists."

The Doctor has many plans for usefulness, all of which have for motive and objective the advancement of Homœopathy, for the good of mankind.

His life is, in short, a record of brief periods of hard work, divided by long periods of illness and prostration, and compulsory retirements. His present physical condition is excellent, with every prospect of accomplishing a large amount of hard work, for the benefit of "our cause," and humanity.

A. K. H.

Medical News.

J. M. Walker, M. D., of Denver, Col., has been appointed a member of the Committee of Arrangements of the World's Homœopathic Convention, to represent Colorado.

Report of the New York Ophthalmic Hospital for the month ending Dec. 31, 1875: Number of prescriptions, 2,300; number of new patients, 288; number of patients resident in the hospital, 32; average daily attendance, 88; largest daily attendance, 148.

ALFRED WANSTALL, M. D., Resident Surgeon.

The New York State Homœopathic Medical Society will meet *one week earlier than usual*, i. e., on the *first Tuesday and Wednesday of February*. The *annual address* will be *omitted*, and the time heretofore devoted to that purpose, will be given to the consideration of medical reports. [That's business.—ED.] It is the earnest wish of the president and members of the executive committee that the meeting of the society be characterized by greater interest in the presentation and consideration of purely medical subjects, that social and hearty good-fellowship prevail, and that at the close of the meeting every delegate and member will truthfully acknowledge that an attendance "*did pay*."

Dr. J. P. Dake, writes: "I returned from Europe the last of October, quite restored to health, and am in the harness again, hard at work. It seems to me that one of our journals ought to have a *Sanitary Department*, in which should appear proper notices of all advances or suggestions in "Sanitary Science," as now distinguished from medicine proper. I know your mind is awake to the demands of the public health." [That is one of the proposed improvements. Send us some sanitary facts.—ED.] "There is no appearance of the declaration of the Institute regarding medical legislation, and yet legislatures are *acting* on medical topics. It seems that everything is held in abeyance for the great show in Philadelphia next June."

Changing Locations.—During these close times, when there is not much sickness and people make all sorts of shifts to save medical bills, some of our readers may get impatient, and think to help their circumstances by a change of location. We would caution such to do nothing rashly. You may spend considerable to get torn up only to find you are in no better soil. If you have done well just hold on a little, this squeeze will pass and all will be well. There are very few old and well-to-do physicians but have encountered just such a trade(less) wind. Look well before you decide to change. We have a few excellent locations, for sale and a few good able men looking for fields. It is best to advertise (we have a cheap corner for such), this brings it to the notice of some who would not otherwise be reached. If it is desired to keep the correspondence private *one dollar* should be sent with the application.

The Coming World's Convention.—We desire to call attention to the World's Convention and remind those who are at work on reports and papers that the time is at hand at which these should be ready for the chairman and sent to him, that the essays may be printed and distributed to debaters. The chairman writes: "It will interest your readers to know that essays and reports from abroad are coming in. The British historical and statistical report, prepared under the direction of the British Homœopathic Society, by Drs. Bayes, Hughes, Ker, Pope, and Nankivel, is a most valuable and interesting paper. So is the report from Spain. Three essays have been received from Spain on subjects connected with practice and materia medica, written by Drs. Nunez, Pellices, and Villafranca; also, an elaborate essay on Hysteria, from Italy. These will be translated and printed at once. Reports from Sweden and Africa are also received. I am notified that the reports of France, Germany, Hungary, Russia, Italy, British India, and some parts of South America, are nearly ready and will soon reach me; likewise, essays by Hughes, Sharp, Wilson, and Hayle, of England; Jousset and Charge, of France; Gerstel, Muller, and Kafka, of Germany, and Hausmann, of Hungary. The papers already received are productions of a very high order, and our colleagues must do their best if they desire to appear well beside their brethren of the old world. The interest manifested by our foreign correspondents in the convention, is very great."

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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

COBDEN, Ill., Jan. 9.—It is very healthy here at this time, but we had our share of intermittent and bilious remittent fevers the past fall, with but little fatality.

C. T. FARRELL.

GREAT BELT CITY, Pa., Jan. 12.—A variety of eczema and humid scald to treat; in each case the itching is distressing. One case, an adult, thinks it came from too hot a bath, but two weeks before had a large cluster of vesicles where the pocket rubbed the right thigh, *Rhus* cured this; worse on breast, axilla, and anterior surface of arms, the more it is scratched the more it itches, burns, etc., *Rhus* 3 gives relief; it is treacherous jumps in again, a lather of soap pure from wood ashes after bathing rubbed and left thereon was grateful. *Ars* 12, a dose every other day helped to cure this case after two months course.

P. S. DUFF.

MEMPHIS, Tenn., Jan. 10.—Our city mortuary report for December is as follows:

Causes of Death.			Causes of Death.		
	Adult.	Minor.		Adult.	Minor.
Accident, burn.....	1		Fever, typhoid.....	1	1
Accident, machinery.....	1		Gastritis.....	1	2
Accident, poison.....	1		Heart Disease.....	1	
Accident, cars.....	2	1	Homicide.....	1	
Bright's Disease.....		1	Meningitis.....		2
Bronchitis.....	1		Old age.....	4	
Cancer, stomach.....	1		Paralysis.....		1
Congestion of the Lungs.....	1	1	Parturition.....	1	
Consumption.....	10	1	Pneumonia.....	5	2
Croup.....		1	Premature.....		1
Diarrhoea.....	4		Scrofula.....		3
Dropsy, abdomen.....	3	1	Spasms.....		9
Dysentery.....	4	1	Syphilis.....	1	
Embolism.....	1		Uræmia.....	1	
Fever, congestive.....	1	1	Whooping Cough.....		7
Fever, puerperal.....	3				
Fever, remittent.....	2		Total.....	51	36

DEATHS REGISTERED FOR THE MONTH INCLUDE :

Whites.	Males.	Females.	Total.	Blacks.	Males.	Females.	Total.
Adults.....	23	10	33	Adults.....	10	8	18
Minors.....	11	5	16	Minors.....	11	9	20

TOTALS FOR THE YEAR 1875.

Deaths in the city, 972; deaths in hospitals, 181; still born, 116.

Ratio per one thousand, 23.06.

Whole mortality, 14.36.

MOST PROMINENT CAUSES OF DEATH DURING THE YEAR 1875.

Accidents, 25; cholera infantum, 62; congestions, 41; consumption, 166; dentition, 40; diarrhoea, 37; dropsy, 39; dysentery, 71; heart diseases, 20; malarial fevers, 113; marasmus, 21; old age, 46; pneumonia, 94; spasms, 48; whooping cough, 27.

Very little sickness here now of any kind. November, December, and January are our healthiest months.

W. D. GENTRY.

CONSULTATION CASES.

CASE OF CARDIALGIA.

Miss S., has been suffering from attacks of cardialgia for a year or more, and are becoming more frequent. They are generally preceded by a feeling of weariness and desire to sleep, the pain increasing gradually until it becomes unbearable; unable to remain in one position any length of time; chilly or cold feeling; vomiting a very acid fluid in large quantity, but affording no relief; pressure in region of stomach is very painful and remains for some time; abdomen contracted and hard; no collection of air. The attacks always occur at night and are irregular. Grief appears to have its influence, (as her

father has expelled her from home). She is a teacher by profession, and of a nervous temperament.

I think she is addicted to the use of *Opium*, as *Morphia* has no effect in large doses. I gave her at one time eight grains, and repeated it without any effect. Prescribed *Nux*, 3, *Ign*. 3, *Cham*. 3, and *Plumb.*, without any relief. Would some member of the profession be kind enough to give remedies.

ALLEN, Pa.

C. H. GIBSON.

CASE OF RHEUMATISM.

A lady, aged fifty-eight years, general health good, hard worker, large blue eyes, *very fleshy*, lively, talkative disposition. Has had slight attacks of rheumatism in the arms (occasionally) for the last six or eight years. Two months ago she was taken with drawing pains in first and second (or knuckle) joints of fingers, so severe that she could not sleep, but had to walk the floor of nights. Worse after washing. Called on me and I prescribed wet pack for the hands; she slept good and said she "thought it was going to work like a charm." Continued wet pack for two weeks, still there were slight pains during daytime from knuckle joints toward ends of fingers. Gave fourteen one-half grain powders of *Caulophyllum* 1x, trit., one to be taken two hours before and one on retiring to bed; also, wet pack. She took all the powders, then continued the wet pack for another week. Used the pack on one hand at a time, alternately, because she was so clumsy with both hands tied up, thinks it does about as well as to use it on both hands at once. She thinks they are getting better, but has numb, drawing-down pains yet.

Will this treatment effect a permanent cure, and if so, how long will it take? If it will not, then what will, how much, and what potency? Please answer and oblige an earnest enquirer.

CHAMPAIGNE, Ill.

C. HUTCHINSON.

CAMPHOR IN CHOLERA INFANTUM.

In all your correspondents' cases of cholera infantum, I see no cases treated with *Camphora*. Last summer one year ago I was called to see a little sufferer lying in the cradle, its head rolling from side to side, its face the color of the pillow on which it rolled, cold clammy sweat covering the body. The discharges profuse and passing through several diapers with the ease of water, and every symptom betokening a speedy departure unless helped immediately. Gave *Camphor* 3. Passed on and returned in about an hour and a half, found the patient better. Continued the *Camphor* after each passage, and next day in my rounds discharged the patient. Has remained well since.

YPSILANTI, Mich.

C. T. HARRIS.

WANTS BROTHERLY LOVE.

In the November 1st number a "Veteran" asks, "Why cannot all see it?"—Homœopathic progress. Somebody answers in the December number, "because of muddy ideas entertained by some of its practitioners concerning it." I think I can "go one better" than that. The chief cause I think is the "muddy" ideas which so many Homœopaths entertain toward *each other*. To be a good Homœopath it is necessary first to be a MAN.

It is sometimes difficult for the reason that all are ambitious and one is more or less the *simillimum* of the other—hence some "aggravation." There is more *esprit du corps* amongst —, than Hahnemann's disciples.

The remarkable jealousies and professional *corns* — the avidity with which stories detrimental to a brother practitioner are viewed and circulated without stopping to even learn as to their truth or falsity.

Jones has a patient. The friends hint at employing Smith. Jones lies awake all night and by his conduct says, *please don't*, instead of *offering* to step aside at once. I am not, perhaps, a veteran—only sixteen years amongst patients with the "little pills." My truest professional friends are, and have been, Allopathists, and I am a high toned Homœopath, as high at least as the 1000th dilution. The remedy is to cultivate a spirit of manliness.

Now let me offer you a contribution of another kind. Some body publishes his *failures*. My case was only partially so, eventually successful.

EPCLIS OF THE SUB-MAXILLARY.

Operation: Point of bistoury introduced at inferior border of malar bone and brought to labial commissure, cheek reflected. *Heys' saw* introduced at second incisor up to floor of antrum, at *dens sub* and there cross-cut, removing the whole. The outer wound healed promptly, ditto internal, even to formation of new gums. But as the new tissue descended little by little the cheek adhered to it producing increasing deformity only relieved by continued dessection.

I tried to prevent by cautery, by a dental plate with superior wing. Now will some veteran or novice tell me how better to have done it?

VIRGINIA, Nev.

E. STEVENSON.

HIGH POTENCIES IN INTERMITTENT FEVFR.

In THE UNITED STATES MEDICAL INVESTIGATOR, Vol. II, page 474, is an article with the caption "High Potencies or Not." Although it does not deserve an answer, still as some mistaking its assertion for evidence might be misled, if it were allowed to go unrefuted, I will notice it briefly. The gentleman has a good deal of assurance to assert that all those who say they cannot cure intermittents with high

potencies, particularly Drs. Eggert, Breyfogle and myself, cannot diagnose intermittent fever, and what is but little better, that we never had an intermittent to treat. The particular object of his wrath is a statement which I made before the last meeting of the Indiana Institute of Homœopathy, viz: "Of late years I have been curing promptly and satisfactorily with potencies ranging from the 30th upward, and *Quinine* has been wholly abandoned." The theory or hypothesis he states is not new to me for I heard it expressed by a pseudo-Homœopath whom I knew to treat an infant from early in the summer till fall, so that he stated to the child's father that cold weather would stop the attacks, the paroxysms returned weekly and were attended with convulsions he gave *Quinine* for the intermittent and *Veratrum viride* for the fits, and yet in spite of his theory the paroxysms with the convulsions went on. I will repeat the hypothesis, viz., that "there is a material poison in the system to antidote, and *Quinine* is the *greatest* antidote yet discovered," and of course the *Quinine* must be given in poisonous doses as the gentlemen always do.

The doctor says high potencies will cure *Quinine* poisoning. Now let us bring a little common sense to bear, I do not mean him, for he evidently hasn't the very highest attenuation of that article. He says that "we have a poison, call it what you will, fungus, spore, malaria, or what not," which needs an antidote, consequently he gives *Quinine* in massive doses. Well, he admits that many cases come to us for treatment who have taken *Quinine* in this manner and that these are cases of *Quinine* poisoning. I presume that he will not deny that the disease producing agent is still present in the system and he acknowledges that high potencies will cure those cases, therefore high potencies will not only antidote the said morbid agent but the *Quinine* poisoning as well, or to state it in a more direct manner, high potencies cannot antidote the morbid agent but just pile on a life-destroying load of *Quinine* and the high potencies will do it with ease.

"The whole is greater than any of its parts" and consequently, if high potencies will cure a combination of malaria and *Quinine* they will cure either one or the other of them singly.

The gentleman affirms "we *all* use more or less *Quinine*." The italics are his. He may speak for himself but he has no right whatever to accuse others of what they deny.

I practiced in Michigan where intermittents are comparatively mild. There I heard that hypothesis, or more correctly speaking, unfounded assertion about the necessity of material antidotes, although I doubt if there has been a fatal case of intermittent in the entire state during the past season, and there I cured with high potencies.

I have practiced here in southern Indiana two years, in precisely the same situation, in a sanitary point of view, as the neighboring city of Louisville, Kentucky, where the mortuary report shows a very considerable mortality from intermittents and I do not use *Quinine*, nor do I sigh for the flesh pots of Egypt, but luxuriate in the glorious liberty of the divine law.

I will only say in regard to the writer's abuse of Drs. Eggert and

Breyfogle, that all he can say against them cannot hurt these gentlemen in the estimation of the profession, or of the communities in which they reside.

There is another point which needs a little attention, if *Quinine* is such an invaluable agent, how is it that it produces so many evil effects and leaves so many cases uncured, that those who use the high potencies in treating these cases have so much to do?

There is one point that is always taken for granted by the *Quinine* poisoners, viz., that high potencies require, even if they do cure, so long a time that patients become discouraged and go to Allopaths. In the majority of recent undrugged cases often the administration of the indicated drug in the 30th, or higher potencies, soon after the termination of the last paroxysm, there will be no further attack, and the patient will convalesce rapidly and without any relapses, if there remain one or two paroxysms, they will be so light that the patient will have them cheerfully. In old and drugged cases a longer time is required, but in these cases the patient realizes that the *Quinine* which stopped the paroxysm immediately, so far from curing him left him in a worse condition than before.

And, moreover, there are some cases that *Quinine*, even in fifteen grain doses, will not so much as stop the paroxysm temporally.

I will give such a case :

Oct. 7, 1875.—W. H., aged thirty years; large and well formed. Has been sick ten days with a tertian intermittent. Took *Quinine* twice from an Allopathic physician but without any perceptible effect; is very weak; chill begins at 5 A. M.; lasts an hour followed by fever, which continues five hours more; thirsty in all stages; aching in head, back, and limbs; vomiting before chill; hydroa labialis before he came to me but have now disappeared; stiffness of the neck before paroxysm. Gave *Natrum mur.* 30.

Oct. 9.—Light attack.

Oct. 10.—Still lighter, no more paroxysms.

I would ask, not that you believe me implicitly, but that you may be encouraged to study up your cases, and give the indicated remedy not too low, and I am confident that all who do in this way will never turn back to Allopathy for assistance.

NEW ALBANY, Ind.

A. McNEIL.

CHRONIC CONSTIPATION.

BY R. W. NELSON, M. D., LANSING, MICH.

Read before the Michigan Homœopathic Institute.

The subject on which I am going to speak to day is Chronic Constipation. The word is derived from two latin words, *con* together, and *sto* to stand, signifying a standing or crowding together, though never used in any other sense than in alluding to a non-action of the bowels.

The peristaltic action in a healthy adult will produce an emptying of the residuum once in twenty-four hours; with some, according to the nature of the food, morning and evening; again with others, the peristaltic action being exceedingly slow the bowels will not act but once in three, or even as far as eight days, this naturally leads to accumulation, which is the form I intend more particularly to allude to.

There are three places in the intestines where accumulation is apt to occur; the first and most important is the caput cœcum, which is the prolongation of the cœcum extending downwards about three inches below the ileo-cœcal valve, which unites the large and small intestines and prevents the return of the refuse matter into the ilium.

The second in importance, and very frequent in occurrence, is the descending colon where it becomes much narrower than elsewhere and by its triple curvature in the left iliac fossæ forms the sigmoid flexure.

The third is the ascending colon, which becomes contracted and slightly bent down at its junction with the cœcum.

The question that naturally arises is, what causes these accumulations? Small particles of undigested food, the seeds of small fruit, pieces of thread bit off by seamstresses and swallowed, in fact anything of such a nature caught by the ruga of the intestines in these bends and contractions, forms the nucleus which is afterward increased by the passing over of fœcal matter, a small portion of which is retained by the first deposit and increased daily with each peristaltic action till the coat of the intestine is gradually enlarged and the canal diminished.

The most frequent place for these accumulations to occur is in the cœcum, producing the most constitutional disturbances, and invariably accompanying in women chronic disease of the uterus. On examination you will find in the right iliac fossæ, according to the duration of the case, a greater or less amount of hardness, which by percussion gives a circumscribed, dull sound, pressure on which will produce slight nausea; on examining the stools you will find pieces of fœcal matter in the form of *black scales*, having a very offensive odor, lying at the bottom of the vessel; the tongue will be more or less coated; breath offensive, with bloating of the bowels and expulsion of gas; as these nuclei become hard and impacted they form a great source of constitutional derangement in women causing leucorrhœa and all the concomitant symptoms, such as pains in the back mostly across the sacrum, from that extending round either one or both sides through the iliac region down the inside of the thighs; the sympathetic action tells very severely upon the constitution, for after inducing uterine disease, it will extend to the lungs, producing neuralgic pains, pleurodynia, hacking cough and finally phthisis. In this form of impacted accumulation symptomatology will avail you nothing except as an index to pathology, for such a set of symptoms could not be produced by any drug that would have the tendency to dissolve the dry mass impacted in the cœcum, nor would any drug that would correspond to any particular set of symptoms in these cases of impaction afford the slightest relief.

The next form of accumulation that you most frequently meet with is in the triple or sigmoid flexure, it occurs mostly in men; the symptoms are fullness of the bowels, bloating and inflation with the escape of very offensive gas, what fœces pass are mostly scybala of different sizes, some even as large as hickory nuts, hard and compact, accompanied with severe colic pains, nausea and even vomiting, sallowness of the eyes and skin, coated tongue, great bearing down of the bowels with inclination to void, and if any thing is passed leaving a feeling of dissatisfaction as if the bowels were not emptied, piles, and frequently severe prolapsus ani and dysuria; this form generally leads to an acute attack requiring very prompt relief which can be administered more easily than in the cœcal impaction. One very frequent cause of accumulation in the flexure is inattention to the relief of the bowels at a certain time of the day, either from carelessness or other circumstances, inducing an antiperistaltic action and a lodgment of the fœcal matter, which is not, at the next evacuation, carried off entirely but may be by a bilious diarrhœa in a few days, in the mean time causing many unpleasant symptoms, and which system of inattention if persevered in, will certainly lead to impaction.

With respect to accumulation in the juncture of the cœcum and colon it rarely terminates in a chronic stage, mostly being the cause of colic or bilious diarrhœa.

In regard to the treatment, the first form requires a very different mode from the second and third, and as they require more active attention than the first we will commence with them.

Injections have always been recommended, but the instruments in common use rarely give the relief compared with that afforded by O'Beirne's long rectum tube. This is a flexible tube about two feet long terminating in a perforated bulb, similar to an œsophagus tube attached to a piston syringe. The manner of working is to first warm it with warm water, then smear it over for about two inches from the bulb with some oil, gradually and carefully introduce it into the rectum, when you meet with resistance, let an able assistant throw in some water by means of the piston syringe attached to the opposite extremity, you will thus be able to gradually insert it farther, you will continue this process slowly and carefully, although it may afford a good deal of distress to the patient until you pass beyond the flexure you may then throw in considerable water, when if it is a case of the third form you may pass the tube into the transverse section of the colon, the heat of the water will be very grateful to the whole abdomen; having thrown in as much water as the patient can bear, you slowly withdraw your tube, and request the patient to retain the water as long as possible, it is better to have everything necessary ready for the water will almost immediately pass off and with it a large portion of residuum. I have frequently thrown in as much as a half gallon of water at one time, and seldom less than a quart, the relief is almost instantaneous; it will not do to repeat the operation immediately as having stimulated the intestines, after a while they will act again and bring away a quantity of scybala. Having now relieved your patient

from the urgent symptoms I would recommend a powder of *Protoiodide* (yellow) *Merc.* 1x, to be given immediately and repeated in twelve hours, giving in the mean time *Dios. villosa* 1x, in solution, in small doses every one or two hours as the patient begins to experience relief; if other complications arise they must be treated accordingly, but generally one or two doses of *Æculus hip.* will finish up the case.

In the cœcal impaction it is entirely different, the accumulation may be going on for months sometimes even years before serious constitutional derangement may take place; the development of puberty, pregnancy, and the climacteric period are the most favorable for displaying this constitutional irritation, and unless it is removed in its incipient stage it leads to very serious results.

The treatment in this form consists in the administration of *Inspisatum fel bovinum* from one grain to three grains, three times a day, in the form of sugar coated pills, a powder of *Pod.* 2x, every second morning immediately on getting up, and a powder of *Protoiode merc.* 1x, twice a week at night. [*Pod.* and *Merc.* antidote each other. —Ed.]

This treatment if persevered in for two or three weeks will begin to produce large and frequent evacuations in the day. I have had cases where as many as four solid evacuations were passed each day for five or six days with considerable relief to the patient and increase of strength; although your patient may feel much better, it will not be advisable to discontinue the medicine altogether, you may reduce the *Inspis. fel.* to one pill night and morning, and after a still further time to one at night, until all fullness and hardness in the iliac fossæ are gone, and a natural action takes place daily.

This treatment merely relates to the impaction, if the sympathetic action has produced other diseases they must be treated accordingly, but these sympathetic symptoms will never subside until you have removed your cœcal impaction.

OBSERVATIONS ON THE THERAPUTICS OF (TYPHOID) TYPHUS FEVER.

FROM WURMB UND CASPAR'S KLINISCHE STUDIEN — TRANSLATED
BY A. MCNEIL, M. D., NEW ALBANY, INDIANA.

[Continued from page 32.]

These are the remedies with which we treated the general disease. *Poison sumach* and *Phos. acid.*, *Arsenic* and *Charcoal*, *White hellebore* and *Indian cockle* consequently formed our armamentarium against typhus.

We have also employed, in addition to those chief remedies, others which appeared to be indicated, not so much by the general disease, as to remove particularly violent or dangerous symptoms, secondary conditions, or sequelæ. We add the following

MISTAKE ABOUT ACONITE.

Typhus sometimes appears at the beginning with violent vascular irritation and generally with symptoms which usually attend an outbreak of an inflammatory disease. This circumstance has frequently deceived and misled us into the employment of *Aconite*. For a long time at the beginning of our clinical operations, we could not resolve to abstain from its further use; but every time we were finally compelled to make a new selection, for we never saw a favorable effect from *Acon.* We then usually took refuge in one of the previously mentioned remedies, but most of all in *Phos.* and we had the opportunity to learn that the latter almost always calmed the vascular storm, although the apparently indicated *Aconite* had done nothing. Taught better in this way we no longer allow ourselves to be misled by these premonitory symptoms, however violent they may be and however urgently they appear to demand the employment of *Aconite*, but we prescribe the remedy corresponding to the entire disease. We do not always avoid errors, for often cases appear for treatment in which we repeat the same therapeutic mistake, i. e., administer *Aconite*. In extenuation of our error we believe we may mention that it is one which can never be entirely avoided, because only a rational, not a symptomatic treatment can prevent it, and because of the uncertainty of the diagnosis at the beginning of typhus, only a symptomatic treatment is possible.

If we consider the employment of *Aconite* in typhus an error, it is not however because we were unsuccessful in our two or three cases, and did not obtain a favorable result, but because in our opinion *Aconite*, the chief remedy in inflammatory diseases cannot be the homion in an adynamic process like typhus. However great the similarity between the symptoms of a case before us, and those of the drug may be, the choice of *Aconite* in typhus cannot be approved, when the sources out of which these symptoms take their origin are so different. This similarity of symptoms is only a partial one, and does not agree with the entire process; it is not real but only apparent; not permanent but only transitory; not necessary but only accidental, etc., in short it deserves no consideration in medical treatment.

But *Aconite* is not even a symptomatic remedy in typhus because it only in a certain measure, in general, touches the blood crisis and the vascular system, and its action is not localized in those organs which are especially attacked in typhus.

The efficacy of *Aconite* confirmed our opinion in regard to the choice of a remedy, and offers the proof that the symptoms alone are not a reliable guide, but that we must have a correct comprehension of the nature of the disease. We consider it necessary to mention this subject because there are many Homœopaths who still speak of the employment of *Aconite* in the beginning of typhus.

THE SAME TRUE OF BELLADONNA.

What we have said of *Aconite* prevails less or more of *Belladonna*. There are not a few Homœopaths who estimate it as a most important anti-typhus remedy, although in this disease it can only be a sym-

pathetic one occasionally, because that by virtue of its near specific relation to the vascular system of the head, many times it may remove the excessive cerebral excitement. We have observed a good result of this kind from *Bell.* but only in a single case. We were successful with it in ameliorating the violent pressure of blood to the head and all its consequent results, for example the delirium, etc., which is present at the very beginning of the disease; it is clear that it can have no influence of the further progress of the morbid process because it produces in the healthy an essentially different alteration of the blood than that of typhus, and consequently it cannot be the simillimum against the general disease.

THE DIAGNOSIS OF PULSATILLA DECEPTIVE.

An incorrect conception of the morbid condition and the accidental appearance of several characteristic conditions for *Puls.* mislead us sometimes into the employment of this remedy against typhus. That we have thereby increased the number of our therapeutic errors, no one is more convinced than ourselves; on the other hand we believe that we can assert that no physician is secure from the commission of such mistakes because typhus in the beginning cannot always be distinguished from intestinal catarrh, and *Puls.* is in the latter a frequently employed remedy. Such errors must therefore be excused sometimes presuming that we proceed immediately to the choice of a new remedy as soon as the diagnosis is possible. *Puls.* corresponds to the hydræmic blood crisis which is an entirely different one than that of typhus, and it consequently cannot be the Homeopathic remedy in typhus.

By a symptomatic proceeding a remedy may be administered to remove one or more morbid symptoms, but a change of the entire morbid process is neither aimed at nor expected. As neither the possibility nor the propriety of this mode of treatment could be denied, so differences of opinion can only refer to the manner and time when it may be introduced. The discussion of this we leave to others; we only allow ourselves to draw attention to the following:

IMPORTANT POINTS.

1. In a symptomatic mode of treatment a remedy must be chosen which acts directly on the suffering organ and attacks the disease in its point of origin. Such a remedy even if it does not satisfy all the demands of the law of the similars in regard to the entire disease, can alone, by its specific relation to the suffering organ, give an impulse to a favorable change, and consequently be useful, but it is clear that we must not rely thereon, and must therefore seek out such remedies as are in unison with the individual symptoms of the disease, but also with the morbid process generally, and among these again select that which agrees best with the latter, for the greater the similarity between both, the more certain is a favorable result.

2. A symptomatic mode of treatment should only be instituted when a morbid symptom ascends to a disproportionate degree of violence, and at an unusual stage; when it increases very much the suffer-

ings of the patient or aggravates the disease; when there is no Homœopathic remedy to meet the existing condition, or if one cannot be discovered; or if such a remedy is known but is not in a condition to remove the single symptom *as quickly* as seems desirable. But if this symptom however violent and distressing it may be, is an essential one, and stands with the disease in a causative relation, and uniform with the remaining symptoms, it will only yield to the therapeutic treatment directed against the general disease, and therefore need not be treated individually. If there is a considerable lesion at the foundation it would be difficult to justify a symptomatic mode of treatment, unless particularly urgent circumstances demanded it, for as long as it is continued, the general disease must be neglected to ameliorate the local sufferings. It is almost still more difficult to excuse in such a case on even brief symptomatic mode of treatment because the most it can do is to produce a transitory but worthless apparent amelioration, but it can exercise no favorable influence on the material alterations, yea, it may even do harm, because it restrains or destroys the action of the remedy which corresponds to the general disease.

However simple these rules may be and although they are the result of the law of similarity, yet they are frequently violated; there are very many physicians who have a remedy ready to meet every symptom and who generally treat their patients only symptomatically, moreover it is this misconduct which has brought down on Homœopathy, not unjustly, much bitter censure from their opponents.

A WORD ABOUT SOPOR.

In typhus *sopor* is the symptom which most frequently invites a symptomatic treatment because it is very frequently present in a degree of development which is not in harmony with the remaining symptoms, and it not unfrequently continues when they have begun to recede, even have partly disappeared. In such cases we have seen very beautiful results from *Opium* and *Hyoscyamus*. (It is desirable that the *sopor* and other symptoms of typhoid be compared with the action of *Chloral*.) The indications for the choice of one or the other remedy appears from the following symptoms:

OPIUM INDICATIONS IN SOPOR.

Opium produces in its primary action a quicker movement of the vital processes in the vascular system, and causes on the one hand an increased activity of the imagination, while on the other it blunts and depresses the common sensations and the consciousness. The sensorium is, as it were, closed against the external world; the imagination is not confused by the perception of objects by the senses, therefore, the sensorium, because external objects have neither an exciting nor restraining influence, calls into existence the most wonderful creations, the images which are presented in succession to the *Opium* eater's vision, are truly fantastic, but notwithstanding are in a certain measure coherent; yet it happens not unfrequently that during the *Opium*

intoxication many ideas may be followed to their most distant consequences, because they only in so far deviate from the normal as the regular perception of the external world fail to the subject. In the secondary action the opposite condition occurs, viz: sinking of the vital activity in the vascular system; absence of ideas; dullness of the imagination, and over-sensitiveness of the general sensations.

If the soporous condition of typhus is similar to the picture we have sketched of the primary action of *Opium*, then this remedy is that Homœopathically indicated, so we will observe in most cases the following: The patient makes efforts towards regular movements, although he lies stupid; the delirium is moderate, and as is perceptible from the pleasant expression of his face, is not of a disagreeable character, and the succession of fancies of this dream-life is continued for a longer or shorter time, even after he is aroused; the pulse is accelerated; the temperature increased; the thirst likewise; the indications of a persistent but moderate determination of blood to the head never fail.

We take this opportunity to mention the frequently occurring sopor; it many times demands therapeutic treatment, and then almost always requires *Opium*. Such a sleep is different from a natural one only herein, that it is constant, and associated with mild delirium. The patient lies quiet, with a pleasant facial expression; when awakened he answers correctly; he complains of nothing and even praises his condition because his dreams are of a pleasant character; he cannot be kept awake, but soon again falls asleep.

[TO BE CONTINUED.]

SUNSTROKE—THE VAPOR THEORY.

BY R. R. GREGG, M. D., BUFFALO, N. Y.

I have read Dr. Peck's article on *Coup de soliel* in the October 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, with interest; and notwithstanding his criticism of my articles is, in the main, fair, I must correct one or two mistakes he has made with reference to my position, and take issue with him most decidedly on other points.

In the first place, then, I must correct in part his rendering of the vapor theory. He says, I "account for the cause and results of the stroke by a novel theory, viz: pressure on the brain by a *vapor of the blood, or the water of the blood.*" The latter part of this sentence, "or the water of the blood," is superfluous, misrepresents the theory (though without doubt unintentionally), and makes that part of it very absurd. It should have been: "The cause of sunstroke is pressure upon the brain by vapor generated *from* the water of the blood by the excessive heat of the body that exists in such cases."

Again, he says: "If Dr. Gregg will consult authorities," etc. Here Dr. Peck must also stand corrected, and rest assured that Dr. Gregg has never yet presented a new theory, or his views upon any subject in medicine to the profession, without first consulting all the leading authorities (and many that did not stand in that position) that in any way touched upon the subject in hand, before he would venture to take issue with those authors, or advance theories at variance with such as medical gentlemen better educated than himself, must have been indoctrinated with in their extensive reading. One would think this was in part, at least, evidenced by my quoting from three authors in my first article on this subject. But why it is incumbent upon me to go so elaborately into this branch of the subject, and not equally so upon Dr. Peck, in his advocating a counter theory, he fails to state. He gives us no quotations in his article, but contents himself with a bare reference to one author only, upon a point with which I supposed every educated physician was familiar; then favors us with the observations of ignorant iron-workers, instead of educated medical men.

I aimed at nothing especially literary, or markedly scientific in my articles, having neither time nor inclination for either; but merely desired to present in the most simple manner possible, what seemed to me a common sense view, that I had held for years, of a malady, the immediate or approximate cause of which has remained long enough in obscurity to be brought forward and settled, if this can be done. I have no special pride in the theory, as I have none in any other that I have or may advance, except that it may be the true theory, or contain the germ of the truth. And there is no fear that the profession will fail in due time to find the truth or falsity of all medical theories. With this explanation I pass on to the consideration of much more important points.

Dr. Peck says: "But we believe it is *not true* that this excessive degree of heat is reached in the early stage of the malady, and it is not true that solar heat can *impart* such a degree to the human body." How any medical gentleman can make such an assertion as this in violation of all the apparent facts in the case, and of all intelligent observation for thousands of years, entirely surpasses comprehension; unless it be that he may himself have made some discovery, or great numbers of experiments, and accumulated other proof in abundance to show that the world has been entirely wrong in its judgement of the cause of a common occurrence. Why, both Watson and H. C. Wood, Jr., embellish their essays upon *Coup de Soleil*, each with a different quotation from the scriptures, to show that this malady was produced by heat in the harvest, at least two thousand years ago; and not a true case of it has occurred since, but heat has been the most prominent factor in the case. What kind of science is that which denies an absolute fact, that is at the same time the leading one in the question at issue, to establish a counter theory? Other sudden attacks of disease may simulate sunstroke in some, or many respects, but this does not make them that.

As the doctor gives us no results of experiments that he has made

to prove the error of the heat theory, nor other proof against it, I will present some quotations from one who says he has made great numbers of experiments upon this subject. I quote again from H. C. Wood, Jr.'s prize essay. He says:

"The one great symptom, the centre of the group in all forms of the disease, is the high temperature. *If the skin be cool the case is not sunstroke.* After death the high temperature continues and is said sometimes even to rise higher."* * * * *

"What is the nature of this disease is a question that has been presented for many years, receiving numerous and most diverse answers. Malaria, electricity, unknown influences or agencies in the air, a combination of these with heat or with one another — almost every conceivable cause has been evoked to explain the affection; and the fact that heat and heat alone, is the sole cause, as here already stated, was very largely overlooked, if at all recognized, until the physiologist came to the aid of the practicing physician. It has been reserved for vivisection to explain fully the cause and nature of this disorder, and to point out with scientific accuracy the proper method of treatment. I will briefly explain the way in which these results have been reached:"

"If a box be made with a slanting glass roof — a miniature greenhouse — and be placed so that our July sun may shine fully upon it, the heat will so accumulate in the box that no ordinary animal can long endure it. A rabbit placed in such a box will die of sunstroke in twenty minutes. The symptoms produced are quite constant. The animal at first is very restless, with exceedingly rapid breathing — often so rapid that it cannot be counted by the eye — and the pulse hurries on at a proportional rate. There is a rapid rise in the temperature of the animal, which in a little time becomes unconscious, and presents symptoms of profound nervous disturbance. As with different races of men, so in the case of different animals, these symptoms are diverse. The rabbit generally lies relaxed and passive, with its body motionless, save for the hurried breathing and the saliva pouring from its open mouth, and the stupor seems to come on gradually. The cat on the contrary, with its more excitable nervous system, at first, like the rabbit, hurries around its prison, but when its temperature attains a certain point is generally seized with sudden violent convulsions, dying either in the first or in a subsequent one. After death, departures from the normal condition are found exactly similar to those after sunstroke in man."

"During the winter season a box was heated by hot air, and several animals placed in it. They all died with precisely the same symptoms and the same post-mortem appearances as were exhibited in those which had been killed by the sun's heat of July. Similar experiments having been made with moist heat, dry heat, etc., and similar results obtained, the proof was positive that *heat*, whether natural or artificial, was the same, and the only cause of sunstroke."

After citing a number of theories, and detailing many experiments which disproved all those theories, Dr. Wood further says:

"The enquiry was thus narrowed down to the nerve-centres, to

which, consequently, the investigation was directed. A hog's bladder was fitted like a bonnet over the head of an animal, with tubings so arranged that hot water could be made to circulate through the bladder. It was found, when an animal was so treated, that *sudden insensibility, stupor with or without convulsions, and finally death from asphyxia, were induced*. As soon as death occurred the head of the animal was opened and the bulb of a thermometer was plunged into the brain. It was thus ascertained that a brain temperature of from 112 degrees to 114 degrees was fatal to a cat, and one of 114 degrees to 117 degrees to a rabbit. The nervous system of the cat being far more active and sensitive than that of the rabbit, it feels sooner the effect of the heat, and manifests such feeling more violently."

"Passing from the cat to man, it is plain that whilst the brain of the latter is much more highly organized and more active than that of the former, the spinal system of the cat is the more sensitive of the two. Hence stupor ought to play the most prominent part in sunstroke in man, convulsions in the cat; and this is found to be the fact. The normal temperature of the cat is 101 degrees to 102 degrees fahrenheit, that of man 98 degrees to 99 degrees. Six or eight degrees of rise in temperature will produce convulsions with stupor in the cat, and upon the more sensitive brain of a man they ought, *a priori*, to exercise even greater influence. When, therefore, it is borne in mind that in sunstroke a temperature of from 109 degrees to 112 degrees is attained, it is very plain that the heat alone is sufficient to account for all the nervous phenomena of the disease."

"*The investigation has thus cleared the disease of all its mystery. It is shown to be simply an effect of overheating. External heat is the cause of sunstroke, and the internal heat produces directly all the symptoms.*"

* * * * *

"Not every man that falls unconscious on a hot day has sunstroke. There is fortunately one criterion so easy of application that anyone can use it. Go at once to the fallen man, open his shirt-bosom, and lay the hand upon his chest: if the *skin be cool* you may rest assured that, whatever may be the trouble it is *not sunstroke*. If, on the contrary, the skin be burning hot, the case is certainly sunstroke, and no time should be lost. The patient must be carried to the nearest pump or hydrant, stripped to the waist, and bucketful after bucketful of cold water be dashed over him until consciousness begins to return, or the intense heat of the surface decidedly abates."

More of a similar character might be given, but this would seem to be ample proof upon one point in dispute; and in view of it all what comes of the claim that: "It is not common to find a patient very hot who is sunstruck"—that the heat is the result only of *reaction*; or of the assertion of the same idea as a belief that "it is *not true* that this excessive degree of heat is reached in the early stage of the malady? and how absurd to make the positive and unequivocal declaration that "it is not true that solar heat can *impart* such a degree to the human body."

What in the name of common sense does "impart" the heat in such

cases, if the sun does not? The victim goes out into the burning sun when it marks 125 degrees to 130 degrees, or even higher, often without other protection of the head than a hat that will draw the heat, falls senseless to the ground. and as soon as he can be reached, say in one or two minutes, is found excessively hot, the thermometer placed in the arm pit indicating 109 degrees to 112 degrees, (fifteen to twenty degrees less than the sun's rays), then say this heat was not imparted by the sun! Again I ask what did impart it? If a man puts his hand in the fire and burns it to a crisp, or stands before a hot fire until he blisters some part of his person, must we say the heat did not come from the fire, but from his own system under *reaction*? Has not such reasoning been the bane of medicine long enough for us to try some other kind for a time, and see how we can get on with it? Why, even stones and boards will often become so hot under the fierce rays of the sun that the hand cannot be borne upon them. Is it some reactive power in them that produces this heat, and not the sun that imparts it? Perhaps it may be answered that stones and boards do not sweat (I should think they would at such reasoning), and that man does, and carries off the surplus heat; but right hear is another *fact*, viz., that perspiration almost, if not wholly ceases, before the stroke, leaving the sufferer under an excessive dry heat, a "fierce fiery glow," as one patient described it to me; whereas if the perspiration continued freely there would be no attack. Again, Dr. Peck is too well educated as a physician. not to know that the heat of "reaction" is always the work of hours, often of days, not of minutes, and under its fiercest developments, after whatever length of time, seldom or never attains that degree which has just been shown, comes with and is the special diagnosis of sunstroke, as against all other sudden and violent attacks of disease that may resemble it in any respect.

In conclusion upon this point, if a further demand is made upon me to bring more science to bear upon the subject, I must answer that, it is scientific, because it is true, to say, as was said in my first article, that there is quite a volume of vapor always existing in blood at its natural temperature of 98 degrees to 100 degrees; it is scientific, because it is true, to say that increasing the temperature of the blood by ten to fifteen degrees must add to the volume of vapor already existing naturally in the blood vessels and in the normal temperature; it is scientific, because true, to say that this vapor must occupy space in the blood vessels; it is scientific, because it is true to say that vapor, being of less specific gravity than the blood, must rise to, or accumulate at, the highest point in the blood-vessels, which would be the vessels of the brain when the body is in an erect position; it is scientific, because it is true to say that if the said vapor does accumulate in the vessels of the brain it must exercise pressure; and it is scientific, because true, to say that the skull would prevent the brain from expanding and thus finding relief, while the fullness of the vessels below would present a bar to full relief in that direction, therefore this pressure must be exercised through and upon every point of the brain tissue; (not upon a small circumscribed spot at the surface, as in case of a depression of a

small piece of the skull upon the brain), with the characteristic symptoms resulting from such pressure; and this is all the science I know upon this branch of our subject.

Two or three minor points will be disposed of in as few words as their importance will allow. Almost equally unfortunate with what is shown in the foregoing, is the doctor's citing the opinions of laborers in rolling mills, and giving utterance to the following: "We see men working under great heat with the temperature of the body not increased much above the normal yet exempt from sunstroke, while on the other hand we see many cases of sunstroke when the parties are not exposed to a high degree of heat."

Again, I must let a better authority than either of us, viz. Dr. Wood, answer. He says:

"The cause of the disease which in its most common form is known as sunstroke is always *heat*, but not necessarily the heat of the sun. In the hot atmosphere of the engine-room, in the steam-laden air of the sugar refinery, heat has often come upon its victim, and some of the worst epidemics on record has occurred between-decks on shipboard, and in the stifling nights of tropical climates."

"It is by the evaporation from the skin that man is enabled to resist external heat. The change of water into vapor is always accompanied by the conversion of a large amount of heat into the repulsive force which causes the particles to fly apart in the form of vapor. The heat disappears, and is said to become latent, but in reality there is simply the change of one force into another."

"When the air is already charged with vapor, evaporation takes place slowly. Hence the deadly nature of heat and moisture when combined. The evaporation from the skin being checked, the body has lost its power of cooling itself. In these facts is to be found the explanation of the circumstance that in the dry air of southern central Africa sunstroke is least frequent, whilst it is most fatal in the moist climate of the low plains of India. Moisture in the air is therefore a favoring circumstance for the production of sunstroke."

The rolling mill is emphatically a place of dry air, ventilated by the entire sides of the building, to a height of eight, ten, or more feet, being left open, and large openings left at the top or in the roof, so that the outside air comes rushing in, and through, all parts of the structure, carrying out the heat as rapidly, or nearly so, as it is given off by the furnaces and heated room, and thus relieving the men both by furnishing cool air to breathe, and favoring in the highest degree the evaporation of perspiration from the surface of their bodies. And right here another question, which the doctor raises, (viz. will vapor form in the blood at a temperature of 113 degrees), is satisfactorily answered? for, if evaporation, that is, the *formation of vapor* out of the perspiration, does occur to a great degree on the surface of the body, when it is at or less than one hundred degrees, and thereby saves the man from harm, whereas if it did not take place he must die, it is certain that vapor must form in the blood when it is at a much higher temperature.

As for light affecting the optic nerve, and through that the whole

nervous system severely, even violently, is conceded, in case of its being much too strong a light, or the sufferer being more or less continuously under its influence; but this does not make the case one of sunstroke, any more than does a nail or needle in a person's foot producing convulsions (tetanus), or a piece of orange-peel in a child's stomach causing convulsions, make such case sunstroke. The writer, when a student, knew of the case of a little girl who went almost at once into convulsions and coma, resulting in death within twenty four hours after eating butternut meats which lay in the stomach without digesting.

Again, how can the cases of sunstroke that occur in the night in India, (a fact with which I was perfectly familiar, and which was apparently so confidently cited against the vapor theory), be explained on the theory that light is the cause? In their stifling nights heat is present in a high degree, with moisture in the atmosphere to aid in the fatal work, but light is not. In either case it is hardly scientific to assume the attack is a "delayed result." And how can we explain the cases that I before mentioned where hot baths produced identical results with sunstroke; and how one of the most notable of all instances, viz. the "frigate Duquesne at Rio Janeiro, where one hundred out of six hundred sailors perished," on the "light" theory? Excessive heat was present in all these instances, and the most notably active power, and did just what heat would do, and nothing else, whether it was light or dark, then why utterly ignore all these facts, and attribute the results to causes that were not present

Therefore, clearly, doctor, in concluding this article which is at least thrice the length I intended it should be, I must insist, and you will no doubt agree with me to that extent, that we must scan causes closely, *individualize* all these cases, and avoid if possible being misled in treatment, as well as in diagnosis, by not attributing results to the wrong agencies.

DYSPNŒA AT NIGHT.

"It will be noticed that the patient (affected with croup) became worse at night, the attacks of dyspnœa being very distressing. This agrees with what is usually observed in these cases, but as far as could be ascertained from physical examination there was nothing to account for the exacerbation. Here, however, physiology comes to our assistance. for it has been ascertained that during the twelve hours from six in the morning till six in the evening, a healthy man absorbs only 230 grammes of oxygen, whilst in the twelve hours from six in the evening to six in the morning he absorbs 471 grammes, just twice the quantity. Hence, it may be inferred that the increased dyspnœa at night is in some measure due to the increased demand for oxygen.—*Homœopathic World.*

Surgical Department.

THE EUSTACHIAN CATHETER.

BY C. H. VILAS, A. M., M. D., CHICAGO, ILL.

Read before the Chicago Academy of Homœopathic Physicians and Surgeons.

(Continued from page 91.)

With the careful operator there are but a few accidents liable to occur during the introduction in the manner I have given. But there are some, and they should be borne in mind.

I. Laceration of the membrane is the most serious, as on inflation by any method, emphysema of the submucous tissue may result, and be accompanied by serious or extremely dangerous symptoms. Even instant death is said to have been caused, probably by pressure on the labyrinth of highly condensed air thus misdirected. (*Diseases of the Ear*, by Joseph Toynbee). Such an accident, though, it should be remembered is in no wise chargeable to the instrument itself. I have seen false passage, extensive laceration and irreparable injury done the mucous membrane by the use of the urethral catheter. But was that the fault of the instrument, or should it lead us to abandon it? Ought we not to discountenance the surgeon who caused the injury by his unskillful manipulations rather than the unoffending instrument? There is no tract of the whole mucous membrane more tolerant of the use of instruments than that of the pharynx, and its behavior under proper treatment is excellent.

II. You may miss the mouth of the Eustachian tube and engage the cicatrix of some old ulcer. Such a case happened to one of the most eminent English aural surgeons, Mr. Pilcher, who unfortunately hit upon the cicatrix of an ulcer caused by small-pox, so that "when air was pressed into the catheter the cellular membrane of the whole side became emphysematous, and for a time rather dangerous symptoms ensued." (*Aural Catarrh and Curable Deafness*, by Peter Allen).

III. You may engage the ulcer of some existing disease. I do not remember to have seen this warning given by any author, but it merits consideration.

IV. There may be some hæmorrhage from too rough manipulation or the irritation of the highly congested membrane.

These comprise all the accidents that can happen when reasonable care is used. Happily all may be readily controlled and should be

avoided. With care and experience the first will not occur; the second and third may be avoided by a pharyngeo-rhinoscopic examination, which should always be made whenever there is occasion to suspect any old cicatrix, any existing syphilitic ulcer, or any disease involving extensive or deep-seated pathological changes; the fourth seldom occurs to a considerable degree, but when it does may be easily controlled by cold water or some other simple astringent.

With the catheter successfully in place it will develop a very unpleasant tendency to slip out and you will early find your patience tried to prevent this. Numerous bands, clamps, etc., have been devised to retain it, but experience teaches that it is better controlled by a gentle touch.

It may be unnecessary to employ any remedy through the catheter, the simple introduction and consequent opening of the mouths of the tubes being all that is necessary. The various remedies and medicines which may with value be used in this manner I shall not mention, as it would require more time than is allotted me. But there is one remedy which I shall consider as it not only serves in such a capacity but is also the vehicle by which many medicines are used. I refer to atmospheric air, a consideration of which will show its value in both respects. Nearly every disease of these parts will require its use as a preliminary step (if it does not suffice for entire treatment) if the other devices mentioned have proven unsatisfactory. In many cases where it could not be previously used advantageously, after the tubes have been simply opened as mentioned, Politzer's manner of inflation can be successfully used, a mode of treatment which I often employ to excellent advantage.

The various ways of using air are :

I. By the rubber air-syringe. If the patient has borne well all the manipulations necessary for the introduction of the catheter, he will cringe and draw away if you jar it in the least. This you will almost certainly do if you force air into it in the way our text-books recommend, thus rendering the patient very averse to a repetition of the operation. To avoid this you should not place the nozzle of the air syringe in the catheter as recommended, but use a soft, flexible-rubber tube, about eighteen inches long, one end of which is provided with a nozzle to fit into the catheter, while the other is attached to the air-syringe. The latter should be made with a valve allowing immediate inflation after an expiration, thus rendering unnecessary the removal of the nozzle from the catheter until the operation is completed. With such an arrangement the syringe can be freely compressed without jarring the catheter in the least. Nearly every beginner gives too much force to the current and endeavors to squeeze the syringe empty. A much better result will be obtained by a succession of short and sharp but gentle puffs.

II. By means of a condensing pump and metallic receiver. This apparatus consists of a large metal reservoir into which for some minutes air is condensed by a pump. To this is attached a flexible

tube from which the air is shut off by a valve. When it is desired to remove some obstruction or adhesion the tube is attached to the catheter and the compressed air turned on.

III. By attaching the pump to a tube connecting with the catheter and forcing air directly into it.

Quite a number of accidents have resulted from the last two ways, and it is well that the operator should know in what ways to anticipate danger. A glance at the anatomy of the middle and internal ears shows us that in the tympanic cavity are the three ossicles of the ear, one of which is attached to the membranum tympani (or drum-head); one presses against the oval opening (*fenestrum ovalis*) in such a manner that it will compress the contents of the unyielding bony walls of the labyrinth and squeeze the delicate filaments of the auditory nerve (the third forming the connection between the other two); that the mastoid cells open directly into the tympanum; that the delicate membranum tympani forms the only barrier between this cavity and the external ear; and that all these as well as other delicate parts of the auditory apparatus are exposed to the shock of a blast of air driven through the catheter. Is it any wonder then that those not knowing their anatomy, or ignorant or careless of the danger should cause serious injury by dealing a heavy blow of air on these delicate parts? Is it any wonder that they should have seriously impaired hearing and rendered the catheter objectionable to many in the profession? And shall we therefore abandon it? As well might we abandon any other surgical instrument we have, for if misused it will do injury. Let us not deprive the world of the benefits of modern science because sometimes dangerous, or because ignorant men misuse the arts that the learned have devised, but so educate ourselves that no means human brains can devise go unused because they require study and delicate manipulation.

No operator should force air into the middle ear with unyielding force by air-syringe, condenser, pump or any device, without understanding that such accidents as have been mentioned are liable to occur. Those who do so, believing it an efficacious method of treatment, will probably have their full share of such accidents.

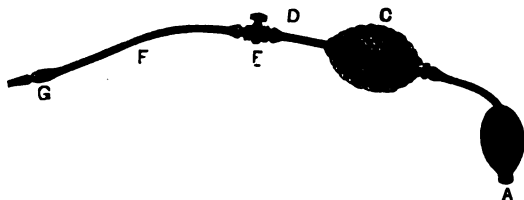
But there are times when the gentle blast of the syringe will not suffice, and when after a careful examination of the parts we are warranted in using more force than obtained by the syringe, but not as much nor of the same kind as compressed air gives. Singularly no one has solved this great practical need, and given us such a device. In the endeavor to fill so important a gap in our mechanical treatment I believe I can suggest a device, simple as it is, which will answer all its purposes, and therefore add

IV. By means of what I shall call an inflator.

In this device I claim not so much the manner of its arrangement and manufacture, as it is but slightly my own, and may be modified and changed hereafter by others as well as myself, but I believe I am the first to suggest *the idea of using rubber compression, and driving the*

air by the elasticity of rubber instead of by condensation or by direct physical or mechanical force. It will be readily seen that such a manner of forcing air has a decided advantage in the softness of the current, and that the air enters in a nearly normal state. These good points cannot be conceded to condensed air, it being more of the nature of steam-pressure and in an abnormal state, while the direct mechanical or physical force allows no yielding whatever.

The simple device, which I have so far used, is shown in the adjoining cut. With slight modifications to adapt it to its different uses, it will be recognized as parts of or very similar to several forms of apparatus now in use. I first became aware of its value through combining these various devices from time to time as emergency demanded, and with such uniform success that I am led to offer it as a valuable aid in our treatment.



A is a small air-syringe to force air into the air reservoir C, which is covered with netting to prevent it bursting, it being delicately made. In its manufacture depends nearly the whole success of the device. (I cannot lay too much stress on this point. I had several of these inflators made in such a slipshod manner that I could not endorse them, and am sure that should such fall into the hands of any who would use them, they would do much to injure and prevent their proper employment.) E is a stop-cock to remain closed until it is desired to let air from the reservoir C through the tube F. G is the nozzle to be placed in the catheter when in position. The tube from A to C is about six inches long, D three inches, and F twenty inches. It is cheap, simple, and can be obtained of any instrument maker, or readily adapted by the surgeon himself.

To use, we close the stop-cock and fill the reservoir by means of the air-syringe. The catheter being in position we insert the nozzle into the funnel-shaped end and opening the stop cock the elastic resistance of the distended reservoir causes a vigorous and somewhat prolonged blast, forcing the air, or the medicine if the vaporizer be attached, into the catheter and thence into the Eustachian tube.

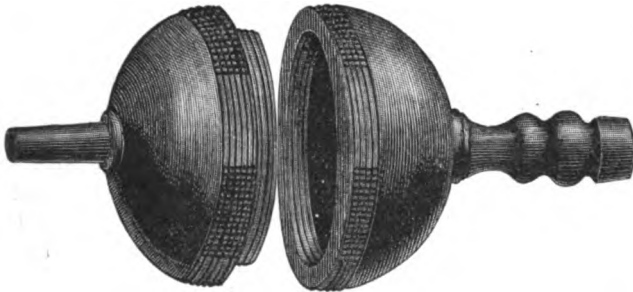
Of its value I shall say nothing at present beyond that it has been in use by me with uniform advantage, and that already a number of endorsements have been received from those whose opinion is valuable. With reasonable care and an intelligent understanding of the values and dangers of catheterization, no harm can come from it, and it is a cheap, efficient, and safe substitute for many now in use of expensive and dangerous manufacture. In the words of a prominent aurist, "Your device is a good one, and certainly worthy of trial by all those who are interested in the treatment of aural diseases."

In all cases where the tissues of the membrum tympani (or drum-head) are softened, or where there are cicatrices or thinned portions of

the same, caution in its use should be observed. Other morbid states also will present themselves demanding a like care, but where any pressure is admissible I believe this apparatus can be so controlled as to offer the least danger.

As an efficient substitute oftentimes for Politzer's method it also offers advantages self-suggesting on trial. I am indebted to several surgeons for this as well as other suggestions of its value. A tip suitable for insertion in the nostril can be readily changed for the catheter tip shown in the cut. Its use should be governed by the rules applicable to that method.

I am far from believing that local remedies are always necessary for a cure. Internal medication should render such means secondary in our practice. But there are cases where at times the vapor of different fluids can, for its diagnostic or remedial effect, be used to advantage through the catheter or nostril direct, a notable instance of the former being the use of *Chloroform* in tight stricture of the Eustachian tube. Through its use in eastern hospitals I became accustomed to Buttle's inhaler for this purpose, but since coming west I have used one of my own devising. It is sketched full size in the accompanying cut, and will, I think, suggest its good points to all who have occasion to use one.



It is so simple as scarcely to require description. It consists of two turned hard-rubber hemispheres, tightly screwing together. One is tipped suitably to closely fit in the funnel-shaped end of the catheter; the other will closely receive the nozzle G of the inflator, or the rubber tube F, or the tube attached to Politzer's bag, can be fitted over it if desired.

To use, saturate a small sponge, loosely fitting in the cups, with a few drops of the fluid desired to be vaporized, place it in one of the cups and screw both together. Place the proper tip in the catheter, attach the inflator, and with a small blast the fluid is vaporized and enters the catheter, and thence onward.

I think its improvement over Buttle's inhaler consists in its change of shape for convenient use as a vaporizer instead of an inhaler, the tube tip, closely fitting the catheter and insuring accuracy of vaporizing; that it allows the nozzle of the inflator or the the air-syringe to be attached without change; and that its round and serrated form allows it to be easily held by the hand holding the catheter in position.

I would also briefly call your attention to the value of the catheter as a sound in diagnosing the condition of the membrane, in the detection of nasal polypi, etc. You will also see that it affords a ready channel for the introduction of tympanic catheters, electrical or elastic bougies, or as a guide for any other remedy desired to be passed either into or through the tube.

In conclusion permit me to say that the time has not been sufficient for me to mention all ways by which remedies can be made to enter the Eustachian tubes, though I believe I have considered all that can be justly regarded as substitutes for the catheter, nor discuss any theories. I have simply endeavored to explain, in a practical way, the uses of the catheter, and lay out such a method of use as merits attention by all who would treat aural disease.

SOME SURGICAL NOTES.

FROM PROFESSOR NUSSBAUM'S CLINIC, MUNICH.

[Continued from page 493, Vol. II.]

XXVII. In all kinds of injuries the surgeon must be very cautious in predetermining the consequences for the whole future, as there may happen to follow malignant neuralgia, epilepsy, and even insanity. from consecutive osteophytes and exostoses. Also scars at the tendo achillis, at the margo supraorbitalis, and especially at the scalp with contractions may have such results.

XXVIII. The surest sign that a bandage on the extremities is not too tight, in fractures and other lesions, is the condition of the toes and fingers soon afterward. If they are not swollen, red, or œdematous, there is no disorder of circulation. *Leeches* only promote venous circulation and are to be applied for the head at the root of the nose, behind the ear, and at the foramen magnum, where quite a number of veins take their course.

XXIX. Purulent infiltration is to be distinguished from pseudo-erysipelas in so far as in the former affection quite large portions of the cellular tissue becomes gangrenous, but in the latter only small ones. Concentrated solution of *Carbolic acid* is the principal remedy. The danger of septicæmia is very great in such cases, the cellular tissue being apt to readily absorb any liquid and carry it into the circulation. The skin presents the appearance very much like erysipelas above and around this purulent infiltration.

XXX. After the least surgical operation, such as opening or extirpation of a tumor cyst, etc., being even as small as a hazel nut, a purulent infiltration with septicæmia may take place with fatal termination. Professor Nussbaum related a case in his own practice where death ensued within thirty hours after operating on a tumor of the size of a little nut, on the back of the patient.

XXXI. Extravasated blood may remain almost unchanged for months, and exceptionally, also for years, with but very little exosmotic or endosmotic alteration, the principal portion of it staying liquid within caverns and cysts. Thus we find blood sometimes unaltered for half a year or so after an hæmorrhagic exudation.

XXXII. Cancer originates from the concomitant action of several causes: first, from something surplus, such as a remainder of an inflammation, a neoplasma, nævus, etc.; and second, from certain weakening influences, as bad nutrition, grief, sorrow, mental emotions of a depressing character.

XXXIII. Female breasts of a normal condition may be extirpated without any malignant induration, if there is an excessive neuralgia attending a good-natured hardness, especially after childbed, when the process of nursing was interrupted.

XXXIV. Subcutaneous injections of *Morphine* followed directly with inhalations of *Chloroform* are preferred in certain protracted operations, by Professor Nussbaum, in order to keep up the anæsthetic action longer than usual, which, however, is not so very intense then.

XXXV. *Chloroform* is exceedingly dangerous in persons of a fatty and whitish degeneration of the muscular fibres of the heart, which may suddenly become paralyzed during the anæsthesia with rapid death. The lips always look white whenever there is real danger in any case under *Chloroform*. Patients after typhoid fever are sometimes affected with such a sudden paralysis of the heart, even while they walk around, there being the same fatty degeneration.

XXXVI. Artificial breathing must always be attempted in any critical case under *Chloroform*, by laying one hand on the sternum and the other on the abdomen, shaking and elevating the thorax alternately with all possible force for quite a while, sometimes even for twenty to thirty minutes. When the lips turn blue, the mouth must be forced open by means of a forceps, and the tongue seized and held out.

XXXVII. The radical and most practical operation in hydrocele consists in a cut of about two inches in length at the base of the scrotum, by which the tunica vaginalis is laid bare and a piece of that membrane then cut out about an inch long and half an inch wide; afterward a compressive bandage is applied, in order to prevent an after bleeding. The wound is sewed together with but one stitch, to keep the testicle inside. After twenty-four hours the suture is to be removed.

XXXVIII. Drainage is only used in cases of a profuse ichorous secretion or gangrenous shreds, where a steady discharge is indispensably necessary. If the rubber tubes are compressed by too strong an action of the muscles, then metallic ones must be substituted.

XXXIX. In hospital gangrene the intermuscular cellular tissue is affected sometimes to a large extent, the gangrenous affection running along a whole limb, or nearly so.

XL. Bloody secretion after operations may occur within the first five days without pointing to a very bad condition. But whenever after the fifth day blood oozes out of a wound, then it invariably proves the existence of gangrene. In such a contingency the amputation is indicated, because hæmorrhage from a larger artery signifies mortification, and cannot be stopped either by compression or the ligature, the arteries being very easily broken under these circumstances.

XLI. Quick and short operations may be performed during the stage of excitation, representing the primary effect of *Chloroform*, but graver and longer lasting ones in the secondary stage of depression or perfect tolerance.

XLII. Pus within the substance of bones, if it be but a few drops, may give rise to the most distressing pains, obstinately resisting all attempts of cure for years, until the morbid element is removed by an artificial opening.

XLIII. If after a transplantation a flap turns blue, then *Leeches* must be applied every five to six hours, in order to restore the venous circulation and thus prevent mortification of the transplanted piece.

XLIV. The periosteum is not absolutely necessary for the nutrition of a bone, as the *arteria nutritiva* is generally sufficient in that respect, so that even the periosteum may be transplanted with the flap, affording then a far more favorable chance of success.

XLV. Sutures may be left untouched generally for five to six days after their application, when they ought to be removed, else they might break loose themselves by suppuration. In some cases, where sutures are necessary for a longer time, new stitches, more remote from the first ones, may be applied.

XLVI. Caries, when rather small and circumscribed, may be left to itself in a good constitution, the healing of the diseased portion of the bone taking place without any operation at all.

XLVII. Resection is to be preferred to ankylosis only in the elbow joint, where the chances of success are far better than on the other joints, in which ankylosis and immovableness more or less are decidedly preferable to resection.

XLVIII. In any case of necrosis of the clavicle the surgeon has to wait at least three months in an adult, and six weeks in a child, before the morbid part of the bone may be removed by an operation. The necrotic piece must be severed at first from the healthy tissue of the bone by the process of caries at either end of the sequestrum. The regeneration of the necrotic mass begins on both ends with exudation and granulation, the periosteum serving as a sheath or leader for the formation of the new osseous substance. Without the periosteum remaining the bone could not grow in a straight line it being the proper mould for its formation. The same is the case in tenotomy, where the sheath of the tendon answers the like purpose of directing the production of the new tendinous substance.

XLIX. In luxation or dislocation of the shoulder joint, the arm must be stretched in a horizontal position during the reduction, so as to form a right angle with the thorax. The extension is made by a handkerchief fastened on the elbow joint, moistened with water, and a loop at the end so that the assistant may easily take hold of it. Around the chest a towel is put for pulling in the opposite direction, while the shoulder is kept under contraextension. The upper arm must always be left untouched, and the forearm held in an angle to the humerus by the surgeon. If there is a complication with a fracture, then the setting right of the dislocation must be tried every time, whether with or without success, in order to avoid blame in court trials. The patient would generally hold the upper arm tight to the breast in a dislocation, while he would keep it away in a fracture, complaining also more of pains in a luxation than in a fracture of the humerus.

L. In dislocation of the hip joint the reduction must be performed in a bent position of the knee joint, for relaxing the muscles of the thigh as much as possible; therefore the reduction must be made in a similar way as in the shoulder, the pelvis being fixed invariably.

LI. In necrosis of the lower jaw the time for taking out the necrotic portion must be delayed until there is a sufficient new production of the lost substance of the bone, else the regeneration will cease. This is quite an important rule in necrosis of the mandibula, different altogether from a like morbid process in other bones, where a reproduction may occur if the diseased portion is removed.

LII. In osteo sarcoma, enchondroma, etc., injuries of any sort, even operative ones, are utterly noxious, the pseudo-plasma growing so much faster as soon as a wound or a sore is produced within the morbid tissue; therefore such growths must either be left alone or removed altogether from their connection.

LIII. Under *Chloroform* the action of the involuntary muscles is increased, while the voluntary ones are paralyzed. The muscular fibres of the bowels and especially of the uterus are stimulated to the highest degree, so that the use of this anæsthetic is rather dangerous in gravidity, as it might occasion premature birth.

[TO BE CONTINUED.]

THE EARTH TREATMENT.

The earth treatment, on trial in the New York Charity Hospital, is very satisfactory. It is employed in the following manner:

The ulcer having been brought to the proper condition, twenty-five or thirty grafts are inserted, the whole is then covered with dry clay mixed with *Olive oil* to the consistency of paste, and applied twice a day.

Medico-Legal Department.

THE SITUATION IN CALIFORNIA.

THE "STATE MEDICINE" ERUPTION ON THE PACIFIC COAST.

The general topic perhaps, which most engages the attention of the medical profession in this state, is that relating to legislation on medical matters.

In the city of San Francisco, with a population not far from two hundred and fifty thousand, according to the San Francisco *News Letter*, which during the last year, has searched the matter very thoroughly, about two hundred and seventy physicians are practicing, who have been found to possess ample credentials, entitling them to be called Doctors of Medicine.

There are also about the same number, who either *have no bona fide* diplomas or licenses, or if they have, they do not care to have it known. Probably the largest part of them have none, for some of the oldest and most prominent physicians here, have made haste to answer the question propounded by *The News Letter*, "Gentlemen, you call yourselves doctors, have you a diploma?"

Others have attempted to do the same thing, but their claims being repudiated by the colleges which they alleged had graduated them, they are still published, not only as men of doubtful medical education, but decided falsifiers.

A state of affairs so startling and unheard of, has led to a general call for legislation.

The Allopaths having the greatest numbers, were expected to take the lead in the matter, which they did with becoming alacrity. The San Francisco Medical Society (Allopathic), through their committee on legislation, drafted a bill and presented and distributed it to the profession for consideration.

It had many good points, but the chronic disposition of the school cropped out in a couple of sections, arrogating to the Allopathic State Medical Society, the censorship and management of medical matters in the state.

This did not suit, and it was thought time to act.

The California State Medical Society of Homœopathic Practitioners was called together to deliberate as to the proper move to be made in the emergency. The result was a series of resolutions was drafted, passed and published, and a committee of seven, consisting of C. W. Breyfogle, W. F. C. Hempstead, L. E. Cook, F. Hiller, E. J. Frazer, M. J. Werder, and W. N. Griswold, was appointed by the presiding

officer J. Murray Moore, and authorized to take such action as would enforce and conserve the rights of all interested.

Desiring a *united action* of all legally qualified physicians, so far as was attainable, the committee first called on the members of the Homœopathic profession, and proposed, that in the common danger, the Homœopathic forces should be concentrated.

From conversation had with some of the leading members of the Allopathic profession, and the suggestion of the secretary of the San Francisco Medical Society, (Allopathic), the committee was induced to address a communication to that society, setting forth the exigencies of the situation, and the necessities of combined action, and recommending that a conference be had and a *basis* found, on which all legally qualified physicians could act, to rid the state of the torrent of quackery which threatened to inundate it.

The communication, after some *lively* discussion was referred to a special committee, which, after a fortnight's deliberation, recommended that it be placed on file, without further action.

The campaign was now blocked out, the committee knew who to depend on, and, to an extent, how much and what could be expected from others.

A stormy protest was drawn up against the habilitation of any *school of medicine*, with robes of supreme power; and a law was drafted, which, by its provisions, would stimulate medical education, suppress quackery, protect the people against empiricism and imposture, and at the same time, sustain *each school* in the exercise of its teachings and tenets.

The protest and draft was printed and is in the hands of influential legislators, to be introduced to the senate and assembly. A copy was presented to each of the great dailies of the city.

The *San Francisco Chronicle* published part of the protest, and the whole bill, and came out with a lively leader stating the position of the different schools of medicine. It argued that the state has no more right to discriminate between schools of *philosophy* and *medicine*, than it has between different religious denominations, closing thus: "The battle of the doctors may now be considered as fairly begun. Both sides are plucky, pugnacious and thoroughly in earnest; the opposing forces are well matched in numbers and power, and it would be extra-hazardous, at this stage of the campaign, to undertake to predict, upon whose banner victory will finally perch."

The *Morning Call* said, "it will not be disputed that the public has a right to protect itself against ignorant practitioners in any school; and it is equally clear that government has no right to establish a *School*.
* * * If government was disposed, it could not justly decide between different schools, although it may require a certain degree of proficiency in *some school* as a qualification to practice. This it should do."

The *Evening Bulletin*, after arguing the general questions of legislation at length, says: "No legislature can *insure* the public against quackery; all that can be done is to require that doctors of the several

schools, shall have their qualifications approved by their own schools. For instance, the Homœopaths have a certain standard of qualifications, the Allopaths another, and so on. Now if a doctor is fully up in the matter of attainments, to the requirements of his *own* school, if he has a diploma, or even a license from a respectable body of physicians, that is a fair guarantee of his qualifications. But no single organization of medical men in this state, will ever be competent to try the qualifications of all practitioners. The men of one school never would do justice to those of another."

I am glad to add, that in conversation with some of the members of the San Francisco Medical Society (Allopathic), they voluntarily said, though not particularly pleased with the committee's protest, that they thought the law presented would *fairly* dispose of the differences between the schools. These individual opinions are appreciated; but, as a body, we expect no co-operation from them. More anon.

SAN FRANCISCO, Cal., Jan. 12.

W. N. GRISWOLD.

THE NEW YORK INSANE ASYLUM MATTER.

The following report to the Homœopathic physicians of the State of New York, will be read with interest by all :

The committee appointed at the special meeting of the State Homœopathic Medical Society, September 21, 1875, present to you the memorial they propose to submit to the legislature; and ask your dispassionate consideration of the following facts and proposition concerning the Middletown Insane Asylum. If the memorial meet your approbation, as we trust it will, please request the representatives and senator from your district to support the Act based upon it.

The great desire of every member of our school in this state, with regard to the Asylum, must be to further and ensure its material prosperity, its medical efficiency and its perpetuity as a Homœopathic institution.

It must be manifest to every one of us that, as hitherto, we have succeeded in establishing this state institution (and others) through the *unanimity* of our efforts and appeals; so we can hope for a continuance of public support for it only so long as we are united and harmonious in our relations to it and our support of it.

The distrust and alarm naturally awakened in our minds by the change in the board of trustees, effected by an unusual mode of legislation, last winter, have excited a wide spread desire to secure an act of legislature, removing the present and restoring the former trustees. After careful investigation of the circumstances and of the conditions of the Asylum, for which the trustees have given us every facility, we think such a course not advisable; we think the attempt would be disastrous to the interests of the Asylum.

On what ground could we ask the passage of such an act?

On material grounds? The asylum is in a sound condition and its prospects are excellent.

On medical grounds? The medical staff of the asylum, under which most favorable results have been obtained, has not been changed. And the trustees assure the profession they have no wish or purpose to change it.

On the ground of apprehension that the change in the board foreshadowed a change in the mode of treatment prejudicial to Homœopathy? The new trustees have publicly assured the profession that such apprehension is groundless and have, unqualifiedly, pledged themselves to maintain the Homœopathic mode of treatment in the Asylum.

The only possible remaining ground is that, by their summary removal, an indignity was done to eminent and worthy physicians and lay adherents of Homœopathy, and for which redress may reasonably be asked.

This was indeed a grave procedure. But is it *wise* or *safe* to make personal considerations of this kind, the basis of legislative changes in the organization of public institutions? And, if it were so, can this wrong be justly righted in this way?

With the notable exception of the member resident in Albany, the present board of trustees knew nothing of the contemplated change. They had no hand in it and are not responsible for it. Without connivance on their part, they have been placed by the state in a position of trust and public service. To remove them, in order to redress the grievance of members removed last winter, would cast on them the stigma of having wrought that grievance. At least, it would place them in a position similar to that occupied by the members removed. Thus, one wrong would be righted by the commission of another.

The present trustees and their professional and lay friends might reasonably be expected to resist the passage of an act, removing them, without cause, from a position they had not connived to secure, but whose duties they are faithfully fulfilling. There would then be a strife before the legislature between two considerable bodies of Homœopaths.

Nothing could afford greater satisfaction to our enemies, nor a fairer opportunity to ruin the institutions we have succeeded in establishing and the prestige we have gained, by the harmony with which we have hitherto acted. Nothing would so contribute, as such a strife among ourselves, to the success of those schemes for establishing a state medicine, and dispossessing us of the equality of rights and privileges for which we have so long contended, and which we are just beginning to enjoy; schemes which we have met and, by our united efforts, defeated in successive legislatures, but which only await a favorable moment of discord in our councils to become the law of the state.

The example and position of our brethren in neighboring states should admonish us that strife, thus begun, is not easily healed and that progress in public esteem and trust can not be hoped for while we are at variance among ourselves.

For these reasons, we respectfully urge upon our colleagues acquiescence in the present status, hearty support of the Asylum, and a lively interest in its management and in the future appointments to the board of trustees.

In obedience to the commands of the state society, the committee ask that the provision requiring the trustees to be "adherents of Homœopathy," be restored to the charter of the Asylum. But we perceive defects in this provision and objections to it. The qualifications which we demand in trustees are: Capacity, integrity, and a purpose to maintain the Homœopathic treatment in the Asylum. We may find these qualifications in men, not hitherto known as "adherents of Homœopathy." And, in fact, the board *has* contained, almost from the establishment of the Asylum, most excellent trustees who had not been previously known as Homœopaths.

The phrase is indefinite. Who shall determine what constitutes an "adherent?" An unscrupulous man, who desired the office, might declare himself an "adherent of Homœopathy." And who should gainsay him? Once a trustee, what could bind him to maintain the Homœopathic treatment? On the other hand, a desirable, conscientious man might, by a rigid construction of the phrase, be deterred from taking office.

The *real desideratum*, in our view, is to ensure the *adhesion of the trustees to Homœopathy during their term of office and in their official capacity*. In order to secure this desideratum, and at the same time to have the widest field for the selection of capable men, we have suggested a phrase which directly and explicitly expresses what we desire. It provides that the fact of accepting the office of trustee, shall be a pledge that the person accepting will maintain the Homœopathic mode of treatment in the Asylum.

This suggestion is heartily endorsed by the present board of trustees of the Asylum. If it be acceptable, as we hope it will be, to the profession, there will be no opposition to it in the legislature. By its enactment the future of the Asylum, as a Homœopathic institution, will be secured. And we shall preserve the unity of action among ourselves in public affairs, which has gained so much for us in the past and holds out such brilliant promise for the future.

JOHN F. GRAY, M. D.,
CARROLL DUNHAM, M. D., } Committee.
A. W. HOLDEN, M. D., }

MEMORIAL TO THE LEGISLATURE.

TO THE HONORABLE THE LEGISLATURE OF THE STATE OF NEW YORK: The Homœopathic Medical Society of the State of New York, through the undersigned, a committee appointed for that purpose, at a special meeting of the society, held in New York City, September 21, 1875, most respectfully represents:

That, the legislature of this state, by an Act approved April 28, 1870,

“established at Middletown, in the County of Orange, a State Lunatic Asylum for the care and treatment of the insane and inebriate upon the principles of medicine known as the Homœopathic.”

And by an amendment to said Act, approved March 31, 1871, the legislature accepted “for the sight and uses of said asylum,” a tract of land “paid for by private donations,” and made an appropriation for the construction and maintenance of buildings upon it.

That, to ensure that the medical treatment in the said Asylum should be that “known as the Homœopathic,” the legislature, in said Act of April, 1870, directed that the trustees to be appointed from time to time, by the Senate, on the nomination of the Governor, should be “*proper persons, who are adherents of Homœopathy.*”

That, under these Acts and by virtue of subsequent appropriations, one of the contemplated buildings has been completed, another is nearly finished, and the Asylum is in successful operation, and has the unanimous approval of the adherents of Homœopathy throughout the state.

That, during the last hours of the last session of the legislature, by the operation of a clause in the supply bill (cha. 634, page 11, laws of 1875, “An Act making appropriations for certain expenses of government, and supplying deficiencies in former appropriations,”) ten of the trustees of the Asylum (whose terms of office had not yet expired) were removed from the board, and the provision that the trustees of the Asylum should be “*adherents of Homœopathy,*” was repealed.

That these changes were not known to be in contemplation, and had not been requested by the board, nor by the “adherents of Homœopathy” throughout the state. And no adequate reason for them was assigned, or is known to have existed. On the contrary, the provision that the trustees of the Asylum should be “adherents of Homœopathy” was regarded by Homœopahists throughout the state as of vital importance for the preservation of the Asylum as a Homœopathic institution, according to the original intention of the legislature. And its abrogation, in the manner above detailed, awakened in them a deep feeling of distrust and alarm.

The present board of trustees have responded to this feeling by publishing a pledge to maintain the Homœopathic mode of treatment in the Asylum, and to continue the administration which has thus far proved so satisfactory. This pledge must be accepted as satisfactory, so far as the present board is concerned; but it can not bind its successors, and, therefore, it can not completely allay the apprehensions of the Homœopahists of the state concerning the future administration of the Asylum.

In consideration of these facts, the Homœopathic Medical Society of the State of New York, by its committee, respectfully solicits the reinsertion in the charter of the State Homœopathic Asylum for the Insane at Middletown, of the provision that the trustees of the Asylum shall be “adherents of Homœopathy.”

And the committee, in the exercise of the discretion given them by the society, respectfully suggested that if, in the judgment of the leg-

islature, the words "adherents of Homœopathy" appear objectionable by reason of ambiguity and difficulty of application, there may be substituted for them the following phrase, viz. : (proper persons,) "whose acceptance of the office of trustee shall be a pledge that they will maintain the Homœopathic mode of treatment in the Asylum."

JOHN F. GRAY, M. D.,
CARROLL DUNHAM, M. D., } Committee.
A. W. HOLDEN, M. D., }

At the regular quarterly meeting of the trustees of the New York State Homœopathic Asylum for the Insane held at the Asylum in Middletown, on tuesday, December 14, 1875, present, Messrs. Harper, Guernsey, Burt, Draper, Vail, Graham, Hayes, and Stivers, the memorial of the committee of the New York State Homœopathic Medical Society to the legislature having been read by Mr. Harper, the president, on motion of Mr. Graham, it was

Resolved. That this board, without subscribing to or indorsing all the statements of said memorial, and being firmly of the opinion that the reduction in the number of the board, and the localizing of its members in the immediate neighborhood of the Asylum, was for the best interests of the Asylum, and that such views had long been entertained by the active members of the board, as more fully set forth in their statement to the public already made; yet this board now readily and cordially unite in the latter form of amendment to the charter proposed by the memorial, and to which this board was already pledged, to wit: That the "Trustees shall be proper persons. whose acceptance of the office of trustee shall be a pledge that they will maintain the Homœopathic mode of treatment in the Asylum."

A true copy from the minutes.

Attest. M. D. STIVERS, Secretary.

AN ACT regulating the appointment of trustees of the State Homœopathic Asylum for the Insane at Middletown.

SECTION 1.—Whenever vacancies shall occur in the board of trustees of the State Homœopathic Asylum for the Insane at Middletown, the senate shall appoint, on the nomination of the governor, proper persons to fill such vacancies; and the acceptance of the office of trustee, by the persons thus appointed, shall be a pledge that they will maintain the Homœopathic mode of medical treatment in the said Asylum.

SECTION 2.—All acts, or portions of acts inconsistent with this Act, are hereby repealed.

Society Proceedings.

WESTERN ACADEMY OF HOMŒOPATHY.

SECOND DAYS PROCEEDINGS—MORNING.

The meeting opened promptly at 9 A. M. Dr. Worley, president *pro tem*, being absent, Dr. R. H. McFarland was called to the chair.

The minutes of the preceding day were then read and accepted, with the request that the secretary include the address of Dr. E. C. Franklin, and that of Hon. Hiram Price, delivered the previous evening to the members of the Academy.

The bureau of surgery offered no other papers. As Dr. McFarland's paper on "Menstruation" had been overlooked while discussing the diseases of women, it was here presented.

Dr. Baker—What is intended as the chief feature in this paper?

Dr. McFarland replied that he intended proving that menstruation depended upon the ovaries and not upon the uterus.

Dr. G. W. Bowen here read a note from a friend in which he said he had removed the ovaries from two individuals—that the operations were performed some five years ago, yet menstruation recurred regularly.

Dr. Bowen moved that Dr. Beebe, although not a member of the Academy, be requested to give his views upon the subject under discussion.

Dr. Kershaw offered as an amendment, "that all those present be asked to participate in the discussion." Carried.

Dr. Beebe—Had known both ovaries to be removed, and menstruation continue for five or six years.

Dr. McFarland said he intended defending the stand taken in his paper, and quoted from Robitanky and others to prove his position. He did not believe in holding on to an old idea, simply because it had long been accepted.

Dr. Bowen knew of a case where menstruation was suppressed by fright, and, as a consequence, all sexual feeling was lost. She had no desire for children.

Dr. J. Hart Miller—Might not menstruation, being a natural process, follow—after removal of organs in which it originates—from force of habit?

Dr. G. W. Foote had known the ovaries to be removed and menstruation continue.

Dr. McFarland—Removal of the ovaries will stop menstruation, but removal of the uterus will not.

Dr. Miller—If ovaries remain, why should ovulation cease? Why not have vicarious menstruation when the uterus is wanting?

Dr. Franklin—Menstruation begins in the ovary. Called to mind a case in which the uterus had been removed, yet the woman menstruated. Had read of a case in which the uterus was wanting, yet menstruation took place regularly. If depended on the existence of the uterus why have menstruation?

Dr. Foote would ask Dr. Franklin if menses did not commence before ovulation?

Dr. Franklin—Yes! but not before disturbance in the ovaries.

Dr. Beebe—After sloughing of the sexual organs, examinations revealed no vagina. He then operated for restoration of vagina, when menses began. No discharge had taken place before the operation.

Dr. Franklin would ask Dr. Beebe if a vagina was necessary that menstruation be performed.

Dr. Beebe—A sinus is.

Dr. McFarland—A woman on menstruating, always knew that she was not to become pregnant if she passed a small kernel-like substance; if not she was up for nine months.

Dr. T. C. Duncan—Must have a mucus surface to have menstruation. There is no lesion with menstruation; the epithelium is simply peeled off.

Dr. Beebe—Menstruation is a constitutional effort, and is not confined to a particular organ. If the proper organ cannot do duty, others do it for them.

Paper accepted and referred to publishing committee.

Bureau of Organization, Registration and Statistics. No report.

Bureau of Psychological Medicine—As a member of this bureau Dr. Kershaw read an article entitled "The Crazy People Outside Insane Asylums." Accepted and referred to publishing committee.

Bureau of Ophthalmology and Otology—With reference to this bureau Dr. J. A. Campbell read an article "On Bandaging." Accepted and referred to committee on publication.

An article by Dr. L. D. Morse, of Memphis, Tenn. was then read, entitled "The True Value of Sanitary Measures." Referred to publishing committee.

Dr. Miller, as secretary of the Military Tract Society extended an invitation to the members of the academy to meet with that body at Peoria, Ill., December 7th, 1875.

Dr. Duncan suggested that special topics be selected by the various bureaus, for discussion at the next meeting, before adjournment.

Dr. G. W. Bowen then read a paper on "True or Natural Prophylaxis for Avoidance of Disease." Referred to publishing committee.

The Board of Censors recommended the following applicants for membership:—C. H. Cogswell, M. D., Clinton, Iowa, graduate Hahnemann Medical College, Chicago, Ill.; Mrs. M. W. Porter, M. D., Davenport, Iowa, graduate of Womans' Medical College, Philadelphia; H. C. Shouse, M. D., Davenport. Elected.

Bureau of Electro-Therapeutics—No report.

Dr. Button, chairman of Bureau of Registration, spoke of the necessity of bringing about a recognition of the claims of Homœopathy to representation in the State University of Iowa. Thought the way was clear. No state appropriation yet, but hoped for one this year.

Dr. Worley, of same committee, promised to see that claims were pressed.

Dr. McFarland thought that if there was any danger of creating discussion in our own ranks it would be better to wait awhile. Still we should be alive to the interests of Homœopathy.

The following resolution was offered and adopted :

Resolved, By the members of the Western Academy of Homœopathy, in session assembled at Davenport, Iowa, October 5th and 6th, 1875, that it would inure to the public benefit and equal rights, if the Iowa Legislature would take into consideration the recognition and introduction of Homœopathy into the State University of Iowa, and make appropriations for the same.

Dr. Franklin moved that the matter be left in the hands of the proper bureau.

The treasurer, Dr. McFarland, here read his report, which was referred to the auditing committee.

The Chair appointed Drs. Franklin, Duncan and Campbell as auditing committee.

Dr. Franklin spoke of the necessity of carefully selecting the members of bureaus.

Dr. Duncan gave his views as to the advantages and disadvantages of the bureau plan. He recommended fewer bureaus and more workers.

Adjourned until afternoon.

AFTERNOON SESSION.

On re-assembling the Board of Censors recommended the following applicants for membership :

Dr. G. D. Beebe, M. D., Chicago, graduate of the Homœopathic Medical College of Pennsylvania; G. W. Foote, M. D., Galesburg, Ill.; Cleveland College; J. Hart Miller, M. D., Abingdon, Ill., Homœopathic Medical College of Missouri; G. W. Lawrence, M. D., Rock Island, graduate of New York Homœopathic College. Elected.

Dr. Kershaw here offered the following resolution, which was adopted unanimously :

Resolved, That it is the sense of this meeting, that the society known as the Western Academy of Homœopathy is, in intention and in fact, a society embracing the entire Western country, and organized for the benefit of all the practitioners of Homœopathy throughout the great West.

Dr. Miller moved that the Academy meet again the first Tuesday in June, 1876, at Galesburg, Ill. Carried.

Dr. McFarland moved that the bureaus be changed to make seven, leaving out Anatomy and Physiology. Thought it best to continue the bureaus of Pædology, Gynæcology, and Obstetrics. Also, make of Clinical and Psychological Medicine one bureau. Ophthalmology and Otolology to be united with the bureau of Surgery. Adopted.

Dr. Duncan moved that the bureaus be composed of at least five members. Carried.

Dr. Franklin moved that the chairman of bureaus be selected by the Academy. Carried.

The appointment of chairmen and associates of the various bureaus resulted as follows :

MATERIA MEDICA, PHARMACY AND PROVINGS—Drs. G. W. Foote, chairman, Galesburg, Illinois; A. C. Copperthwaite, Nebraska City, Neb.; L. D. Morse, Memphis, Tenn.; G. W. Bowen, Fort Wayne, Ind.; J. T. Temple, St. Louis; J. Hart Miller, Abingdon, Ill.

Dr. Kershaw, moved that the motion abolishing the chair of Ophthalmology and Otolology be reconsidered. He held that this was a distinct branch of surgery, and several of the members of the Academy having made this branch a specialty, it was due them that the bureau be retained. Adopted.

SURGERY—Drs. G. D. Beebe, Chicago, chairman; E. C. Franklin, St. Louis; H. P. Button, Iowa City, Iowa; N. J. Du Puy, Iowa Falls, Iowa; W. D. Foster, Hannibal, Missouri; G. H. Blair, Fairfield, Iowa.

LEGISLATION, REGISTRATION AND STATISTICS—Drs. Geo. H. Blair; chairman, Fairfield, Iowa; L. E. B. Holt, Marshalltown, Iowa; C. H. Cogswell, Clinton, Iowa; P. H. Worley, Davenport, Iowa; H. P. Button, Iowa City.

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN—Drs. R. H. McFarland, Henderson, Ky., chairman; T. C. Duncan, Chicago; Mrs. M. W. Porter, Davenport; W. L. Hedges, Warrensburg, Mo.; A. E. Reiss, St. Louis, Mo.; Mrs. A. M. Hoppins, Geneseo, Ill.; W. C. Richardson, St. Louis; G. M. Seidlitz, Keokuk, Iowa.

CLINICAL AND PSYCHOLOGICAL MEDICINE—Drs. J. Martine Kershaw, S. Louis, chairman; Philo G. Valentine, St. Louis; C. H. Cogswell, Clinton, Iowa; L. D. Morse, Memphis, Tenn.

OPHTHALMOLOGY AND OTOLLOGY—Drs. J. A. Campbell, chairman, St. Louis; W. H. Woodyatt, Chicago; R. L. Hill, Dubuque, Iowa; A. E. Reiss, St. Louis; H. R. Hoppins, Geneseo, Ill.

SANITARY SCIENCE, CLIMATOLOGY AND HYGIENE—T. C. Duncan, chairman, Chicago; M. Mayer Marix, Denver, Col.; S. R. Huson, Lawrence, Kas.; A. E. Higbee, Red Wing, Minn.; J. S. Bell, Cedar Falls, Iowa; C. H. Goodman, St. Louis; P. B. Sparks, Decatur, Ill.

OFFICERS FOR THE ENSUING YEAR

were elected as follows :

President—E. C. Franklin, St. Louis, Mo.

Vice President—P. H. Worley, Davenport, Iowa.

General Secretary—J. Martine Kershaw, St. Louis.

Provisional Secretary—J. Hart Miller, Abingdon, Ill.

Treasurer—R. H. McFarland, Henderson, Ky.

Board of Censors—R. L. Hill, Dubuque, Iowa; R. H. McFarland, Henderson, Ky.; H. P. Button, Iowa, City, Iowa; G. W. Foote, Galesburg, Ill.; G. W. Bowen, Fort Wayne, Ind.

Dr. Franklin suggested that arrangements be made in regard to publishing the proceedings of the Academy.

Dr. Duncan was called upon, and gave his views. He would look after their publication. By an unanimous vote THE UNITED STATES MEDICAL INVESTIGATOR was made the organ of the Academy,

TOPICS FOR DISCUSSION

at the next meeting :

Materia Medica, Pharmacy and Provings—“Provings and Manner of Preparing Drugs.”

Surgery—“Diseases of the Joints.”

Clinical and Psychological Medicine—“Locomotor Ataxia, and other Alterations of Gait,” and “Malarial Fevers.”

Obstetrics and Diseases of Women and Children—“Chief Forms of Difficult Labor,” and “Diseases of Women in the West.” Also, “Effects of Different Regions upon the Different Diseases of Children.”

Sanitary Science, Climatology and Hygiene—“The Limit of Malaria and How Controlled by Climate, Hygienic Measures, etc.”

Adjourned.

J. MARTINE KERSHAW, Secretary.

MICHIGAN HOMŒOPATHIC INSTITUTE.

The Institute held its annual meeting in Lansing, January 11th, 1876. In consequence of the severity of the weather, there were but few present. After the transaction of some business, they adjourned until half past one o'clock, P. M., at which time the

HOMŒOPATHIC CONVENTION

was called to order by Dr. J. C. Covey, of Grand Ledge, in consequence of the absence of the president of the Institute, Dr. A. R. Ball, of Mason. The secretary Dr. R. W. Nelson, of Lansing, gave the opening address.

During the delivery of this address, the members paid marked attention, and though it did not accord with the feelings of some of the doctors present, who were for enforcing their rights under the late law of the University by appealing to the courts, yet the oil in the secretary's address quieted the troubled waters, and all went peaceably.

After the business of the convention was finished, Dr. Nelson read a paper on Constipation ; also, one by Dr. Burch on Excision in Necrosis, both of which were very well received.

After the usual business of the Institute was completed, they adjourned, subject to the call of the president.

OFFICERS FOR THE ENSUING YEAR.

President—J. C. Covey, M. D., Grand Ledge.

Vice President—C. P. Burch, M. D., Lansing.

Secretary and Treasurer—R. W. Nelson, M. D., Lansing.

R. W. NELSON, Secretary.

CHICAGO ACADEMY OF HOMŒOPATHIC PHYSICIANS
AND SURGEONS

Met in regular session on the evening of January 13th. Dr. T. C. Duncan related the following experience with

TÆNIA.

It will be remembered that about a year ago, I related to you my experience with a case of triplets, where all of the children were still-born ; two we were able to get to breathe, one of these lived a week, and died of hepatitis, the third is now living.

The living child (male) grew quite rapidly, and enjoys very good health. The nurse noticed recently some short sections of a tape-worm in the feces.

I at once ordered an infusion of pumpkin seed tea, as recommended in THE UNITED STATES MEDICAL INVESTIGATOR, and on the following day a tape worm about fifteen feet in length, was passed. The head was not passed at this time nor has it been discovered since.

Vogel (p. 203,) says : "They (*tænia solium* and *bothriocephalus latus*) are rarely found in children under one year of age, in nurslings probably never. *Tænia solium*, according to Kuchenmeister's investigations, originates from *cysticercus cellulosa* of the pig, and therefore occurs only in children who partake of hog's meat."

The curiosity of this case is that it is (1) a nursling, and (2) has taken no hog's meat, although it has eaten beef. The question is where did it get the *cysticercus c.* for the worm is certainly the *tænia solium*, and not the *bothriocephalus*, the beef parasite. I am of the opinion that the *tænia (cysticercus)* may exist in beef as well as in pork.

Another patient, a gentleman, after taking an infusion of pumpkin seed tea, passed one twelve feet long, entire.

Dr. Wilkie said he dislodged one fifteen feet with a preparation of male fern *Felix mas* and *Kamela*. There was a quantity of mucus passed at the same time which he thought must have been portions of the worm disintegrated.

Dr. Duncan said he once prescribed a preparation of *Kamela* to a dyspeptic, who thought he had tape-worm and great quantities of mucus only were passed, after which he was much relieved, and a recovery followed.

Dr. Dal—I relieved one person of a worm with *Kouso*. I gave *Spigelia 2* to a boy for neuralgia and the next day he passed a tape-worm. One thing that I am puzzled on, i. e., to account for these worms. One author in Vienna thinks that each section of the worm lays many eggs, which in due time hatch out. Another author advances another theory.

Dr. Duncan—There are three kinds of tape-worm, *tænia solium*, which infest pork; *tænia lata*, which infests beef, and *tænia echinococcus*, which infests the dog.

The natural history of these worms is about as follows: Each section of the worm is hermaphrodite and propagatè fucundated eggs. These are so small that, when taken into the system of the animal, they find their way into the capillaries and lodge in the tissues, giving us measly pork, for instance. Microscopically, these are now cysts, with head retracted into the one section. This is the second or cysticercusa stage of the worm-life. Now this cyst must be digested, opened, and the cysticercus liberated, as is done when measly pork is eaten, partially cooked. The six horns on the head of the worm enables it to cling to the slippery intestine wall, and it begins to grow by endosmosis, section after section, until it is often thirty feet long. The mature sections with their mature eggs drop off, ready to pass through the same strange development. This is the history of the *tænia solium* and *lata* but the *t. echinococcus* has a more wonderful story. This latter is only an inch and a half long, its cystic size is sometimes enormous, and is limited only by the organ in which it may be located. Instead of one animal in a cyst it seems to have the property of budding from the inner wall of the cyst, and of becoming multilocular. This cyst is the true hydatid.

I once had a case where the hydatid cyst developed in the larynx. A full report of this case, finely illustrated, is published in the New York Transactions, Vol. VI., 1868, p. 61.

COUNTY HOSPITAL MOVE.

A move to get possession of one of the new County Hospital Buildings.

Dr. T. C. Duncan said, he thought, if we went to work in the right manner we could have one of the new hospital buildings set apart for the practice of Homœopathy. He thought that we owed an effort in this direction to the many poor in our midst who prefer this system, and to our patrons, and moved that a committee of five be appointed by the chair to investigate the matter, and report at the next meeting.

The resolution was unanimously entertained, and the following committee appointed:

Drs. T. C. Duncan, R. N. Foster, for the West side; S. P. Hedges, North side; A. E. Small and J. W. Streeter, South side.

FRANK DUNCAN, Sec'y and Treas.

Medical News.

Halsey Bros. Price Current of the Homœopathic Trade, for Fall of 1875.

Catalogue and Price Current of Homœopathic medicines, books, etc., for sale by Boericke & Tafel, New York.

Dr. and Mrs. E. N. Harpel, of Shenandoah, Pa., celebrated their tenth anniversary of marriage January 10th. Sorry we could not attend.

The Combined Call-Book and Tablet, by Ralph Walsh, M. D., Washington, D. C. This is a very convenient little book for registering calls, cash received, etc., having on second page of cover a tablet. It is arranged for any year.

The Commencement Exercises of Hahnemann Medical College, Chicago, takes place on Thursday evening, February 10th, in the lecture room of the First Methodist Church, corner of Washington and Clark streets. Physicians and their families are cordially invited.

"**Medical Pirates**," is the title of an article in the last number of the *American Journal of Homœopathic Materia Medica*. The writer talks as if giving his experience. We cannot conceive of any person so pregnant with meanness as to steal patients from the peaceful editor. That was in Philadelphia, the City of *Brotherly Love*, was it? Where the Centennial is going to be held! Where the World's Homœopathic Convention will meet! Brethren, let us have peace, and not pieces.

Against New Words.—Messrs. EDITORS: May I say a *word on new words*, needlessly coined, that afterward become representative words? How important that words should be euphonic, explicit, and mean just what we wish to say. Several learned doctors in your journal use the term "epizootic" in the sense of a noun: "The disease is similar to the 'epizootic.'" Thus using the adjective as a noun. Not euphonic and ungrammatical. How much better would be epizooty. Who made "*catechismal*" and "*conundrumical*" English words? What a musical ear he must have had H.

The Lady's Manual of Homœopathic Treatment, in the various derangements incident to her sex. By E. H. RUDDOCK. Sixth edition, thoroughly revised and enlarged.

The new sections added treat of, polypus of the womb, maternal impressions, the new-born infant, involution and subinvolution of the womb, etc. Our opinion of this work has been given heretofore and we can only add that this work should be closeted with every woman until she learns the rules of healthful living and how to observe them. It is a well written and most sensible book.

Medical Report of the Northamptonshire (Eng.) Homœopathic Dispensary, from Jan. 1, 1872, to Dec. 31, 1874: New cases admitted, 6,840; cases remaining under treatment from Dec. 31, 1871, 102; total cases, 6,952. Of these there were: Cured, 4,090; benefitted, 1,656; left

treatment, result unknown, 760; not benefitted, 220; died, 76; still under treatment, Dec. 31, 1874, 140. During the three years comprised in this report, six thousand one hundred and twenty-nine visits were made, by the medical officers, to the houses of such patients as were too ill to attend at the dispensary, and in the same period of time nine thousand eight hundred and five prescriptions have been made up by the dispenser.

The Object of the Canada Medical Act.—It now transpires that the *main* object of the Canada Medical Act is self protection among the physicians, i. e., to keep the ranks from being overstocked. The *Canada Lancet* says: "Before the present act came into force there were about one hundred and eighty students licensed annually and turned loose on the community!" Since then the average has been "fifty to fifty-five candidates only," and "not one solitary Homœopathic or Eclectic has been licensed during that period!" The students threaten to bolt. "Now will the profession look coldly on while this is being done?" asks the *Lancet*. "It (the Act.) is the *only* means by which we can hope to keep within reasonable limits the number of aspirants to an *already overcrowded* profession."

Died.

Dr. John Hughes Bennett, of Edinburgh, September 25th, from the after-effects of an operation for stone in the bladder. He will be remembered as the distinguished Professor of Institutes of Medicine in the University of Edinburgh.

Dr. E. H. Ruddock, December 23d. All unite with us in mourning the loss of one of the most indefatigable workers who has done so much for the spread of Homœopathy in England. A good idea of what he has done for the cause can be obtained from page 405, November 15th number, 1875. The *Homœopathic World* give the following account of his brief illness: "On Friday, December 17th, he left his consulting rooms in London in his usual health, but on reaching home he complained of lumbago and fever. During the night rheumatic fever was developed, and he gradually grew worse. On Friday night, Saturday, and Saturday night he suffered intensely with rheumatic pains in the back and limbs; then suddenly the pains left the body and went to the head. After that time he was unconscious, with but rare and short intervals of light. Every attention was paid to him, and the utmost efforts of medical skill were employed to afford relief. His professional friends in the neighborhood and in London rendered all the assistance in their power, some of them travelling from town to spend the night with him. But all in vain."

The Homœopathic Mutual Life Insurance Company.—The news from New York is of the most favorable nature as relates to our Homœopathic Life Insurance Company. The statement of the business for 1875 is of a very flattering character, each statistical feature exhibiting an increase upon the corresponding item of the previous year. *Low mortality and solid growth* are its great characteristics. We would earnestly recommend our readers to consider the vast importance of a sound and well-conducted Homœopathic Life Insurance Company. Let us aid the company (the recognized exponent of our system in the business world,) in some practical way. If every Homœopathic physician in the United States were to influence to the company to the extent of one policy a year at least, think what a monument raised for Homœopathy. This could be easily done if they would consult their own best interests as well as those of the company. The fact of this company demonstrating the superiority of Homœopathic treatment and then backing it up with money and business energies is a very strong argument, especially with business men and laymen, in

favor of Homœopathy. Looking at it from a business standpoint alone, we ought to unite in supporting and strengthening this company, which will thus become more able to aid us in establishing the scientific claims of our system. The management of this company we believe to be in able hands. With such a rendering of an honorable and sagacious stewardship as exhibited in the past, what less can be anticipated than increased prosperity in the future.

A Treatise on Human Physiology. Edited by JOHN C. DALTON, M. D. Sixth edition, revised and enlarged, with three hundred and sixteen illustrations; pp. 800. Philadelphia: Henry C. Lea; 1875; \$6.

What work on physiology did you study, doctor? Have you seen any of the recent works? After going through Drapier and Carpenter, ten years ago, Dalton's new work was devoured like a breakfast. 'Twas the most fascinating scientific book the writer ever read. In the sixth edition we find almost a new work, every part has expanded, and many parts have been changed to keep pace with the rapid strides in this science. The most important advances have been in the two departments of physiological chemistry and the nervous system. The section on nutrition has been wonderfully elaborated, but it will occur to every one that there are many parts that need more light upon. Here we find the new chemical nomenclature introduced and the centigrade system of measurements. This is desirable for uniformity. In the section on the nervous system we find much that is new given. The discoveries in this branch have been chiefly with the terminations of nervous filaments, structure and functions of the brain mass and the nerves of special sense. Our knowledge of the senses has been wonderfully elaborated of late and especially, sight and hearing. In sympathetical physiology on reproduction and development we find many new facts that should be generally known to the profession. The work as a whole is a valuable one. We are especially anxious that the Homœopathic profession should be well up on physiology and for that reason we especially commend this clear and concise work of Dalton's.

Encyclopædia of the Practice of Medicine. Edited by Dr. H. VON ZIEMESSEN. New York: Wm. Wood & Co.; Chicago: W. H. Keener. \$5 00.

Chronic Infectious Diseases. This is Volume III of this royal publication. It takes up the subject of: 1. Syphilis. 2. Infection by Animal Poisons, viz., glanders, anthrax, hydrophobia, foot and mouth diseases, bite or sting of poisonous animals, insects, etc.; and 3. Diseases of Migratory Parasites, viz., echinococcus, cysticercus cellulosa, and trichina.

1. The discussion of syphilis occupies over three hundred pages and is perhaps the most thorough and comprehensive of anything yet given the profession. The weight of evidence here given is in favor of the dual character of soft and hard chancre. This paper is an able one.

2. The articles on infection by animal poisons will prove most interesting to our physicians, although the subject of glanders, anthrax, and foot and mouth diseases, are not very familiar to American physicians. Hydrophobia is well treated. But the subjects of sting of insects, bees, scorpions, etc., bites of spiders, snakes, etc., is not very satisfactorily handled.

3. Diseases from Migratory Parasites, (echinococcus, cysticercus and trichina,) occupy over one hundred pages. These diseases should be familiar to all. Trichinosis is well known. We remember years ago treating an obstinate cough which proved to be due to an echinococcus cyst, which was ejected during a severe fit of coughing. The case was reported to the New York Homœopathic Medical Society, and is elaborately illustrated in their volume of Transactions for 1868.

All in all this is a valuable addition to any physicians library.

Office of
The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

[Consolidation of the *United States Medical and Surgical Journal*, (Quarterly, \$4.00),
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Two Volumes a Year. — Terms: \$5.00 a Year, Payable in Advance.

T. C. DUNCAN, M. D., Editor.

F. DUNCAN, M. D., Business Manager.

67 Washington St., Chicago, February 1, 1876.

THANKS for prompt renewals of subscriptions.

THE RARE OFFERS we are favoring our subscribers with are being highly appreciated.

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REMOVALS.

Dr. R. Dunlop, from Midland City, Mich., to Attica, Ind.

Dr. W. P. Armstrong, from St. Louis, Mo., to Hoopestown, Ill.

Dr. Laura A. Ballard, one of the Chicago class of '75 has located in San Francisco.

Dr. C. H. Young, of New Orleans, where he was Asst. Surgeon U. S. A., having adopted Homeopathy, has settled in Bryan, Texas.

FOR SALE.—An extra location, offering one of the best chances for a live Homoeopath in the northwest. Situated in an inland manufacturing city of 5000 inhabitants, with college, high school, and railroad facilities; country rich and collections first-class. Practice from \$4000 to \$5000 a year. Residence consisting of house with twelve room and cellar, 1¼ lots, barn, hard and soft water, an abundance of large and small fruit, and within twenty rods of the commercial centre of the city. No office from residence needed. Will sell for value of above described property. For further information address, T. W., U. S. MEDICAL INVESTIGATOR office.

THOSE RARE OFFERS.—*Surgical Diseases*. Having purchased this work, we are able to give it to our subscribers on the following liberal terms:

Seven dollars sent at once will secure THE UNITED STATES MEDICAL INVESTIGATOR for the year 1876, and a copy of this valuable work. If you have not this work now is your chance.

Ludlam's Diseases of Women. We are happy to be able to make this rare offer: Ten dollars sent at once will secure THE UNITED STATES MEDICAL INVESTIGATOR for 1876, and a copy of the above practical work.

Twelve dollars sent at once will secure THE UNITED STATES MEDICAL INVESTIGATOR for 1876, Ludlam's Diseases of Women, and *Surgical Diseases*.

It will be for your interest to let us hear from you at once.

N. B.—The expressage will be paid by the party receiving these books at the above low rates. Postage: Ludlam, 50 cents; Gilchrist, 33 cents.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. III., No. 4. — FEBRUARY 15, 1876. — Whole No. 160.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

BRIGHTON, England, Jan. 25.—To-day and yesterday were exceedingly fine and beautiful. I felt very much amused at your doctors who prescribe according to the state of the wind. I think I have noticed colds relieved and prevented during east wind by *Chamomilla*.

Accept my best wishes, and believe me ever faithfully yours,

R. TUTHILL MASSY.

GERMANTOWN, PHILA., Jan. 25.—We are having an epidemic of hooping cough. Owing to the recent mild weather and imprudence in regard to dress, we are having almost an epidemic of bronchitis and pneumonia. *Acon.*, *Ant. c.*, *Tart. em.*, *Sambucus*, and *Squilla* are the remedies I have found necessary to think of first in my prescriptions.

M. M. WALKER.

JONESVILLE, Mich., Jan. 25.—There has been but little sickness here since last spring, and what we have had has been mild and yielded to proper remedies. A little catarrhal fever this month and a few mild bilious attacks comprise the winter sickness thus far. *Gels.*

for the former and *Merc. viv.* for the latter were the necessary remedies.

H. M. WARREN.

ROCHESTER, N. Y., Jan. 27.—We have been having a small-pox scare, which has caused much vaccinating—keeping the doctors busy. At present we have an epidemic of colds and sore throat, with occasionally a few cases of diphtheria of a malignant nature. One of our best Homeopathic physicians, Dr. Beigler, has just buried an only child, a son seven years of age, who was sick only three days with this terrible scourge. He has the sympathy of the whole city.

GEO. F. HURD.

WILLIAMSPORT, Pa., Jan. 16.—We have had and are having an epidemic of malignant diphtheria and scarlet fever. Many fatal cases under Allopathic practice. With us the results are better. *Merc. bin.* and *Kali bich.* for diphtheria; *Acon.*, *Bell.*, and *Merc. bin.* for scarlet fever. In scarlet fever the sore throats are diphtheritic in nearly every case, then *Merc. bin.* works most favorably. *Bell.*, high, a dose at bedtime, I know has proven itself prophylactic in scarlet fever. Several "little ones" are suffering from pneumonia just now.

S. C. McDERMOTT.

LAKE GENEVA, France, June 26, 1875.—* * * The place where I reside is on Lake Geneva, three hours from Cannes, and a quarter of an hour from Evian, Saxony. The living is very good and the houses are very well kept, it is very clean and well ventilated; there are apartments for families, with all comforts, and carriages. We have Chalybeate bath in the house, also mineral springs. I should feel much obliged to you if you will let your friends and the profession know that I am at Lake Geneva. We have had very bad weather for the last fortnight—storm and rain, which has done great damage in the country.

A. S. CLARK.

CHICAGO, Feb. 10.—The transition we are undergoing seems not yet over. We have had as the prevailing diseases, bronchial-pneumonia, capillary bronchitis, hooping cough, rheumatism, scarlet fever, mumps, etc. In both capillary bronchitis and bronchial-pneumonia *Hepar* has been the chief remedy; *Bry.* and sometimes *Sulph.* have been called for. Loose, spasmodic cough, has been the characteristic. *Hepar* has also rendered good service in hooping cough. The cough of *Hepar*, *Bell.*, and *Sulph.* are quite similar in many respects. Rheumatism has been cured with *Bry.*, *Acon.*, or *Rhus.* The cases of scarlet fever and a few cases of diphtheria met have been mild, and there has not been that demand for *Bell.* that was present a year ago. The force of the disease was easily checked and then the cases seemed to demand *Sulph.* or *Hepar.* That *Merc.* is not the specific for parotitis we have had abundant proof. Each case must be individualized. *Bry.* has done good service in some cases when indicated. *Hepar* also has been called for. Will some one give us some light on the etiology of mumps? In addition to these, have met many cases of induration and inflammation of the lymphatic glands of the neck, throat and trachæa.

In the neck they have been chiefly on the left side. In the trachæa the glands at the bifurcation of the bronchiæ have been the chief ones involved, giving rise to dyspnoea, palpitation, and an irritating cough. *Hepar*, low, hastens suppuration. *Hepar*, high, quiets the whole nervous and lymphatic sensitiveness very nicely. All this seems to point to *Hepar* as the coming epidemic remedy. There is much nervous depression and tendency to inflammation of mucous surfaces which would seem to foreshadow serious enteric disturbances next summer. *Sulphur* is the cholera prophylaxis, according to Father Hering.

T. C. D.

ST. PAUL, Minn., Jan. 27.—Our winter here has thus far been remarkably mild, only a few days of zero temperature. The general health through the year past has been better here, than the average. Cases of cholera infantum, and the usual summer diseases were very few and unusually tractable. No severe cases of dysentery or fever during the fall; all diseases milder in type. Ulcerated throats and bronchial coughs are now somewhat prevalent but not difficult to manage. Much less enteric fever than usual this winter, and I have heard of no fatal cases. With us very severe cold winters seem to favor the development of enteric, typhoid and gastric fevers. I would not have it understood that these diseases are prevalent in this climate, but they are more apt to occur in the cold or approaching cold seasons. I need not specify the treatment used for the above, as the *materia medica* gives all that has been used. Let me say however, a word as to croup. My remedies are *Aconite*, *Spongia*, *Ipecac* and *Tartar emetic* as indicated, and *Kali bich.* as an unfailing *dernier* resort. In serious cases besides the best indicated remedies, I almost invariably leave the latter remedy to be used if necessary, according to the urgency of symptoms. For convenience in bulk I carry the crude powder using half grain to one grain in half tumbler of water. If the symptoms do not readily yield to the other remedies, and especially if the disease becomes worse, whether spasmodic or membranous, I order one teaspoonful every ten minutes to two hours according to urgency the remedy to be withdrawn when amendment ensues. This plan I have followed for ten years and always with success, having never had a fatal case since I adopted it. I have used also the higher preparations of the *Kali bich.*, but in this disease consider the low by far the most reliable. Of external applications my preference is for a compress wet with tepid water, whenever there are febrile symptoms. When no fever is present cotton batting saturated with castor oil, forms an excellent application. In serious cases the air should be kept at high temperature, never lower than 70 degrees F. and better 75 degrees.

JAMES T. ALLEY.

LAKE CITY, Col., Jan. 17.—In December 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, H. V. Miller gives his "friend's" report of Colorado, and from its foolish unfairness one would be led to infer that the "friend's" mental vision was as badly deranged as his

digestion. He seems to think Denver and Colorado synonymous and prejudices a large territory with climate, temperature, and natural conditions generally, the most varied and diverse imaginable, by his experience of Denver alone. For instance, in this part (the south-western,) of the territory, on the Pacific slope, at an elevation of 8,500 feet while the weather is clear and the thermometer is fifteen to thirty degrees below zero only seventy-five miles from here, on the Uncompaghre, it is as mild and balmy as your autumn months, and doesn't snow at all. As for bugs, I've lived in Colorado two years and have yet the first one to encounter though I presume the critters infest the abodes of filth here as elsewhere, though they are not at all indigenous. Alkali water of course abounds in Denver and on the plains, but let our dyspeptic friend find fault if he can with the clear, sparkling, cold and pure water rushing down in numberless rills from our mountains pure as the snow from whence it comes. I have never tasted a drop of alkali water in the territory outside of Denver. Now let me say that any reasonable man ought not to expect a summer climate in winter in the mountains at an elevation of from 5000 (Denver,) to 9000 and 10,000 feet, but if he desires to realize the vast advantages in the purity and health-giving influences of our air over the contaminated, pent-up air of eastern cities, or the malarious-laden air of the west, let him come out here, any time from June to October, live out of doors, and thus escape the possibility of encountering that pest that walketh by darkness, fish, hunt, and prospect, and go back without being benefitted physically and mentally and I'll say surrender. In my two years residence here I have seen so many cases (all, in fact,) of pulmonary diseases permanently relieved without the aid of medicines that I think it is the duty of every physician to inform himself of the benefits to be derived from this climate, and send his cases here to be cured instead of holding them where they, in spite of his medicines, are ripening for the grave. Men who to-day are as hearty and robust looking as the healthiest came here less than two years ago walking skeletons, to whom Colorado has proven a fountain of life, and their testimony will bear witness of the truth of all I say. WM. A. DOBBINS.

VIRGINIA, Nev., Jan. 24.—During the past summer quite a severe epidemic of typhoid fever prevailed here, characterized by great severity—many cases proving fatal. The great fire of October 26th, the high winds and change of weather following, put a quietus upon its ravages for the time being, only a few cases occurring since that time, comparatively. I arrived here the next morning after the fire, consequently had no opportunity to observe the characteristics of the epidemic as it had prevailed. A case, however, soon came under my care in a family where the mother and one child had died under Old School treatment, which gave me some idea of the malignant nature of the disease. This was a little boy some three years of age, who had been fed on *Quinine* and brandy till his brain had well nigh given out. He was furiously delirious; deaf as a stone; tongue dark, dry, and mouth full of sordes; eager thirst; offensive dis-

charge from the bowels; urine almost suppressed; restless, tossing about; loud screams; throwing his arms about and grasping at his head; pulse 140; skin hot and dry. *Bell.* relieved the worst symptoms. It was followed by *Ars.* and *Phos.* mostly, for nearly two weeks, when both ears commenced discharging, and an abscess formed on the back of his head from a bruise by throwing his head against the edge of his crib during his delirium. *Hepar* and *Puls.*, with an occasional dose of *Apis* for the kidneys, completed the cure, except some discharge yet from the ears. The new cases I have had were marked by a total want of active symptoms, commencing like a slight cold, succeeded by great prostration, want of appetite furred tongue, scanty urine, torpid bowels, sweat toward morning, slow pulse, no apparent chills or fever. My first case was a lady with all the above symptoms, the great prostration and sweating profusely from 3 to 6 A. M. being most prominent. I gave her *Bry.* 3x during the day, and *Ars.* 3x, trit., in powder during the night, once in two hours. In two days the urine was free and cloudy, sweat less, tongue clearer, some appetite, feels stronger, and continued to improve with the same medicine at longer intervals for a week, when she was convalescent. The next case was a young man who had been complaining a week or so, thought he had a cold and had taken some medicine for it. I found him wonderfully prostrated, pulse only 48, with all the symptoms very similar to the former case, only the sweating not so profuse. Gave him *Bry.* 3x in water, and *Ars.* 3x, trit., in powder, every hour, alternately, for two days, when the urine showed a cloud, pulse rose to 70, felt stronger, bowels moved freely. Continued the same medicine at longer intervals and he continued to improve and was convalescent the tenth day. One more case, an elderly man, symptoms about as the former cases, only no bronchial trouble, but the stomach more disturbed, nausea and some vomiting, headache and giddiness, tongue more thickly furred, and thirst. Gave him *Ars.* 30, for two days, no better; stomach and head worse, and weaker. Gave *Ars.* 3x, trit., in powder, every two hours, next day stomach retained nourishment; the second day, urine free and deposited thick sediment, felt stronger, bowels moved, still retains food and head felt better than for over a week. Used the same medicine for a few days longer and dismissed him. I think it is fair to presume that those cases were the result of typhoid poisoning and if allowed to go on would have developed its full effect on the brain and nervous centres, as others have done under other treatment. Thus far my treatment has been eminently satisfactory, whether "aborted" typhoid fever or not. I have had two cases of convulsions in children lately, the first controlled by *Acon.* and *Bell.*, the second by *Acon.* and *Nux.*

H. KNAPP.

[Typhoid fever is very generally anticipated all over the country this spring. The open, wet weather would suggest *Rhus* as the remedy. The observations on this disease we have been giving will help. Study well the indications.—ED.]

CONSULTATION CASES.

DR. LILIENTHAL'S CASE, (SEE PAGE 245).

I feel greatly obliged to our friends for their kind advice and I am happy to inform your readers of the steady improvement of my patient. The only remedies given were *Calcareo carbonica*, and once or twice *Calcareo ars.*, in the very highest dilutions and at long intervals, as advised by Father Hering.

Chloral, *Opium*, and all narcotics have long been discarded, and although she is still somewhat nervous she enjoys life better, and is perfectly willing to be satisfied with the benefit gained.

S. LILIENTHAL.

SENILE GANGRENE.

For the case of senile gangrene reported in your issue of January 15, by Dr. R. A. Brinks, I would suggest the employment of *Crotalus*. It is indicated for the following symptoms, and it is to my mind the simillimum of the condition reported :

Burning and stinging in the *sole* of the foot; the weight of the foot as of lead.

Soreness of the *sole* as from walking on a sharp body. *Swelling* of the feet with *coldness* and *burning*.

Painful *numbness* of the *toes* as after a cramp; *gangrene* over the whole body. Symptoms *worse at night*.

BROOKLYN, N. Y.

GEORGE C. JAFFERY.

CASE OF ANGINA PECTORIS.

I desire advice on the following case :

On December 16th last, Miss. R., aged nineteen, was taken ill while at church. I was called in. Found the patient suffering severely, both hands pressing the chest over the heart, and complaining of her inability to breath. Her countenance wore an anxious and pallid expression, but was warm to the hand. The sharp pain at the heart caused a writhing movement of the body. The pain was spasmodic. Pulse normal except when spasms were on, then accelerated to 100 to 150. Had her conveyed to her residence, and administered remedies that relieved.

Dec. 17.—Called at 5 P. M., found her suffering from "heart-pang" and severe headache. Same remedies relieved.

Dec. 18-19.—Passed the days comfortably.

Dec. 20.—Did not call, learned that she had another severe attack through the day. Remedies prescribed relieved.

Dec. 21.—Called at 11 A. M., found patient sitting up, and apparently very comfortable. Half an hour later and while there, she was seized

with a severe attack, the most severe of any, the "heart-pangs" producing heavy groans. Countenance pallid but warm. Chattering of the teeth at times, as if a chill was passing over the body. Headache in the supra-orbital region with dilated pupils as before. No intolerance to light.

Found at this time as I had every time before, the moment I pressed the radial pulse under my finger, that it produced a "heart pang" and the patient would cry out. Found the same produced by placing finger on any artery. Patient complained that it hurt her as bad, as if a bullet had gone through her heart.

I made the following diagnosis: First, that it is angina pectoris, without any co-existing disease of the heart, as the paroxysms seem to lack those symptoms, which are produced by cardiac lesion; second, that it is a diseased or impaired condition of the deep cardiac plexus of the sympathetic; this is shown by the impaired condition of the vaso-motor system, as seen in touching of pulse, etc. I may farther state, that after the paroxysms have passed patient complains of pain in right hypochondriac region, beneath shoulder blade, and lumbar region of the back. Am unable to state causation of disease but am of the opinion it stands in some way connected with the uterus. Paroxysms have continued since the above date, one and two a week.

I would like advice in this case, as I have never seen a similar one.

W. E. COQUILLETTE.

WHAT IS IT?

Hay fever, spasmodic catarrh, or what do you call it?

Patient sixty years of age, general health good, medium height and size, nervous and bilious temperament, has been afflicted annually for the last twenty-three years, nearly always from the first of November, until warm weather in the spring, with frequent sneezing, a dozen times in quick succession occasionally coming on suddenly, feeling perfectly well at the time he commences to sneeze, the nose becoming *instantly*, so completely obstructed that it is impossible to get air through it either way, for days and sometimes weeks, with a profuse discharge from each nostril of acrid thin excoriating mucous, that renders it necessary to wipe it constantly with loss of smell and loss of taste, with constant ringing hissing of both ears. Usually attended with much difficulty in swallowing food, so much so, that frequent choking takes place notwithstanding all his precautions. Great pressure all through the head and face, all the time, which, much of the time amounts to a very painful tightness, with obtusion of the mental faculties. The nose being so perfectly closed, that treating by the mouth is rendered compulsory, even while eating, the mouth must be kept open. The symptoms are very changable, may all pass off in one hour, be perfectly well for one hour, or a day, or week, when the whole trouble may return and in an hour be as bad as ever; and nearly always commences by sneezing. No amount of caution seems to

avail any thing, just as likely to come on while sitting by the fire, or while comfortable in bed, as out of doors, or even in the rain.

The trouble is migratory, it is often translated to the prostrate gland, urethra and neck of the bladder, giving rise to violent strangury; again producing sciatica, or lumbago, or spinal neuralgia, to be followed after an indefinite period by the nasal symptoms. He has never been effected with gonorrhœa or syphilis. He is ordinarily a light sleeper, but when thus affected sleeps very heavily.

Treatment does not avail much; he has had Homœopathic treatment from at least a dozen physicians, and nearly all succeeded in palliating but no one in curing. Of course a large number of remedies have been tried, but those that have been most beneficial are the antipsorics.

Please give us the nosology, the pathology, and therapeutics of this hydra-headed something, that, although not very dangerous, is exceedingly uncomfortable. Patient usually has no trouble on his lungs, the throat is seldom sore, although he is at times hoarse and occasionally is affected with a dry, spasmodic cough, is a hard worker mentally and physically, and has an enduring faith in the law of similars.

CENTRALIA, Ill.

J. A. WAKEMAN.

[Climacteric, see *Cyclamen*.—ED.]

OBSERVATIONS ON THE THERAPUTICS OF (TYPHOID) TYPHUS FEVER.

FROM WURMB UND CASPAR'S KLINISCHE STUDIEN—TRANSLATED
BY A. MCNEIL, M. D., NEW ALBANY, INDIANA.

[Concluded from page 121.]

HYOSCYAMUS INDICATIONS IN Sopor.

Hyoscyamus stands in a certain degree in opposition to *Opium*. It appears in its primary action not only to depress the nerve-life, but also by virtue of its relation to the sensorium to depress the intellectual activity, so that certain portions necessary to the formation of ideas are wanting, therefore only onesided or obscure conceptions can be acquired, which again mislead and cause incorrect ideas. The more this opposing influence increases, the more confusion is produced in the mental functions, so much the quicker it leads to entire loss of consciousness.

In accordance with our views we believe *Hyos.* must be prescribed when torpor is manifest in the entire organism; the patient has a stupid, staring expression; when the delirium is either wanting or if present consists of a confused medley of different images, and the perceptive powers, even in the mild intervals, are so depressed that the patient perceives the impression, but does not know how to communicate it.

HEMORRHAGES OCCUR VERY OFTEN

in typhus. If they appear at the beginning of the disease they are generally harmless, and even beneficial; as for example, bleeding from the nose. The later they appear the more dangerous they are, for it is so much the more probable that there is an extensive decomposition of the blood, or a lesion existing, or both together. If this is the case the typhus was usually even before the appearance of the hemorrhage, of such a character that *Arsenic* or *Carbo veg.* was required; if it were not so before it usually takes on such a character with the hemorrhage that another remedy can scarcely be prescribed and therefore it can scarcely be spoken of as a symptomatic treatment. If the presence of imbibition, siccations, or hypostasis be established, and if these must be ascribed to hemorrhage, then *Arnica* will probably demand the preference of all other remedies.

THE DIAGNOSIS OF PERFORATION

is uncertain. In one case we correctly diagnosed it, as was shown by a postmortem. In another, where we had expected it, on account of the violent peritoneal pains, dissection revealed to us that there was not the least tendency to perforation present. Two typhus patients, in whom we had proved perforation, were discharged cured. Whether or not perforation was in progress in these two cases? Whether the remedy we employed, viz: *Bryonia*, did anything? Whether it is in the power of art to prevent perforation? These and similar questions can only be answered when a positive diagnosis is possible.

A URINARY SEQUELÆ.

In women occurred many times at the beginning of convalescence, burning on urinating, urgency to urinate and tenesmus vesicæ; these annoying symptoms often continued a long time. *Pulsatilla* removed these symptoms in some cases very rapidly, in other cases it did no good, so we were required to administer *Cantharides*, which quickly relieved.

PAROTITIS

only appeared twice. We gave *Mercurius sol.* because there was no violent inflammation present, but only a progressive infiltration, with moderate local attacks of irritation. Both ended favorably.

PNEUMONIC INFILTRATION

is considered one of the most dangerous phenomena of typhus, because it still more depresses the constitution of the blood, which is already seriously affected. We have no great fear of it—and in fact not because the most of our cases of this kind ended favorably, but because we are of the opinion that typhus, as a rule, runs so much the less malignantly, the more it is localized. On these grounds therefore we have not easily been induced to make a new choice of a remedy on the appearance of pneumonia, but unless some pressing demand required it; remained true to the treatment which the general disease indicated,

We believe this is more particularly the case in the typhus in which *Phos.* or *Arsenic* is the indicated remedy because these pneumonias arising from a typhus crisis are controlled by these remedies which stand in such near relation to the lungs. If to these remedies the removal of such pneumonias may not be confidently trusted because they are so severe, and the remaining typhus phenomena are pressed into the background, then the preference in the most of the cases will be due to *Phosphorous*, because it acts so characteristically and decidedly on the lung tissue, but also because it may produce a condition which in many respects agrees with the typhus crisis.

In the typhus which corresponds to *Pho. acid.* or *Carbo. veg.* the further use of these remedies on the appearance of pneumonia is only admissible when the infiltration is predominantly hypostatic, and if a high degree of typhus is present. In pneumonias which occur in such cases of typhus *Phos.* is not indicated. We allow ourselves however to call attention to *Arnica* in such cases, for its action causes torpor of the capillary system, and in consequence infiltration in the parenchyma and the never failing decomposition of the blood in a high degree, does not also *Tartar emetic* many times deserve consideration? From a physiological stand point this question appears to be answered affirmatively.

IF THE DIARRHŒA CONTINUES

although the other typhus symptoms have entirely or in a great measure disappeared, or if it reappears during the convalescence, if it absolutely resists the Homœopathically administered remedies; and the patient emaciates more and more, we will seldom err if we suspect ulceration of the intestines (intestinal phthisis), and consequently make an unfavorable prognosis. If there is a remedy which may exceptionally accomplish anything in this condition, it is *Arsenic*. We believe that in only one case can we ascribe a cure to it.

IF AN EXTREME SINKING OF STRENGTH

continues to progress, although the typhus process is extinguished, the administration of *Carbo. veg.* or *China*, etc. is required *Carbo. veg.* is indicated when the weakness is general, while *China* is required when the debility is accompanied by a certain over-irritability. Such patients often have good appetites but the stomach will bear nothing; there occurs after the use of the most innocent food nausea, diarrhœa and even vomiting. (Against this symptom we can recommend *Kreosotum* against this condition from our own experience.) The patients are usually impatient and irritable, frequently complain of light febrile movements every evening.

DURING CONVALESCENCE, FOOD, NOT MEDICINE.

If the typhus process is ended, and the convalescence begun, the restoration of strength and tissue must be left to a suitable diet; nothing must be expected from medicine during this period. The patient needs nothing but nourishing food, for rigid diet lengthens the conva-

lescence. A moderate stimulation by the use of wine and beer is now well tolerated, and is particularly indicated when torpor had existed. In such cases even a mild diarrhoea does not forbid the use of animal food and wine; in fact the diarrhoea will usually be removed the best by them, because it is a condition of debility of the intestines and entire organism which lies at the foundation.

ALCOHOLIC MEDICATION.

BY J. J. GRIFFITH, M. D., PHILADELPHIA, PA.

It is taught in all the medical works that treat upon *Alcohol* that it is a poison; that it is fearfully destructive to the physical organization; that when taken into the system it has repeatedly and rapidly killed man, beast and reptile. Yet, with all the clinical experience of its destructive effects upon man during so many years, we still find the medical profession clothing it in garments of spotless purity, and insist upon it being introduced and accepted as a suitable guest in the sick chambers.

We once heard a gentleman make this proposition when reading an essay on *Alcoholic medication*: as *Aconite*, *Belladonna*, *Arsenicum* and *Nux Vomica* are drugs that are very poisonous, and that too in very small quantities, and because they are so, should we as judicious physicians be deterred from their use as remedial agents? And as we use these drugs in our practice, why need we fear or hesitate in giving *Alcohol*, even if it is such a destructive agent? This proposition seems clear and conclusive, that, if *Aconite*, *Belladonna*, *Arsenicum* and *Nux Vomica* has killed untold thousands, and are capable of forming an appetite for them, while being used during a term of sickness, that destroys them in family, body and estate, after the term of sickness has passed, it is not only unwise, but the parties who administered them should be held and treated as criminals.

If the Homœopathic profession will dilute and potentize wine, brandy, whiskey, gin, lagerbeer, etc., as they do *Aconite*, *Belladonna*, *Nux Vomica*, etc., then this terrible and destructive stimulation will not be laid to their charge. But instead of potentizing them we find that they are given in their adulterated and crude form in large and repeated doses, at that stage of disease when the system is broken down, and laboring under the depressed condition of retained effete poisonous matter, with as much freedom, or even greater than the food that is necessary to sustain this fearful drain that is being made upon them by disease.

Some Physicians believe, or say they do, that *Alcohol* takes the place of food in disease; others, high in the profession tell us that it gives strength to the weak, (where does it get it from), kindles anew the flickering spark of life, and restores them to their friends, who otherwise would have sank into an untimely grave. If such doctrines are

taught in our colleges, and received as medical gospel that this agent is a sovereign remedy in disease, and one of its first attributes that it possesses that it will prevent sickness, and warm those who are cold, cool those who are too hot, impart strength to the weak, enliven the dull, calm the restless, brighten the imagination, enliven the fancy, invigorate the body, and give strength to the intellect. With such a gospel sweeping through the land, put into practice in every town and city by almost every medical practitioner, should there be any surprise that such a fearful crop of drunkenness and crime have to be recorded every year.

If *Alcohol* be what the doctors teach, and the most of them practice, what palpable inconsistency to talk about its evil effects, or to organize societies to warn the people against its use. In all ages and in all countries the medical man has controlled the minds of his people in relation to his safety or his danger of all their articles of food or medicine. The profession is spread over every part of the civilized world; its members are welcome visitors in every family; their teachings are accepted as medical truth, received in the fullness of faith, and acted out on the principle that self-preservation is the first law of nature. The mass of the people, with this degree of faith in their physician, which is only equaled by their ignorance of the laws of life and health, accept this verdict of the medical profession, and act accordingly. And what is the result? Why, simply that the greater portion of the liquor drunk throughout the country is taken down ostensibly for medicinal purposes. And under this popular pretext, and nobody who believes in *Alcoholic* virtue has any scruples about using it as often as inclination may dictate. And why should there be any scruples in the matter? If *Alcohol* is necessary for persons dangerously ill, and good for those moderately so, and strengthening to those who are slightly debilitated, and refreshing to those who are physically out of tune, on general principles that's enough. These classes comprise about ninety-nine-one-hundredths of the people, and if they all use liquor habitually as under this delusive notion, they — not may, but should — not wonder that the use of ardent spirits is well nigh universal. Search the land over and you can hardly find one person in a hundred who is all the time in the enjoyment of perfect health. At least ninety-nine in every hundred are more or less diseased, or out of health, or debilitated, or physically weak, or in a condition to be benefitted by the use of alcoholic liquors — according to the popular theory. Then why should not people use stimulating liquors habitually? They do, and they will so long as alcoholic medication is the prevailing practice of the medical profession.

In the *Science of Health* for November, 1874, on page 169, Dr. Trall uses this pointed language: "If *Alcohol* is useful as a medicine, it is teetotal nonsense to rail against it as a beverage. A majority of persons are sick, worried, overworked, debilitated, or in some manner devitalized; and if *Alcohol* be a vitalizer, as [some of ED.] the medical profession pretends, let the people have it. It should be free as food, water, or atmosphere; and there is no reason why the invalid should

pay the doctor a fee for prescribing it, when he can get it of the rum-seller without paying a fee. But why does the medical profession make this desperate struggle to sustain alcoholic medication? Is it because it regards *Alcohol* as really indispensable in any case? Never. The profession cares nothing for *Alcohol* per se. It has many other stimulants, and abundant substitutes for all possible medicinal purposes. It confesses that vastly more evil than good results from its administration as a medicine. Then why not abandon it entirely and thereby confer an inestimable boon on humanity?"

"Scientific experiments and investigations have repeatedly demonstrated that *Alcohol*, whether swallowed ostensibly as a medicine or as a beverage, cannot be assimilated nor used in any manner for the benefit of the system or any organ thereof. It is *Alcohol* when swallowed, it never becomes anything else while in the system, and it is thrown off entirely unchanged. It has no action whatever, but is simply acted against by the various organs of the body, and expelled sooner or later without doing a particle of good, but more or less harm. *Alcohol* is neither respirable, oxidizable, digestible, nor in any manner usable in the organic economy. The body can make out of it neither bone, sinew, muscle, flesh, nor blood [Anstie and Dupre's experiments have not been sustained]." And if this be a fact, and it seems as though any person of average intelligence who will examine the matter must so decide, and should we in the face of so many years' experience as to its poisonous nature, follow the teachings of this medical gospel and administer *Alcohol* in dangerous cases of disease? As for me. I answer, No.

ON MALIGNANT DIPHTHERIA.

BY C. PEARSON, M. D., WASHINGTON, D. C. A SYNOPSIS OF A LECTURE DELIVERED BEFORE THE CLASS OF THE HOMŒOPATHIC HOSPITAL COLLEGE, CLEVELAND.

This is one of the most dangerous of all infantile diseases, and it would afford me much pleasure could I point out some specific upon which you might always rely, but I frankly confess I know of no such remedy. Do not, however, understand me to say that it is incurable, for in a majority of cases you may be able to control it, and you be so fortunate as to meet in succession some half-dozen or more of these manageable cases do not flatter yourselves that you are wholly master of the situation, for the time will come when your patients will die in spite of all your efforts to save them. I know you will find in our books statements like the following:

'We have treated more than two hundred cases, including many of a malignant type, and our loss has not been one per cent. The two

great remedies are *Kali bich.* and *Merc. hydriod.* The 1st trituration of both drugs should be employed, the first in water so as to tinge it yellow, and the other dry on the tongue. These medicines repeated in alternation every hour will suffice to cure nearly every case." Don't be deceived by such statements. The physician who wrote that would, perhaps, to-day, after a lapse of ten years, tell you himself it was not true. I have known three and four children die in the same family, and that where these remedies were used as he directed above.

Diphtheria is not wholly a disease of modern date. It has been described by medical writers under different names for the last century, some, in fact, asserting that it may be traced back to the days of Homer. A disease very similar, if not identical, is said to have prevailed in Spain nearly three hundred years ago. It was unknown in England in the 17th century, or at least I infer so as Sydenham says nothing about it. But only within the past fifteen years has it elicited so much attention. Some writers describe three or four forms of it, and give different names according to its locality. Like most other acute diseases it assumes a much more malignant type during some epidemics than others, and we may find mild and severe cases in the same family, and at the same time. In tracheal diphtheria, membranes often form the same as in croup, and from the same causes; and like that disease also they rarely form so as to give us much trouble, if at all, in children of dark complexion. On the contrary, if the patient be from three to twelve years of age, with rather a scrofulous diathesis, large glands, fair complexion, light hair and eyes, with a soft, yielding disposition, and particularly if it be a girl, we may reasonably infer the case will be serious.

There is very little evidence to justify the conclusion that the disease is contagious, though the fœtor from the breath in a bad case may so impregnate the atmosphere inhaled by others as to hasten its development where the predisposition to contract it exists, but in no other sense can it well be considered contagious. If we can rightfully speak of anything as being a blood disease, diphtheria and membranous croup should undoubtedly be classed in that category; and hence *Sulphur* should never be lost sight of in their treatment. In addition to this, *Lachesis* and *Lycopodium*, all at the 200th, are the most reliable remedies in the materia medica so far as we know at present.

When called to prescribe for a child of the temperament I have described, and you find it dull and stupid though not making any great complaint, the fauces, so far as you can see, are red, inflamed, and covered all over, as well as the tonsils, which are not unusually enlarged, with small ulcers not much larger than a pin's head, voice husky, cough dry and croupy, and if these symptoms have existed for forty-eight hours, gradually increasing, the probabilities are the case will prove to be exceedingly obstinate, and will continue to progress in defiance of all your efforts. Membranes are very likely forming low down in the trachea, in consequence of which the breathing becomes more difficult. As the blood receives less oxygen the face assumes a leaden hue; the lips become purple; the nails blue; the patient

becomes more and more stupid, and when aroused looks wild ; eagerly and hurriedly swallows water when offered it ; then pushes the tumbler away or strikes at it ; tries to scream, but the voice is gone, or can only be heard in a whisper ; and at this stage it often gasps but never sneezes. Believing that sneezing is to the lungs what vomiting is to the stomach, I have resorted to almost every means to induce it, even to giving snuff, hoping in that way to rupture the membranes, but have never succeeded in a single instance. And here you will often meet with a symptom not mentioned so far as I know by any writer on this disease, and the cause of which I am not fully able to explain : if the little patient be conscious, and it usually is to the very last, if asked where it is sick, where it hurts, etc., it will place its hands on its bowels, though there be no diarrhoea or other disturbance there that can be detected. There is also frequent and noisy eructations of gas or wind from the stomach, which seems to afford temporary relief. Is the pain caused from its accumulation ? If so, does the child swallow it, or how does it get there ? The pain is not located in the stomach, but in the bowels, and beside this very little complaint is made. The pulse will be found to be various, sometimes weak and quick, but more frequently slow and intermittent, and this is the only disease I have had any knowledge of where its condition seems to be unimportant. The extremities now become cold, there is strong action of the diaphragm, a cold, clammy, sickly-smelling perspiration breaks out on the face, and the breathing grows shorter until it ceases entirely.

The best prescription for such a case, unless there is something to contra indicate it, is *Sulphur* 200, repeated every hour or more, according to the severity of the symptoms. If no change is perceptible in twenty-four hours, *Lachesis* 200 should be given in the same way. This is the most malignant form the disease ever assumes, and if these two remedies are ineffectual I know of nothing that would relieve. Next in severity is where the glandular system seems more involved than the mucous membranes ; and here the extent of the swelling and ulceration indicate the degree of danger. Should the left side be more affected, *Sulph.* or *Lach.* would still be two of the most important medicines, or *Lycop.* where the right tonsil was mostly implicated.

The different preparations of *Merc.*, *Kali bich.*, *Chloride of lime*, and many other drugs have their advocates. I have seen most of these tried, both low and high, and while they will often succeed in a mild attack I have never known them to cure such a case as I have described. Besides, where they are homœopathically indicated and given as low and repeated as frequently as physicians sometimes advise, the case often becomes more complicated and serious ; for if we prescribe drugs so as to produce their primary effects they should be antipathically selected ; then if the symptoms are suppressed Allopathy is entitled to the credit. If the case dies, it and the physician must be responsible, and not Homœopathy, which we greatly fear has been too often condemned by this circumstantial evidence. When will physicians learn to practice it in its purity ?

SIZE AND REPETITION OF DOSE.

BY W. J. HAWKES, M. D., CHICAGO.

Read before the Illinois Homeopathic Medical Association.

I desire to make a few remarks upon the size and repetition of the dose. I do so with a view rather to throw oil upon the troubled waters, than to stir up the strife.

I will also present a few cases from practice in illustration of my views upon these subjects. And I want to say in the beginning that I think our most useful papers are those which relate, with the most fidelity and intelligence, interesting cases from practice. We are delighted with the theories of individuals, without a single practical illustration.

THE POTENCY.

We all rail at the intolerance of the old school toward ourselves; and feel sore over their ridicule of our infinitesimal doses. Both "high" and "low" potency advocates (so called), agree in this; and wonder at their injustice and prejudice. We are horror-stricken at their poisonous doses, and wonder that so many recover from their hands as do. We blame them for what we consider their criminal negligence in not more conscientiously and thoroughly testing our more scientific, rational, and humane system of treatment. In short, we accuse them of prejudice, intolerance, injustice, while we are continually, in almost every journal, and meeting of physicians, treating each other in a manner as unjust, prejudiced, and intolerant, as we complain of their treating us. Let us consult an oculist for "beam in the eye," and then proceed to view the matter with clearer vision.

During the short time I have been present at this meeting there have been two distinct flings made at high potencies and single doses, implying, at least, ridicule of those advocating and practicing upon these ideas.

In view of the wonderful developments of modern science, I submit that he treads upon dangerous ground who takes upon himself to arbitrarily fix the point at which he can say of matter—any given substance—"it ends there," or, "it is not here." The most powerful and delicate appliances of the most profound scientists have so far failed to discover the ultimate atom; or the point beyond which matter can be no further subdivided. But matter will have its legitimate action, however finely subdivided. It is only the surface atoms of a particle of matter which act, and the more finely we subdivide matter the more acting surface we expose. Who can say, then, that our higher preparations—6th, 12th, 30th and 200th—do not contain active particles of the drug from which they were dynamized? Who can safely cast a slur or a sneer for that alone at the otherwise intelligent and conscientious practitioner, student and author? But such has been and still is the common practice of "low dilutionists" so-called. They call the old school intolerant because it cannot take the great stride from

twenty grains of the crude drug to one grain of the 6th potency of a Homeopathic preparation, while they themselves halt at the much shorter step from the 6th to the 30th! "Consistency, thou art a jewel!"

An emotion kills; another cures; a mild current of electricity, of which the patient is unconscious, relieves his pain and cures his disease; either of these is infinitely less, materially, than our higher preparations. But they are not ridiculed. They are inappreciable; they have no visible height, breadth nor thickness; they are high potencies. But they produce their effect upon the nervous system — that wonderful system, which, though matter, sees, hears, feels, enjoys, sorrows, loves, REASONS. It needs no sledge-hammer blow to impress the nervous system; and whatever impresses the nervous system makes well or ill. Every emotion, from the least to the greatest, causes changes in the relations of the cells of the brain and nerve centres, for good or ill; and diseased conditions of the body come and go, though the nervous system are contracted and cured by changes of its functions. And in view of these facts it seems strange that the same speaker should, in the same essay on this floor, acknowledge and laud the influence of the emotions upon the recovery of the sick, and deny the power of even our most highly dynamized remedies.

The same charge of intolerance is also true of the limited number who confine themselves exclusively to the extremely high potencies. They are, however, much fewer in number, and with one or two exceptions, less aggressive and outspoken in their condemnation of those who differ from them. There is a better middle ground, upon which stand the more reasonable, tolerant and safe practitioners; and that is, that there is good in both high and low. That is at least my experience, confirmed again and again, after careful experiment, without prejudice. When I left the Philadelphia college, where all the teachers were "high potency men," I was exclusively in favor of the high dilutions, and I began practice accordingly. *Experience* taught me that there were cases which the high would cure when the low failed, and *vice versa*. Experience, I say, convinced me beyond a doubt of this fact, so that I never now prescribe for a serious case without using both high and low. Two cases occurring within a week of each other will serve to illustrate this point, as they served to open my eyes: The first was the case of a man who had sprained his leg in the harvest field. When he presented himself to me he had exhausted the domestic and old school remedies. I found a swelling about the size of half an ordinary orange just below the knee-cap at the head of the tibia. He was very lame, worse during rest, at night, before a storm, etc.— a complete *Rhus*. case. I prescribed *Rhus*. 30. In five days he reported no swelling and no pain to speak of. He got but one prescription. He sent another man, who had been hurt in the same field, he had sprained his ankle. The symptoms in this case were precisely the same as in the other; it was, however, of more recent occurrence, and was located at the ankle instead of the knee; but still a clear *Rhus*. case. I gave him the same as I gave the other, with the utmost confidence to myself and assurance to the patient, that it would cure him in a week. He

came to me again at the end of that time, no better. I was so sure of the remedy that I gave him the 3d of the same. He reported in a week that "the last medicine acted like a charm," and that in a few hours after beginning to take it he had experienced decided relief, which continued till it was complete and permanent.

During my first years practice, which was in Delaware, near the bay shore, where fever and ague was a constant and impartial visitor every fall, I was most thoroughly convinced of the power of *Natr. mur.* in the 30th and higher potencies. The only Homœopath in the place besides myself had been using *Quinine* just as the Old School did, and with about the same result. This fact furnished a good handle for the opponents of our school, and they used it freely against us. I, like all young beginners, was confident and enthusiastic, and read up on ague. My first case called clearly for *Natr. mur.* Chill about 9 to 10 A. M. every other day, with that terrible headache, etc. I gave the 30th, with considerable concern. The patient reported at the end of a week, that he had had a slight chill on the next "chill day," and that was the last. I had given him but three or four doses, followed by blanks. This was about the history of four-fifths of all the cases which came under my hands that season. The odd cases being met by *China*, *Bry.*, *Lachesis*, *Ars.* and *Nux.* A significant fact in this connection is that the very next fall *Natr. m.* wasn't called for once in six cases. I tried it in cases where it wasn't particularly indicated, on the strength of what it had done the previous fall, but it had no effect whatever, only when its characteristic symptoms appeared. I filled that bottle of *Natr. mur.* 30, probably a dozen times that season, and it acted as well at last as at first, so that no matter what potency may have been in it at first, it certainly had at least the 20th at the last.

REPETITION.

In regard to the repetition of the dose, I have to say that the first impression of the remedy is the best. Just what a dose is may be a question. Some dissolve an ordinary dose of the pellets in a glass of water and call a tablespoonful of the solution a dose; while others call the whole glassfull a dose. Now I consider a dose that which will make an impression, a perceptible impression, on the system. With this definition of the dose, I am thoroughly convinced and satisfied that it is better not to repeat it as long as improvement continues. It isn't the medicine which restores to health. Nature does that. The function of the medicine, as I understand it, is simply to correct the morbid condition of the centers of the nerves controlling the diseased part—to set nature on her feet, as it were, and she will remove the local results of the diseased action. It is one of the greatest mistakes of our Old School brethren that the quantity of the drug must be in proportion to the severity of the disease. This position is only tenable on the ground that medicine has nourishing properties. Medicine, as such, has no such property. If, then, the sphere of action of medicine is simply to correct a morbid impression upon the nerve centers, thereby setting nature on the track, so to speak, why should we con-

tinue to administer the remedy after we have had evidence, by improvement, that nature's forces are working in the right direction ?

Another case or two and I have done. A widow of thirty-five, with a child ten years old, consulted me about a terrible dysmenorrhœa, with which she had been afflicted from her first menstruation. She said she had never had an easy or natural menstruation ; that she suffered intensely during a whole week, so that she has spent almost whole nights with her hands locked over her knees, rocking too and fro in agony. The characteristic indication, which stood out so prominently and I could not disregard, was a continual and urgent desire to go to stool at the menstrual period. I prescribed *Nux vom.* 200, with instructions to report the week following her next menstrual period. The report was that she *thought* she felt a *little* better, but was not sure. I became impatient, and prescribed *Nux* 3d, with instructions as before. In two weeks she returned very much discouraged, saying something had occurred after taking the last medicine, that she had never before experienced, viz : that she had all the urging to stool and unpleasant symptoms usually accompanying the menses in the middle of the month ; and thought she must consequently be getting worse. Of course, it was a clear aggravation, and I gave her some of the 200, and assured her she would be better rather than worse. She returned in two weeks, happy and smiling, saying she had had her first painless menstruation, it lasting only four days, and leaving her without the usual prostration, which had formerly rendered her unfit for the duties of life for three weeks of each month. She remained well for seven months, after which I lost sight of her. Now this abnormal condition had existed through a period of about twenty years, during which she had tried every physician of note in the city (Boston), showing how long a derangement of function may exist without producing organic change.

A case of recent occurrence in this city will, I think, be of some interest. A young man of twenty-seven consulted me in regard to an aguish condition which had afflicted him six years. Two of our prominent Homœopaths who confessedly uses only the lower dilutions, had had him in charge at intervals during that time, without other than temporary relief. He would have fever and ague every little while. I found *Natr. m.* plainly indicated, and gave him a few doses of the 30th and 200—about January 1st, 1875, and until the present time he has had no sign of the return of the chills ; and is rid of many very unpleasant symptoms, generally accompanying such conditions. He is perfectly well, and has since been married.

There are a number of our best remedies from which I have never been able to get any action in anything lower than the 30th. Such are *Lachesis*, *Lycop.*, *Stannum*, etc. And I do not remember seeing these remedies prescribed in cases reported by confessed low dilutionists. In my experience, there are few more powerful or beautifully acting remedies than *Lachesis* and *Lycop.* in the 30th and higher.

I would, in conclusion, say a word in regard to the value of *Sulphur* in pneumonia. It has been my fortune, or misfortune to have

had three cases within two weeks, one of which proved fatal, being of a typhoid type. All three began in the same way, viz: vertex and temporal headache; great pain in the region of the heart, through to the back; pain in the small of the back, high colored urine, short and painful breathing, high fever, pulse 120 to 135, furred, white tongue, *great thirst*, longing for acids, great pain on least motion, etc. To the first case I gave *Acon.* and *Bry.* 3d and 30. But I could see no improvement the first three days. At that time I was called to the second case, equally bad, but with a more marked vertex headache, and cold feet, although both had the cold feet. My first prescription to the second case was *Sulph.* 3d and 30; and the effect was almost immediate. I had been called at 9 P. M., and the case seemed so bad I determined to stop a while and watch the action of the medicine. At eleven o'clock she was almost entirely relieved of the intense pain around the heart, and the terrible headache, so that she said she was ready to go to sleep. She did sleep some in the night, and wanted gruel in the morning. She recovered nicely. The next morning I prescribed *Sulph.* for my first case, which had been very sick then for three days, and the great pain was perceptibly reduced in a few hours; but the disease had got beyond my control, and the patient died on the seventh day.

The third case was in all respects like the other two in its inception; I prescribed *Sulph.* as before, with the most prompt and gratifying results, and the patient made a good and speedy recovery. Now whether an earlier exhibition of the *Sulph.* in the fatal case would have had the effect of saving it, I am not prepared to say. But I have been sorry ever since that I did not give it. There was no mistaking the action of the *Sulphur* in every case.

TREATMENT OF HAY FEVER.

Relapses of hay fever will happen quite as easy as a fellow may break his leg twice. But I challenge a fair trial of my treatment and every one will be convinced of the quickness and thoroughness of the cure. Young men come frequently to my office for "hay fever powders." The disease, if properly treated, lasts about ten to fourteen days, if taken in an advanced state longer. The greatest fault lies (especially in this annoying disease) with the haste of the physician, remedies given too low, too often, in alternation, besides a hundred different other remedies. I give *Arum mac.* 30 in solution or in powders every two hours till the mouth and throat troubles get less, and the eyes get lachrymose when I give *Euphorbin officinale* 30. For gargles cold water. For the eyes, wet compresses moistened by a weak watery distillation of semen feniculi. These are my outward remedies. It is true sometimes you need intercurrent remedies, especially if you get a patient out of the hands of the Allopaths.

NEW ALBANY, Ind.

TH. MEURER.

THE PROFESSION VIEWED PHYSIOLOGICALLY, PATHOLOGICALLY AND THERAPEUTICALLY.

VALEDICTORY ADDRESS BY A. G. BEEBE, A. M., M. D., PROFESSOR OF DERMIC AND ORTHOPÆDIC SURGERY IN HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

Heretofore you have been unappropriated molecules in the general nutritive currents of society. Your course has been diverted in a particular direction by the force of circumstances, you have felt the influence of vital attraction and this evening, in obedience to the force of *elective* affinity, we behold you fully assimilated and become constituent corpuscles of an organic portion of the body politic—the Medical Profession.

Upon entering this new phase of your existence, you naturally pause to examine again and more minutely the nature and functions of this organism of which you have so lately become a part.

Since all attraction is mutual, we infer that you must have had the consciousness of those qualities within yourselves which responded to the demands of our vocation. Let us consider, then, what those influences were which could have diverted your course in this direction.

You could not have selected the practice of medicine as your vocation for life through a desire for luxurious ease, indolence or freedom from care. Nothing could have been farther from it.

It could not have been with the expectation of accumulating wealth, since it so rarely occurs that one in our profession realizes from it more than a respectable competence. Indeed, so far from entertaining this idea you have been actively engaged in converting what money you already had into capital of a far more stable and productive character; a capital not subject to the fluctuations of the markets nor depressed by financial crises; not liable to theft or defalcation; which constantly increases itself and still yields incalculable dividends; which may be used wholly for the benefit of mankind and still yield no less abundant profits to its possessor. In other words you have converted you greenbacks into brains and have locked them up in the vaults of the cranium, where you may enjoy your wealth with no fear of robbery or molestation.

Neither have you been impelled hither by ambition for fame or political preferment. The popular eye and ear are more readily reached through the press or the platform than at the bed side, the pen point or the sword inscribe the records on the tablets of History; while the road to office lies by the bar of the court room or saloon rather than by the side of the dissecting table.

To every mind of generous mould, conscious of the possession of intellectual powers and fully awake to the real objects of life all purely selfish ambitions seem ignoble and no pursuit seems worthy unless it demands the possession of all the intellectual and moral faculties, and constantly gives them exercise as well as tends toward their symmetrical development. These conditions are

fulfilled to a pre-eminent degree by the profession which you have selected. That intellectual ability and culture of a high order are absolutely essential to success in the medical profession there can be no question. Indeed there is no other profession in which this is so emphatically true as in this. No where is success more directly the result of, or more strictly commensurate with the degree in which these qualifications are possessed and employed.

Success, however, does not imply merely or chiefly an extended practice nor even popular applause, but rather the actual fulfilment of the highest requirements of our profession in such a manner as to command the respect and confidence of the most intelligent and discriminating portion of the public whether patrons or rivals. An idea has gained a certain kind of currency among ignorant and superficial people that ability and education are less essential in this than in the other learned professions — that they are almost superfluous — that almost any fellow who has imperfectly learned to read and write may become as good a doctor as the best of them. This idea is in part the result of a misconception of what constitutes success; in part of the pseudo success of ignorant and unprincipled persons whose sole qualifications are their lack of conscience and the ability to impose upon the credulity and ignorance of the masses; and in part of a total lack of comprehension of what it means to be a physician.

THE IDEAL OR PHYSIOLOGICAL PHYSICIAN.

The variety and comprehensiveness of the knowledge required for the proper discharge of the ordinary duties of a medical practice are unequalled in any other employment; while the accuracy of observation, the quickness of perception, clearness of logic, minuteness of memory and precision of judgment which should characterize the examination and treatment of even ordinary cases can only be attained by the most thorough mental development and discipline. It is impossible that any one should acquire eminence in medicine or surgery except by the possession of eminent abilities or culture.

Nor are these faculties allowed to slumber. Every day calls them all into active service. There is no such thing as routine to the conscientious practitioner of medicine — especially of Homœopathic medicine. Every new case, each patient, each visit presents a new problem for solution, new opportunities to trace effects back to their causes, to watch the progress of an ever varying train of events, to mould and direct them as far as human agencies can do so, and to forecast the future and outlive the shadows of coming events. In short it cannot be doubted that the physician's duties require and tend toward the symmetrical development of the mental faculties in a very high degree.

The moral qualifications which the physician should possess are of an equally exalted character. The intimate and confidential relationship which should exist between physician and patient, the sacredness of the trusts reposed in him, the scenes of suffering, affliction and poverty with which he must become familiar, the solemn responsi-

bilities which he must unceasingly assume and the profound mysteries of life and death which are his constant objects of study and contemplation, all demand the display and constantly require the exercise of all the moral attributes. Honor, integrity, truthfulness, candor, justice, charity, benevolence, patience and unselfishness should be his constant companions and must therefore develop through their constant exercise.

The fields for study and research embraced by the medical sciences can nowhere be surpassed either as to their allurements or rewards. Nothing could be more intensely interesting than the revelations of Anatomy, Chemistry, Physiology, Histology and Pathology to any enthusiastic student of nature; nothing more satisfactory than the practical results of patient labor in any department of medicine or surgery. The rootlets of his tree of knowledge ramify through every fertile soil, absorb nutrition from every source of practical information; its branches are swept by every breeze of human interest and laden with fruits rich with the nutriment of human life.

In the respect and affection which are naturally its due, the medical profession stands second to none and is unrivalled by any except the Christian ministry. If endowed with the attributes already mentioned the physician would naturally command the respect of all men whose admiration would be desirable. In addition to this he should and will receive the gratitude and affection of those for whose benefit he has labored. He is the friend to whom all fly in affliction, his the most welcome footstep to the ear of the pain wracked sufferer or anxious waiting mother; his cheering smile and words of encouragement soothe and refresh as no others can. His the calm judgment and sturdy wisdom on which all hopes cling in darkest hours of torturing suspense and fearful forebodings.

He is the first to warn of impending danger, and to proclaim the dawn of hope to the despairing. He rejoices with those who do rejoice and bows down in sympathy with those who weep.

“ We own that numbers join with care and skill,
A temperate judgment, a devoted will;
Men who suppress their feelings, but who feel
The painful symptoms they delight to heal!
Patient in all their trials, they sustain
The starts of passion, the reproach of pain;
With hearts affected, but with looks serene,
Intent they wait through all the solemn scene,
Glad if a hope should rise from nature's strife,
To aid their skill and save the lingering life;
But this must virtue's generous effort be,
And spring from nobler motives than a fee.
To the physician of the soul, and these,
Turn the distress'd for safety and for peace.”

What title, then is more honorable, more dignified, more worthy of respect than that of “ DOCTOR ? ”

The motives, also, by which the physician is actuated are of an exalted and generous type. His opportunities for amassing wealth or securing fame or exalted station being slight, he is not liable to the allurements of these baser ambitions, and is therefore left free to follow the leadings of more philanthropic impulses. He feels it a dis-

grace to boast of his own abilities or achievements. He labors for mankind, the fruits of his discovery or invention are the common property of his profession, his sole ambition is to excel in all that makes his calling honorable and honored.

This ambition however does not lack in inspiration to earnest effort. If the fame which is the legitimate fruit of distinguished professional achievements is not of a popular kind, it is the more satisfying as being the tribute of discriminating minds and oftentimes of professional rivals. It may not be so wide spread but is more enduring and genuine. The distinctions which have been won by members of our profession are quite as honorable, quite as desirable as those secured through the medium of politics or law or literature. You will not find these names on the pages of your histories, but they adorn the pages of your anatomies, physiologies, surgeries, and works on pathology and practice. They have labored and thought for the relief of the diseases of the human body and their names are inseparably associated with the organs or tissues or diseases they have described for the benefit of suffering humanity. There are minute membranes, nerves, vessels and orifices in this system of ours which bear the names of those who have studied them more indelibly impressed than if they had been monuments of granite; structures so minute as to be unseen by the unaided eye yet large enough to immortalize some earnest student more effectually than if they had been the very pyramids piled above their bones. While so much has been learned and done, more, much more remains for us to do. While our predecessors have tunnelled deep and reared noble piles, our temple of knowledge is still far from completion, the quarries of thought far from being exhausted. We take up the trowel and the drill where last they laid them down. We are to rear the glorious superstructure upon the enduring foundations their hands have laid. There is still abundant room for original research, and for discoveries quite as important and illustrious as any which have yet been recorded.

We will suppose, then, that these or something like these, were the considerations which induced you to select the profession of medicine as the one to which you could most willingly devote the labor of a life time. You have spent some years to qualify yourselves to perform the duties to devolve upon you. You have stood before one of its hundred gates and have knocked; you have been found worthy and were but just now bidden to enter. It is fitting that you should recall afresh to your minds these conceptions of the nobility and dignity of your chosen work; not for the purpose of vainglorious laudation of what we call "ours;" not because we can hope to gain respect by boasting of the respectability of our occupation. This would be not only idle but offensive to good taste. You know already that the conception we have outlined is an ideal sketch of what should be, not a faithful portrait of what is. While in the abstract the profession in its purity and perfection requires all these qualifications and offers all these inducements, few of its representatives fulfil these requirements and as a consequence few receive its rewards.

THE PROFESSION AS IT IS.

It must be confessed with sorrow that the words "physician," "doctor" have to a great degree lost their true significance; they do not convey to the minds of most persons the conception we have given. We need not seek far to find the reason for this decadence. To a large extent these reasons are subjective, they reside within the members of our fraternity. Men soon learn to judge us by what we *are* not by what we ought to be nor what we wish to seem. On the other hand some of these reasons lie outside of our profession and are but indirectly under our control.

In order that any term shall convey a definite meaning it must uniformly bear the same significance. This is not true of the word "doctor" even when applied to members of the medical profession who are graduates of medical colleges. A large majority of these correspond in no respect to our conception of a physician; a large number are unfit mentally and morally to mingle with educated or respectable people; many should be, as some are, recognized as criminals and inmates of penal institutions, while many more are merely tolerated by the better portion of the community. Yet all these are "doctors" and what wonder that the title has lost its dignity, been shorn of the honor which should naturally attach to it and has almost become a disgrace to those who have attempted to maintain its original *prestige*? Relatively few of those who enter this field have sufficient general education or mental culture to enable them to grasp the depth and breadth of the subjects with which they have to deal. They are inevitably, and will always continue to be, dwarfish rudiments of what they might have been had they not interrupted their development by prematurely undertaking the work of a man with the brain of a boy.

It is impossible ever to rear a complete and imposing superstructure without first having laid broad and stable foundations. Unless the intellect has been enlarged, invigorated and disciplined by a liberal general education and generous culture it can not be in a condition to receive a thorough medical education. If the ground work has been neglected no amount of subsequent labor can make amends. Each individual, therefore, who undertakes the study of medicine with insufficient preliminary training, does himself as well as his profession, an irreparable injury.

But even upon so unsound a basis, if the special or professional education were thorough and comprehensive, we might still command some respect. Unfortunately we have fallen upon that land and age in which medical education itself has degenerated into a mere caricature of what it should be and is in other lands. Our opportunities for acquiring knowledge are most abundant; indeed it may well be doubted if they are surpassed anywhere in the world. But while so many stand ready to seize every opportunity to smuggle themselves into the profession by the shortest, easiest, and least expensive route, regardless of the results either to themselves or others, our standard of qualification will be determined not so much by the amount of knowledge a student may obtain as by the amount of ignorance he may retain and still

receive his degree. Medical diplomas have so degenerated into an article of merchandise, on this side of the Atlantic at least, that the letters M. D., have but little significance, unless we also know where and under what circumstances the possessor came into their possession.

This subject of educational qualifications for the practice of medicine is one which most deeply interests every one of us. It is for our interest to see that the degree of Doctor of Medicine has some definite and appreciable value; that each diploma issued by our colleges is a certificate of actual fitness and ability to discharge the duties of our profession; that if quackery must exist, it shall, at least, not flourish under the protecting seal of our schools. This has been and is the most sincere wish of those whose names are attached to the diplomas you now hold. They have earnestly sought to perform thoroughly and conscientiously their duty as instructors and to secure the same thorough and faithful performance of yours as students; and now that these duties have ended, it may be confidently asserted without egotism or fear of refutation that, of the thousands of diplomas annually issuing from our colleges none (excepting those of Harvard University) certify to higher requirements or a more rigid enforcement of them, than these you have just received. You are to be congratulated that you, at least, may have the consciousness that the Latin words upon this bit of parchment are not simply a cunningly devised fable, although to others who are not able to discriminate, it may mean no more than any of the rest of them.

But ignorance is by no means the only influence tending to our debasement in the popular estimation. Carelessness may be productive of quite as frequent blunders as is ignorance, and when these two are associated the results are truly astonishing. There is a very general tendency in this direction. It may arise in some from the pressure and urgency of business and unwillingness to take sufficient time to do their work well. It may arise from indolence, it is so much easier to drop into routine prescribing, examining and diagnosing cases upon the run, simply by guessing. It may arise from the desire to impress people with the wonderful skill which can thus know diseases at sight and cure them perhaps by something akin to "second sight," as well as lead to the inference that only by such methods can such an astonishing amount of business be done as this same doctor is compelled to do. Ignorant people may be imposed upon a little while, but the intelligent and discerning will not put confidence in such practices. There is a very strong suspicion in the minds of people that there are many who, if they do not deliberately attempt to keep their patients sick, at least, do not make haste to get them well until their money and their patience are exhausted; that they make just as many visits as the patient will allow; that they will even advise serious operations which might have been avoided, merely for the experience or *eclat* and to increase their fees; in short, that they are only seeking their own pecuniary interests regardless of the results to their patients. If these things are not so they certainly have every appearance of being, and it

is not surprising that such practices should be viewed with distrust and abhorrence, very similar to what would be felt toward a clergyman who should take advantage of his position and the confidence of his flock to rob them of their property or corrupt their morals.

The numerous devices and tricks resorted to by persons in our profession to advertise themselves and gain notoriety have had their effect. In public or private, at home or abroad, in churches and places of public amusement, there are not wanting some to make themselves conspicuous. Boasting openly or covertly of the extent of their business or influence; securing "editorial" advertisements (written by themselves) in the daily papers, attracting attention by their horses, their clothing, or other appurtenances, and many similar conceits too well known to require special mention, but all savoring of clap-trap. These have not imposed upon persons of sense and judgment, but have only excited contempt for the lack of dignity and self respect which could allow members of a learned profession to stoop to such petty practices, as well as for the profession which would tolerate and even encourage them. The lack of rigid integrity, honesty, and candor, which is so often observed in the conduct of physicians, the deceits and prevarications employed to mislead their patrons or cover up their own mistakes and short-comings, and their fear to admit that they do not know everything, and that absolutely, have exhibited their weakness and want of principle, have taught people that even common honesty is not to be expected of doctors. It has often happened that the highest encomium which an enthusiastic friend could bestow upon a physician has been, "he will, at any rate, tell you just what he thinks about your case," as if that were the rarest of virtues.

Professional jealousy and backbiting; bad faith and unfairness in their intercourse with each other; prejudice and even bigotry of the worst type where differences of opinion are involved have all had their influence and have dragged down our good name from the position of honor it should occupy in the public esteem.

Upon the other hand, the ignorance and superstition of the masses, their eagerness after the marvellous, their credulity and lack of appreciation of genuine, unostentatious merit, have encouraged quackery and imposture to such an extent that many worthy and right minded men have become disgusted and discouraged by the apparent turning of the balance against them and have sold their birth-right for a mess of pottage.

To such an extent have medical men adopted the customs of the charlatan and so imperceptibly does our legitimate (?) practice shade off into quackery that the remainder of mankind have almost ceased all efforts to discriminate between them. Indeed there seems to be a large number, even of people of intelligence and wealth, who are carried away by every new humbug savoring of the supernatural or of the most impenetrable ignorance.

But this is by no means a pleasant subject to dwell upon. It is undoubtedly the surgeon's duty to expose every foul, corroding ulcer; probe every oozing sinus, and lay bare every hidden source of corrup-

tion in order that he may intelligently proceed to secure his patient's recovery, yet the process can never be an agreeable one to either party.

THE REMEDIES FOR THE DISEASE PROFESSIONAL.

We have glanced at the natural symmetry and beauty of our chosen profession, and at the nobility of its functions. We have examined the more virulent diseases and parasites which are sapping its vitality and defacing its comeliness. Let us now turn to the still more interesting consideration of the remedies for these distressing maladies. That effectual remedies do exist and are at our disposal there can be no doubt. The profession is and will be, essentially, what we — its members — make it, and we are what we make ourselves. Each one of us must, in the circle of his acquaintance, stand as a representative of his profession. He must inevitably dignify or degrade it, for even mediocrity is degradation. It is not enough that we should simply attempt to *appear* what we would have others think us. He who covers his nothingness with a hollow shell of pretence is constantly liable, like an empty barrel, to have his emptiness exposed by the thwack of a stick in the hands of any passing urchin, or like a paper balloon, to be collapsed by any accidental pin-thrust of criticism. He who would make himself a living lie must accept the lot of a common thief, must be unceasingly haunted by apprehension and anxiety, must shun the light and skulk about in the dark from place to place of concealment, a very rat trembling at the bark of every passing dog.

"His shallow artifice begets suspicion,
And, like a cobweb veil, but thinly shades
The face of his design."

"I find the fool when I behold the screen;
For 't is the wise man's interest to be seen."

Let us, then, *be* what we would *seem*. With nothing to conceal we shall have nothing to lose by intimate acquaintance or the minutest scrutiny. If we would be thought learned let us undertake to be so. Nothing but death or lack of energy can prevent it. The wealth of all the past is an open book, you have only to read. The range of all the sciences lies before you, you may explore wherever you will. No one of you imagines this is the conclusion of your studies. Far from it, it is only the beginning. The field is illimitable. It is time it were understood that every physician should study unceasingly. Have the courage to let it be known that you are still students and expect to be till the end of life. Ignorance is inexcusable except so far as it is unavoidable. We are morally responsible for what we might know, not alone for what we actually do. But when you have each discharged your duty to yourselves and to your patrons you have not fully done so to the profession or the public.

We are each responsible to a certain degree for the present low standard of medical education. Our medical colleges can not compel a more thorough and exhaustive curriculum until the profession

demand it and will sustain the effort. The public will not demand it until educated to do so by thoroughly qualified practitioners. Quackery can only be suppressed by lifting legitimate medicine out of and away from it so that even ignorant people may see the difference between the two, and realize on which side their interests lie.

It has been charged that the Homœopathic school is opposed to advancing the standard of education or to legislation looking in this direction. It is false. Homœopathy has never opposed legislation except when it was sought in the interests of a certain sect; has never failed to encourage and co-operate in all honest impartial efforts looking toward this much desired end. The standard of requirements in our colleges is quite as high or higher than in those of any other school as many of us can testify from experience; but we must not rest here. Our system of practice is vastly more laborious, requires far more thoroughness and time for its acquirement, and therefore we should lead the advance in this movement. While our college stands pledged to offer, year by year, broader facilities and demand more thorough scholarship, let her friends, and especially her Alumni to whom she looks for sympathy and support, see to it that these pledges are not rendered nugatory from want of their assistance.

A more perfect education, however, will not alone remedy all the evils we have pointed out.

We must demonstrate our title to moral as well as mental worth. Let us at least prove we have sufficient breadth and liberality of soul to be capable of honorable competition; that two physicians may live in the same county or even in the same town and still speak of each other without vilification.

You have no monopoly of the practice of your art in any territory, however limited; you have no title to patronage beyond what your merits will secure and retain and no one can fake that from you. You are not called upon to heap contempt and abuse upon the head of any person who may choose to enter the same field. Treat your opponents honorably, candidly. You will hear many reports which will make it appear you have cast your pearls before swine, they will hear quite as many concerning you, but reserve your judgment. No fair-minded man condemns another without an opportunity for defense. You are not an unbiassed judge of your opponents worth or actions, but be assured that dishonesty and injustice will ultimately recoil upon their author's head. A generous charity toward our professional brethren, a lofty professional pride, a high ideal of the dignity and nobility of our art, with untiring zeal for its advancement, are absolutely essential to our success; but above all, beneath and pervading all these must be found an atmosphere of thorough manliness and self-respect. A manliness which despises all meanness or trickery, a self-respect which will not stoop to any ignoble action for any purpose; a manliness which dares to be right, honest, and just, though the heavens fall; a self-respect which commands the respect of all others, and without which the respect of others is impossible.

Of every true physician it may be said

“He is an adorer of chaste truth,
 And speaks religiously of ev'ry man ;
 He will not trust obscure traditions,
 Or faith implicit, but concludes of things
 Within his own clear knowledge ; what he says
 You may believe, and pawn your soul upon 't.”

Your Alma Mater now takes you by the hand and most sincerely bids you each and all, God speed ! Her solicitude will go out after you. If you succeed, as we all believe you will, she will rejoice and and glory in your prosperity ; if you fail or prove recreant to the trusts she has imposed upon you she will also suffer humiliation. Remember the eyes of the profession, of all shades of belief, are upon you. You represent a comparatively new and untried system of medical practice which will be judged, not upon its own merits but by yours. See to it that you do not bring it into disrepute, as so many have already done, by shallowness, carelessness and credulity ! “*Quit yourselves like men ! Be strong !*” Labor for the interests of medical science, for humanity.

Be not content to receive alone, to absorb the results of others' labors, mere consumers of the industry of your fellows, be also fruitful and as you have freely received, freely give.

Untrammelled by the bonds of custom, prejudice, or sect, render allegiance to TRUTH alone.

“This above all, to thine own self be true ;
 And it must follow, as the night the day,
 Thou canst not then be false to any man.”

Obstetrical Department.

THOUGHTS WITH REFERENCE TO THE USE OF OBSTETRICAL FORCEPS, WITH CASES.

BY S. P. COLE, M. D., CHICAGO.

Read before the Illinois Homœopathic Medical Association.

In this day of Medical Colleges, where students are instructed carefully and thoroughly in all matters pertaining to their chosen profession ; and of medical journals in which able men are so fully expressing their views and relating their individual experience, it seems a little assuming to bring forward the subject on which I have chosen to report to the Society this year. But because I am satisfied there are some errors to be corrected in the practice of those less experienced, I do so. These errors are about equally divided between the too *hasty* and too *tardy* use of this instrument. I shall try to illustrate by some cases by which I can the more readily indicate the points in mind, and not try to follow any regular course of the *hows* and *whys* of the use of

the forceps. A few words, however, on *using*, or *not using* them at all. First, they should not be used from any cause existing alone in the practitioner. That is to say, he should not use them to let it be known that he *has* them or can *borrow* them for the occasion, or to show how dextrously he can use them; or to save time for himself, even though out of town and a train, perhaps the only one for some hours, will soon pass, on which he can return to his more immediate field of labor. If he has not time to properly attend to the case, let him be replaced by another, who would be glad to follow out Franklin's rule: "What is worth doing *at all*, is worth doing *well*." Nor should he act from the undue desire expressed by the patient to be soon relieved from the seriously uncomfortable condition, or the fear that she shall not live to be *naturally* delivered. The judgment of the attendant, based on what he has learned of men and books, as well as his own experience and what is at the time presented, should alone influence him; and these should cause him to act wisely, promptly, and above all, with perfect *coolness*. One of the most important lessons, I think, for the busy practitioner to learn, is, to *wait*. While we Yankees can be *doing* something, though it be hard or difficult, we are pretty well satisfied; but it is another thing to be satisfied to *wait* for something to do or to come to pass. This has been one of the too frequent causes of the use of forceps. As to the time *when* they should be used, we may say when the os is sufficiently dilated, or soft enough to dilate, to admit the introduction of both blades of the instrument without violence to the organ, and when there exists a cause demanding immediate interference — such as hæmorrhage, as in placenta prævia; the head impacted in the pelvis without hope of release by reasonable efforts of the patient; the bony structure preventing entrance to the pelvis, and sometimes when there is no bony obstruction, but the powers of life, nervous and muscular, are giving out from long-continued exertion, and no power to rally; also convulsions or other derangements that can only be relieved by removing the exciting cause, viz.: the pressure of the head on the nerves of the sacrum; and last, perhaps inertia of the uterus, which no remedy given, or method used, arouses to action. And when these causes exist, the practitioner who would fail to use the forceps would be as culpable as he who would neglect to use any other means of saving life that have been placed in his hands. I will present some other thoughts further on in connection with cases as they have occurred in my practice, and by which I will undertake to illustrate all.

I was called one morning in June to attend Mrs. B., aged 36, whom I found to be in labor with her first child. She was a sturdy, laboring woman, in good health and courage. The head of the child presented, and I had every reason to anticipate a natural and easy labor, except that I had learned that it was much more difficult to overcome muscular contraction in the later stages than in those of less vigor. Her home was in an out-of-the-way place in the woods, away from neighbors, and no one with her but one woman and an invalid husband. I was therefore shut up to what I had with me, as I could not leave my-

self, or spare the woman, the only one who could go for assistance, unless this should be required as a last resort. I had no forceps, and of course could not use them. The labor was usual till the head became impacted in the pelvis very firmly, and yet I hoped that the unusual strength of the woman could be relied on to carry her through, as pains were good and strong; but suddenly vomiting supervened, and this did not at once cause fear, as I had often met it without such obstruction, in other cases. But soon the strength began to fail. I had no stimulus or means of restoring temporary power. The woman was now dispatched to the nearest point where a messenger could be obtained to go for assistance. A physician came who brought instruments, and soon relieved the woman of a dead child, but not soon enough to save her own life, although he brought all restoratives usually resorted to on such occasions. If I had been provided with forceps, I could have used them to the saving of mother and child, as I did a few days since at Englewood, where I was called to attend a Mrs. D., in whose case almost precisely the same conditions presented themselves, so far as the relation of head and pelvis are concerned, as in the case related. So soon as I became aware of the condition, and that good strong uterine contractions were insufficient to bring forward the child at all, and that I could not with reasonable force return the head into the cavity of the abdomen, or rather lift it out of the pelvis, I at once applied my forceps that I had taken the precaution to have with me. I found it quite difficult to apply them, the pelvis was so completely filled, and was unable to lock them perfectly, but was able with considerable force to extract the child without injury to itself or the mother, and left them in as good condition as I ever left any such case, even the most natural labor. Although I used here a good deal of force, I exerted it only in connection with the expulsive efforts of the uterus and abdominal muscles, under the action of the will of the mother. The aid of these should be waited for and secured, if possible, the same as in natural labor. The forceps used in aid of the natural efforts, and as much as possible in imitation of them; the hand being always used to support the perineum much more than in natural labor, lest the additional force rupture it. This can always be done, as one hand is sufficient force to apply.

Another case of somewhat similar character was found in Mrs. McC. to whom I was called one morning in July. The weather was very hot and exhausting. I found the patient had been in labor the whole night, in care of a midwife. She was very much exhausted, courage gone, and the head firmly impacted in the pelvis. There was little disposition left to make any exertion; pulse quick and weak; skin hot, and the parts very much irritated by over exertion of the midwife to do *something* to assist. Thinking this condition of things could not last long, I dispatched a messenger for Dr. R. Ludlam, who came immediately and removed with his forceps a dead child; and we with difficulty saved the mother.

Mrs. T., a patron for some years, first called me when four months pregnant. I found her uneasy, restless in every sense; could sleep but

little at night, being constantly subject to recurring cramps, the point of attack being above and back of the highest point of the pelvis, and on the left side—a hot, hard, cramping pain. This had previously occurred, but was worse in this pregnancy. Was most relieved by something hard pressed into that place; could not lie in bed at night for weeks, but would lie on the carpet with the pillow crammed into that side instead of under the head, and her head out of the window panting for breath. The labor following was not unusual except that she referred the pain to that spot mostly, till the head came to be pressed very firmly against the os, and it refused to dilate more than two inches. After waiting and using all the ordinary means to obtain dilatation, I thought best to use the forceps, though it should be difficult to apply them, and very severe on the patient. With difficulty the instruments were applied, and with a good deal of force the child removed. There was considerable rupture of the os, and there is still, after three years, a heavy, jagged, hard mass in place of the natural mouth and neck of the uterus, mistaken last year by physicians of the city where she now resides, for scirrhus growth, but it is sensitive only at the monthly discharge, and I consider it free from that condition at present. A miscarriage since was accompanied with a good deal of pain and severe flooding. I am satisfied she was injured by the forceps, and yet should use them again under similar circumstances, because I see less distress and danger in that direction than any other was that could be chosen. Rigidity of the os, that could not be removed, the cause of delay then, and of the distress endured in previous months.

Was called to attend Mrs. T. in her second labor, the first being natural in all respects, though somewhat tedious. Everything progressed regularly till the head had settled well down into the pelvis. The mouth was well open and all doing nicely till the head rested on the pubis and refused to be forced further along by the strongest pains we could arouse by strong *Ergot*, even. After thorough trial without any success, and finding muscular force giving out and the woman becoming demoralized in spite of all the moral courage I could impart, assisted by a resolute husband and confident nurse, I immediately sent for my forceps, and without difficulty applied them, relieving the mother and saving the child. Considerable force was needed, but no damage done. They are still my patients, and healthy. I do not think this mother could have lived to give birth to her child in any other way than by the forceps.

The case of Mrs. S. T. was similar to this, except that the nervous and muscular system were stronger and her powers of endurance greater. Strong pains caused no advancement. The bones in both mother and child were unyielding. No progress could be made. The head would not enter the strait at all to become engaged, and after repeated effort the system became powerless. There was no opposition to the introduction of the instruments; no *Chloroform* was needed to produce quiet. Both were saved, and are healthy now, while there is every reason for the belief that both would have been sacrificed but for the forceps.

I will speak of one more condition in which I consider the forceps applicable, but the condition about which there will be most question, viz.: that condition in which there is no bony obstruction remaining. The labor has been somewhat tedious; the patient has come to the point to feel that she can never give birth to the child, in fact, can't have another pain; don't care whether she lives or dies; a slight, feeble uterine action is maintained at long intervals, just enough to discourage the patient and cause her to say, "I told you so! it can never be born." Mrs. L. was in this condition, with her first child, when, after a good deal of delay, I said to her husband, "I have no doubt your wife will be able to go through with this labor without instrumental interference, but it will be long and tedious, and I think it would be wicked for me to allow her to bear all that she would bear to do it when I can relieve her in ten minutes without injury to either, and with very little distress." His judgment corresponded with mine, and she did not care what was done. Of course it was easy to apply the instruments, and she was soon assisted to give birth to a son who is now the light of the house and a comfort to both parents.

Here was saved hours of discomfort, discouragement, worrying and fretting, the use of *Ergot* or other vile stuff, or still longer delay and more exertion on the part of the mother, from which it takes days to recover. I am satisfied I have waited too long many times for the good of the patient, and resorted to means to accomplish the object much more damaging than the forceps properly used. I have never had a case of flooding so severe as to call for interference. In placenta prævia, of course the forceps would be needed. There are other cases in which there would be no doubt of their proper application, but I have only spoken of some of the cases in which they were called for in my own practice. I have never used them in spasms. In two cases there was not sufficient dilatation to admit of their use, and in the others the birth took place assisted by ordinary remedies.

Society Proceedings.

BALTIMORE HOMŒOPATHIC MEDICAL SOCIETY.

The Society met July 1, 1875, at 9 P. M., and was called to order by the President.

The Secretary being absent, Dr. Hood was nominated and elected Secretary *pro tem*. Minutes of the last meeting read and adopted.

Dr. Fetterhoff suggested that the minutes of the society be sent to THE U. S. MEDICAL INVESTIGATOR for publication. Suggestion approved.

No essayist being present, Dr. Price suggested that the members present give their experience in

THE TREATMENT OF PREVAILING DISEASES.

Dr. Price referred to the intermittents of the season. Early in the season his cases commenced about 10 o'clock A. M.; then *Natr. mur.* 30 cured. After a few weeks they commenced about 1 o'clock P. M.; *Ars.* cured them. Later, his cases commenced between 3 and 4 o'clock P. M.; *Apis* cured. Recently, they occurred between 4 and 8 P. M., when *Lyc.* was the remedy. The Doctor also stated that in the prevailing diarrhœa, *China* was generally indicated.

CHOLERA INFANTUM.

Dr. Fetterhoff mentioned a case of cholera infantum resulting from mixture of mother's and cow's milk. Some vomiting, watery diarrhœa with tallow-like grains in it, characteristic of *Phos.*, which soon relieved. He mentioned another case in which there was vomiting of chunks of milk; *Æthusa* 30 promptly relieved,

Dr. Price spoke of one case with rocking of the head, which *Bell.* soon cured; and of another with this symptom and large stools, for which he gave *Pod.*, with relief.

Dr. N. W. Kneass thought hygienic treatment quite as important as medical, and recommended sending little patients down the bay, with boiled milk diet.

Dr. Price also spoke highly of the advantage of sea air. He also recommended imperial granum, and the Anglo-Swiss condensed milk.

Dr. N. W. Kneass uses rice-water, salted, with good results. Dr. Price adds beef tea, sometimes, to the milk. Several other articles of diet were referred to, among which were the yolk of hard-boiled eggs, and browned flour.

DYSENTERY.

Dr. Price said the season for dysentery would soon be upon us, and related his experience in the use of buttermilk as an article of diet in this disease. He had seen fine results from it. It is especially useful when there is much nausea, the patient not being able to eat. He had seen but two patients in twenty-four years that it disagreed with. Ripe, open seed peaches have nearly the same effect that the buttermilk has. Both soon produced fœcal evacuations.

Dr. Kneass had found buttermilk useful in cholera morbus, and sickness of pregnancy; and Dr. Price, in constipation. Dr. Kneass uses bananas in diarrhœa, with good effect.

Dr. Fetterhoff referred to cases of diarrhœa cured by watermelons; and Dr. Price of others cured by roasting ears (corn) and cherries.

Dr. Fetterhoff referred to some cases that he had seen of a kind of fold or crease about the anus, for which no curative agent was known. *Rhatania*, *Graph.*, *Nitric acid*, and *Peony* were mentioned as curative agents in fissure of the anus.

Dr. Price also spoke of having cured three or four cases with *Ignatia*, the indications for which were shooting pains extending up the rectum.

Dr. Kneass mentioned three cases of obstinate dysmenorrhœa from closure of the internal os, on which he had recently operated successfully.

As essayists for the next meeting, the President appointed Drs. J. C. Benzinger and Eldridge C. Price.

JOHN HOOD, Secretary *pro tem*.

AUGUST 5, 1875.

The Society met at its rooms at 9 P. M., Dr. E. C. Price, President, in the chair. Minutes of last meeting read and approved. Dr. Eldridge C. Price read an essay on

POTENTIZED MILK.

Dr. Fetterhoff said he knew but little of the *low* remedies, but no objection could be made to them on account of their apparent inertness, as some other very valuable drugs, such as *Carbo veg.* and *Natr. mur.*, when used in a crude state were not noted for any remarkable medical action. The number of medicines in the materia medica was already very large, but he knew no way out of the trouble except by trying all and laying aside such as did not act successfully. Dr. Price spoke of having used the *Lac snillum* on a scrofulous child. It was not curative in its action, but brought out an eruption around the ears, which *Graph.* cured, thereby improving the condition of the patient. The action of *Lac snillum* in this case, he thought much like *Sulph.*, leaving the system in a condition in which the remedies would act better. The action of *Lac canis* on the throat he had found to be similar to *Lach.*

SENSITIVE TO MEDICINES.

Dr. Underwood spoke of an aggravation from *Rhus tox.* that he had seen at the dispensary. The patient having taken it for rheumatism, returned a week afterwards with an eruption similar to that caused by the poison.

Dr. Price also mentioned a case of an old lady, on whom *Rhus* always produced retention of urine. He had tried both high and low dilutions in the case, but all produced the same result.

Dr. Fetterhoff spoke of high and low potencies acting so differently on various individuals, and alluded to one of his patients, a lady who had suffered with asthma, the paroxysms always being brought on by fear or anger. She had used *Arsenicum* low, which always made her worse; but on his substituting the 200th of the drug, relief was obtained without producing any aggravation. In other cases again the lower potencies seemed to cause less disturbance than the higher.

BELL. IN HERNIA.

Dr. Hood spoke of a case of umbilical and inguinal hernia that he had been called upon to treat. The patient was an old lady sixty-four years old, and had been obliged to wear a truss, which, getting out of

position, the intestines had slipped below it, making a hard tumor which could not be reduced by taxis. By using *Belladonna* tinct. externally, and *Bell.* potentized internally, however, the hernia was soon put back.

PAINLESS SCIRRHUS.

Dr. Fetterhoff asked if cases of scirrhous of the stomach, without severe pain, ever occurred. Dr. Price said that in a case he had treated pain had been absent.

MISCELLANEOUS.

Dr. E. H. Holbrook was nominated for membership, and elected. Dr. Eldridge C. Price was chosen censor in place of Dr. J. E. Hardy. For essayists for September, the President appointed Drs. Morris and G. W. Wiener. Dr. Fetterhoff, spoke about the financial condition of the dispensary, saying that so far the expenses had been far in advance of the receipts, and asked the members to try and obtain funds for its support. Dr. Kneass alluded to the number of members who had neglected to write essays, and suggested that an amendment be made to the constitution fining any member who should neglect in the future to prepare an essay when it was required of him. The idea met with some discussion, for and against, and it was finally concluded not to make the motion till the next evening, so that it might come up for debate at the yearly meeting in October.

J. S. TOWNSEND, M. D., Secretary.

Book Department.

DISEASES OF THE FEMALE SEXUAL ORGANS.

ZIEMSEN'S CYCLOPÆDIA OF THE PRACTICE OF MEDICINE, Vol. X.; Wm. Wood & Co., announce:

Many of the subscribers to this great work are aware that the volumes of the German edition are not being issued in regular succession — some of those treating upon subjects of greatest interest having the precedence, although numbered to conform to the plan of the entire work. It has been concluded to follow the same course with this translation; and in compliance with the expressed wish of many subscribers, Volume X., Schroeder's "Diseases of the Female Sexual organs," is now published. Volumes IV. and V. will follow.

This is without question a volume of the greatest interest and perhaps the most practical yet issued of this cyclopædia. Prof. Carl Schroeder, of Erlangen, has a reputation world wide, but he has given us here something more than his views; the opinions, views and experiences of all the leading gynæcologists are here given. This volume deals largely with the surgical phase of these diseases. To one who

has not seen the various maladies these organs are liable to, this volume will be worth a trip to Europe.

RAUE'S ANNUAL RECORD OF HOMŒOPATHIC LITERATURE FOR 1875.
Boericke & Tafel, and all Pharmacies. \$3.00.

If this was named the Annual *Abstract* of Homœopathic Literature it would convey the true idea of its character. Here you get in a condensed shape all that is practical and valuable in all our literature for about the price of the poorest journal among the whole lot. Here we find the solid extract of twenty-two different publications. We often thought that this work would be apt to cut off the demand for our periodical literature, but strange to say it has just the opposite effect, and the strangest fact of all is that this work of solid gold is *not appreciated*. We hear it hinted that this will be the last volume printed unless the profession appreciate it better. We hope all our readers possess all the six volumes of this work, for we do not know of a more valuable set of books. They are in fact a library alone. Many of our readers secure Braithwaite's Retrospect at once. We are assured that one-third of the subscribers to the above work are Homœopaths. Is this true? Do all these also take Raue's Record? If not, no wonder our literature languishes and that of our Allopathic friends (?) flourishes! Think of that and then count up *all* the obstacles to the progress of Homœopathy! One thousand or more Homœopaths taking one Allopathic publication and the very best of our own publications with scarce twice that number of readers all told. Will some one explain this anomaly? The only explanation we can think of, at all excusable, is "force of habit." If so, then in the name of consistency subscribe for all our publications till a sound habit is formed. You will find far more practical matter in your own field of literature. If we could afford it we would donate to every one, of the physicians, who *professes* to be a Homœopath a copy of this work with the simple request that they would consult it every time they had a difficult case. The result would be that before the year was out they would send a standing order to their pharmacy "always send me Raue's Record as soon as out."

THE MYSTERIES OF THE HEAD AND HEART EXPLAINED. By J. Stanley Grimes. Chicago: W. B. Keen, Cooke & Co. \$2.00.

This purports to be "An Improved System of Phrenology, Mesmerism, Trance, and the Spirit Delusion, Ghost-seeing and Mind-reading illustrated."

The improvement in the study of the brain proper is very great over the old system of Phrenology. The location of the organ of amative-ness, the chief stumbling-block of the old system, in the eyes of physiologists, is here placed where it no doubt more properly belongs, i. e., anterior to the cerebellum. When very large it causes a protrusion of the cerebellum, just as the organ of language, when large, causes a protrusion of the eye. This fact, put in this way by Prof. Gatchell in his physiological lecture on the brain, showed the puerility of Dalton

and Drapier's views, and the soundness of those of Marshall, Carpenter, Buchanan, and other profound brain students. To the physiologist the function of the brain proper is a *terra incognata*—without the light of phrenology as demonstrated by Drs. Gall, Spurzheim, Combe, and Grimes.

The relocating and renaming the different organs of the mind makes this study very acceptable to the profession, as it has always been to the people. To one who studies the face, form, and head of such a mass of people as the physician, the general facts of phrenology must become recognized, and prove of great advantage to him.

The second part of this work, "The Heart," or rather the emotions, is very interesting. The emotions, as is very generally admitted, are *brain* functions. The history of the change of the belief in the location of the affections is very interesting reading. The physiology of the emotions and of vocal expression, as here given, is an interesting study of the relations of the brain to the bodily organs. It is a branch of physiology that is seldom or never given in lectures, and rarely given in works on physiology.

Part III. treats of "the head and the heart unbalanced, producing trance, mesmerism, spiritism, and hallucination." The explanation of these will interest all our readers. Hysteria, with which he classes the above, is explained as follows, and "consists in the alternate excitement of the exalting and depressing propensities of the brain, and the changes in the vital organs are the legitimate effects of the cerebral excitement; the attending hallucinations are closely allied to those of mesmerized subjects and mediums."

Take this book all in all, and it is an interesting analysis of the brain functions and the varied, peculiar and antagonistic mental operations. The facts here given should be known to our readers.

College Commencements.

COMMENCEMENT EXERCISES OF HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

The graduation exercises of this college took place February 10th in the presence of a large audience.

ANNUAL ADDRESS, BY THE PRESIDENT, A. E. SMALL, A. M., M. D.

LADIES AND GENTLEMEN: We have assembled in accordance with a time-honored custom, to witness the closing exercises of the Sixteenth annual session of Hahnemann Medical College, and to publicly celebrate the "Commencement" of a new era in the lives of such of her students as have proved themselves worthy of admission into the profession of medicine. The relation which to this hour has

existed between teachers and pupils is about expiring, and with a mingling of pleasure and regret each party must soon bid the other farewell. Nothing can more fully compensate for the severing of these ties than the ardent and longing desire of the candidates for graduation to receive the benediction of their *Alma Mater*, while they have a single eye to beautiful fields in the distance in which to reap the practical advantages of their acquirements through many years' study and toil in the lecture room.

Medical learning is progressive, and its status to-day is far in advance of what was claimed for it in preceding ages. It was in the days of Socrates and Plato that Hippocrates gave to medical knowledge a form, which in the main was retained for centuries. From the time of this distinguished master to that of Hahnemann, more than two thousand years rolled into eternity, on which the medical historian has written, "Dark Ages." It is true that during this period much was achieved in isolated branches of the medical curricula. A knowledge of anatomy was obtained through trials and persecutions; some advance was made in chemistry; Paracelsus and Galen touched upon brilliant topics; Michael Servetus and Harvey upset the Theologians by demonstrating the actual circulation of the blood — but no fixed principles in therapeutics were discovered, and medical practice was ever changing, like the scenic representations of dissolving views.

There was, nevertheless, a gigantic struggle going on in medicine, similar, indeed, to that which marked the period of development in astronomy previous to the time of Newton. The operations of nature were critically scanned in the vain endeavor to unlock her store-house to gain an insight into the foundation of her mysteries. All this time was occupied in the invention and explosion of theories with only fragmentary truths, or mere scintillations of light which left but a feeble impression on the intellect. When Newton announced his great discovery, the rising sun of a new epoch in astronomical science began gradually to dispense its rays in the scientific world, and the law of gravitation finally became recognized as the corner stone of terrestrial science. We claim for Hahnemann the discovery of another law of nature, which, in like manner, was the commencement of a new era in medicine. This discovery we regard as the *corner stone* of therapeutics, and the legitimate foundation for the upbuilding of the fabric of medicine. Every year, from the time of Hahnemann until now, there has been visible progress in the art of healing. The temple of medicine founded upon the rock of truth is pointing upward, and the successive discoveries of new truths and principles, which lie at the foundation of correct practice in medicine and surgery begin to displace the errors, cruelties, and follies which once obtained favor with the medical schoolmen. From year to year the discovery of new principles and new modes of the greatest utility in restoring and preserving the health of communities, gives to physicians of the latest times immense advantages not realized by their predecessors.

For the last sixteen years we have, in the history of Hahnemann Medical College of Chicago, a perfect representation of what has been taking place. Its first class of graduates, in 1860, represented the status of medicine at that period, and from the first "Commencement" to the present each successive class has been favored with something additional in the way of new light not realized by its predecessor; and we venture the prediction that our introduction into the world at this time of an additional number of physicians, will prove a blessing, because it is presumed that they have become familiar with the latest attainments and discoveries. In conclusion, let me remark of the wide range of subjects embraced in the curriculum of college instruction — that nothing didactic or clinical has been omitted. The Faculty have done their duty well, and we now will call upon their Dean for his annual report.

ANNUAL REPORT BY J. S. MITCHELL, M. D., DEAN OF THE FACULTY.

In making my report for the sixteenth Collegiate year of Hahnemann Medical College and Hospital of Chicago, I take pleasure in stating that its affairs are in a very prosperous condition. The efforts of the faculty to provide a higher grade of medical education have been attended with success and meet the approbation of the profession.

The status of the faculty has remained unchanged with the exception of the addition of one important lectureship. All the chairs are now filled by experienced professors. Those that require the largest amount of labor for their elucidation are divided between two or three teachers so that a more comprehensive course is given.

Special attention has been paid to the subject of clinical instruction. The free dispensary connected with the college has furnished more than three hundred and fifty cases, and the students have had the privilege of attending the clinics held at the County hospital three times a week. Our Alumni and other medical friends have rendered us valuable assistance by sending cases difficult to diagnose, and requiring important operations. Through these means the class has had practical familiarity with nearly all forms of disease. Our finances are on a sound basis and we have been able to make more liberal appropriations for the illustration of chairs, and to increase the compensation of the faculty. Two courses of lectures have been given. The spring term, continuing nine weeks, was attended by twenty-four students. Nearly two hundred lectures were delivered, including a full course on anatomy. About one-third of these were clinical. This course was very popular and proved of much benefit in preparing students for their winter course.

The regular term commenced October 7th, 1875, and closed to-day. More than six hundred lectures have been given, about one-fourth being clinical.

The class in attendance numbered ninety and seemed inspired by the zeal of the faculty with unusual devotion to their work. Thirty-nine have passed a final and plenary examination in the several branches taught in our curriculum. They are known to the faculty as industrious, earnest, and competent. We therefore heartily recommend them to the trustees as deserving the degree of Doctor of Medicine and Surgery, which it is your province and privilege to bestow.

REMARKS PREVIOUS TO CONFERRING THE DEGREES, BY THE PRESIDENT A. E. SMALL, A. M. M. D.

The distinguished privilege as well as pleasure of congratulating each of you upon the successful termination of your pupilage, as well as upon the creditable fulfilment of the conditions which entitle you to the distinction about to be conferred, is accorded to me. The hour of feverish anxiety has passed and the next hour may bring the full realization of hopes that have been cherished by you for years. But let me suggest that you are merely entering upon a new and more responsible course of study, which will continue forever. There can be no period in a physicians life in which he can with profit either to himself or patients cease to be a student. The obligations you are about to assume imply industry, hard work, unremitting attention to mental culture. They impose upon you obligations to cherish that kind of literature which contributes to refinement and good morals—that inspires you with loyalty to truth, and a supreme love for doing good to mankind. Therefore let me counsel you to seek truth for your guide and the loftiest motives to govern your conduct in life.

LIST OF GRADUATES FOR THE SESSION OF 1875-6.

BELLAMY, ALFRED D.	Illinois.
BROOKS, H. A., E. S.	Wisconsin.
BYLER, JOSEPH M.	Indiana.
CATTRON, WILLIAM ORPHEUS	Indiana.
CUMMINGS, ERASTUS H.	Michigan.
FELLOWS, ISAAC	Iowa.
FLOWER, FRANK W.	Iowa.
FOSTER, WILLIAM A.	Illinois.
GAFFNEY, EMRY C.	Illinois.
GATCHELL, EDWIN A.	Wisconsin.
GODFREY, ERWIN L.	Michigan.
HANLON, AMOS	Michigan.
HAWES, GEORGE HENRY	Iowa.
HAYES, VIRGIL	Michigan.
HIGGINS, CURRAN WINFIELD	Minnesota.
HOBART, HENRY M., B. S.	Illinois.
HUGHES, CURTIS A.	Indiana.
HULETT, S. EUGENE	Illinois.
JOHNSON, RASSELAS B.	Illinois.
LIVINGSTON, MARIETTA E.	Michigan.
LOOMIS, WILLIAM H.	Illinois.
LOWRY, R. F.	Illinois.
NEAR, JEFFERSON S.	Illinois.
MOREY, REED L.	Illinois.
RICE, MARVIN S.	Illinois.
ROBERTS, WILLIAM P.	Illinois.
ROLSTON, WILLIAM T.	Illinois.
SIMPSON, WILLIAM STANSBURY	Iowa.
SPINNING, JAY O.	Michigan.
SQUIRE, WILLIAM WHEELER, M. D.	Wisconsin.
SYKES, DAVID A.	Illinois.
TRINE, THOMAS H., M. D.	Illinois.
VAN DUSEN, JAMES P.	Michigan.
VAN PATTEN, ANDREW	New York.
WEIRICK, CLEMENT A.	Illinois.
WILKINS, FRANCES B.	Illinois.
WILSON, HANSON	England.
WILSON, WALTER R.	Illinois.
WISNER, SARAH E.	Illinois.

AD EUNDEM :

BRAUN, J. B., M. D.	Wisconsin.
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VALEDICTORY DELIVERED BY THE CLASS ORATOR, H. M. HOBART,
M. D., AT HAHNEMANN MEDICAL COLLEGE, CHICAGO, 1876.

The course of all lives and institutions, however uneventful they may appear to the world, are marked by their epochs, the events of which transcend in their importance those of other periods. This evening marks an epoch in the history of the college whose commencement we celebrate to-night, and also marks one of still greater significance in the lives of each one of us who go out into the world from under her care and instruction.

Years ago it was almost with sad hearts that we closed our college life and parted from our classmates, with whom we had spent so many pleasant hours. Then, it was to continue, sooner or later, our studies under the genial influence of some other institution. Now, as we part from our second *Alma Mater*, we leave for work in this busy, jostling, eager world about us. Earnest thoughts of life and its duties crowd upon us! The die is cast, and there is no shuffling off the battle of life if we would!

The ties that have bound us together are about to be formally severed, but we will be students still, and are now only passing one of the epochs in a perfect student life. So many and pleasant are its associated memories that we do not regret that that classic scroll which we have just received does not separate us from the world's students; and we are glad that it introduces us to the more advanced ones of our profession.

The different fields of science and thought into which our studies heretofore have led us have bristled with facts as yet unknown or unproven. We have not been surprised to find the same in the study of medicine. This field is large, but it is equally promising. The demand upon us, we are told, will be great and varied, but how ample are the means at our disposal! These means, truly, need perfecting; yet we are glad that we have something tangible to perfect; a *system*, moreover, that is worthy of, and inspires us to make our best efforts.

When we see the frailty of human nature, and the power of education in developing character and opinion, we rejoice that we have been led to investigate a system that does not offend us when applied to the delicate organism. When we turn to nature and study her methods, recognize the nicety of her relations, and behold the whole universe governed by fixed laws, we are struck with the reasonableness of the supposition that there *may* be a law which, when known, will guide us in the use of medicine in disease; and as we investigate the vast amount of evidence which the progress of science and direct experience has accumulated, that supposition becomes a firm conviction, and we accept with enthusiasm the law of similars and its cognate truths. With it we receive new strength; for with our limited endowments there is no species of skill we can apply to the best effect but that *requires* the inspiration of such a guiding and superintending principle. We who have seen the efficacy of this system of cure can but receive it as God-given, for the good of man.

While we must keep our minds free from prejudice—be ready to acknowledge the truth, come from whatsoever source it may, we must do the right as God gives us to know the right, and defend the truth at all hazards.

We adopt in our therapeutics the law, "*Simila similibus curantur*," not because it is the basis of Homœopathy, but because it is true, and the good of our patients will demand it.

If we are right in our position we shall gain everything by being true to our principles, and loose much by compromising with the blind conservatism which we meet. Peace and prosperity are desirable, but

the advancement of truth and loyalty to self is more desirable; harmony is pleasant, but when it comes from a concession to error and a surrender of honor, it is mischievous.

The darkness and ignorance that has enveloped every field of thought has been long in lifting that a purer light might enter. Gradually, very gradually, men are led to accept the truth when it is in opposition to their old opinions. But if we are content to work dilligently while our provings are extended, and our ability to affiliate our remedies to the needs of humanity perfected, the basis of experimental knowledge, upon which our theories rest for proof, will be made broad and sure.

Thus our lives may not be marked by great events, but time will show them to be far more satisfactory than the life of him who cares for naught save his own advancement. Such an one may for a time shine with brightness, but it is as the light of a lurid meteor that, while it glares upon the black clouds with a splendor that dazzles and startles, it makes nothing plain save the darkness. Our work may be humble, but is it not such as will develop within us a strong and useful manhood? Shall we not be brought into a clearer and more enjoyable relation with this full earth, teeming with life? We shall behold all nature's manifestations with pleasanter emotions than they who regard them simply as objects of amusement and curiosity. We shall meet the great Father of all existence and life as we study and minister to the needs of His creatures; we shall feel His influence in the cheering sunbeam; we shall be surrounded by that universal spirit which fills and upholds all. *Thus* placed, we *ought* to live in unison with nature and her ruler, and in this manner reap that rich reward which will inevitably flow to us if we work in accordance with her laws.

Let us then, dear class-mates, go forth with stout hearts to work in the school of our chosen profession, through which God has breathed, and will continue to breathe into the world through all coming generations, an elevating and purifying influence which shall raise to a nobler level the physical and moral condition of mankind.

Now, ere we part, it is with pleasure that we look back upon our student life while here. These years have been full of hard work, but how pleasant they have been! Pleasant, because of the instruction received; because of the duties imposed and successfully accomplished; and, friends, the silken cord of friendship has not linked simply hearts of fellow students—it has brought us into a closer relation with our faithful and honored instructors. With you, most esteemed professors, who have met us in the class-room and amphytheatre as warm-hearted friends who, desiring to aid us in our honest endeavors to acquire knowledge, we thank you for your efforts, with the kindest feelings of appreciation. And be assured that we shall watch with pleasure the advancement of our own college under your guiding care, until, with increased facilities for thorough and systematic education, it shall pass on to the achievement of still grander results. We hope that the high destiny which you have laid out for us may be fully reached, and that you may never have occasion to

regret the graduation of one of the class of 1876.

Dear class-mates: When we shall have enjoyed the festivities of the coming banquet, we separate, each for his and her own field of work and study. But with the thought of parting there comes that pleasanter idea of joyous meetings all along our future course, which comes from friends who have studied together, and side by side mastered the same difficulties. Now, hoping that the course and associations commenced here shall but be perfected by the future, we bid you all a most friendly *Farewell*.

After conferring the Hahnemann Institute diplomas by the president, Dr. W. A. Foster, the assembly repaired to the Palmer house where an excellent banquet was discussed. Then followed "a feast of reason and a flow of soul." At a late hour the company separated to their respective fields of labor.

Medical News.

Diphtheritic Croup.—What do you do for this form of Diphtheria?

Popular Health Almanac.—This is a well-written and arranged Almanac for 1876, by E. Steiger N. Y.

Introductory Lecture to the sixteenth session of Hahnemann Medical College Chicago—by Prof. E. H. Pratt. Published by the class.

Missouri School of Midwifery and Diseases of Women and Children.—The regular course of lectures in this institution begins on Monday, March 6th.

The Elementary Principles of Medicine, by T. F. Pomeroy, M. D., Baltimore, Md. Reprint from *The Journal of Homœopathic Materia Medica*.

Correction.—In Dr. Vilas' article on the Eustachian Catheter, line five from the top, page 132, should read, "as an efficient substitute oftentimes for the air-syringe in Politzer's method," etc.

This Number contains some valuable articles. The local reports, Dr. Pearson on Diphtheria, Dr. Hawkes on Doses and Potencies, Dr. Cole on Forceps, Dr. Beebe on the Profession, etc., will be perused with profit.

Dr. J. P. Dake fears that some may think that he is hostile to the Homœopathic Convention, from what was said in our January 15th number. He writes: "I am working for it and have great hopes of its success"

Three Months in the Paris Hospitals, a lecture delivered before the Hahnemann Institute, in the Hahnemann Chicago—by Prof. R. Ludlam, a very interesting lecture in which the professor gives his own experience and observations.

The Students of Hahnemann Medical College, Chicago, take a benefit in this number. We extend to the graduates of 1876 the right hand of professional fellowship. We welcome you to our columns where you will find the brightest men in our ranks.

Report of the New York Ophthalmic Hospital for the month ending Jan. 31, 1876: Number of prescriptions, 2,786; number of new patients, 350; number of patients resident in the hospital, 35; average daily attendance, 111; largest daily attendance, 164.

ALFRED WANSTALL, M. D., Resident Surgeon.

Homœopathy in Iowa.—Our friends under the leadership of the committee on legislation are industriously circulating a petition asking the legislature to “adopt such measures as will give to the Homœopathic medical profession a due portion of the funds appropriated to the medical department of the State University.” This activity is meeting with some opposition, which calls out the able and influential pen of the chairman, Dr. E. A. Guilbert. We wish our friends success.

A Spring Graduating Course, is an announcement made by one of our colleges. A spring course of sixteen weeks. A green student who goes there in September, and attends regularly the two courses of the same lectures till June, and answers the usual questions can get a diploma—all within about eight months! That is a movement towards elevating the profession with a vengeance! While the other colleges are trying to make the three-years’ course popular and obligatory, this college flies to the other extreme. Well, it is a step above “diploma selling,” but we commend this dodge to the Homœopathic World’s Convention.

Medical Legislation.—Now is the time to look sharp after state medicine and other medical legislation dodges. By the way, where is that able report on legislation prepared by Dr. Dake, presented to the American Institute, and, on motion of Dr. Buck, “ordered to be published immediately and circulated as a campaign document?”

Will the committee on legislation of American Institute (Drs. T. S. Verdi, of Washington; J. P. Dake, Nashville; A. C. Terry, Utica; D. Thayer, Boston; T. F. Smith, New York.; G. N. Sudletz, Keokuk; E. C. Beckwith, Columbus; J. B. Wood, West Chester; O. S. Runnels, Indianapolis; J. N. Eldridge, Flint;) tell our readers what course to pursue. Our Pacific friends would like to see the plan of the campaign.

Dr. H. B. Stout is the only resident Homœopathic physician in Jacksonville, Fla., so far as we know. Dr. S., succeeds Dr. McCants. He writes: “There is a Dr. J. D. Mitchell here, who has lived here some twenty years, and pretends to have been a Homœopath when he came. He is now a most virulent Allopath and opponent of Homœopathy giving as a reason for his change that Homœopathy would not work in this climate. He is a man well known, and of considerable influence and wealth. He has preached the fail of Homœopathy so long, that even people who had used it in the north, and who come under his influence here, become imbued with the same idea. He is not respected by the Allopaths, and is a totally unprincipled man. He has taken this course I think from pecuniary motives. He tells people how long he has lived here, how earnest a Homœopath he was, but was obliged to abandon it, and it has a great influence.” These are the true facts as we have learned from other parties. Our readers who send patients south should make a note of this.

Value of a Library.—“Come and see my medical library, I have the finest one in the state.” We went with interest for if there is any

thing that will draw us, it is a lot of books. We found not a very large number, perhaps one hundred volumes, but we soon discovered they were a choice collection, among them we found the first Cyclopædia of Practical Medicine, published in four ancient looking volumes. "When diphtheria first made its appearance" said our friend "the Allopaths were all declaring it a new disease, I looked over these volumes and there I found this disease described as clearly as if but yesterday. I told them they were mistaken and showed them the proof." This he said with the expression that implies that knowledge is superiority as well as power.

"By the way I never saw such cases. One of them assumed the croupal form but it came out all right." Did you cure a case of diphtheritic croup? What remedy did you give? "*Kali bich.* low, gave it every few minutes and by and by the child coughed up a cast of the trachea an inch long and then it began to get better." We thought as we stood there and saw the Doctor at that moment; why is not every physician as enthusiastic over a medical library? We would offer this hint to the younger physicians: *bind your journals*, and buy, now and then as you are able, a few books, carefully selected, and you will soon have a choice library. Each physician ought to have at least one work on each department of medicine.

The Coming Centennial Convention.—While out through the West in June last I found considerable inquiry on the part of the profession as to what accommodation Philadelphia was going to furnish for 1876. Then I could not answer positively what, but as the hotel enlargements are now taking definite shape I send you a newspaper which will show you the work that is going on, and much more will be done in the winter and next spring.

"The work for increased hotel room in this city has commenced, and in a short time a substantial though temporary hotel, capable of accommodating between five thousand and six thousand guests, will be well under way within the shadow of the main exhibition building, and before this one is finished another hotel on a large scale will be commenced in the same locality. Quite a number of the city hotels will be enlarged and improved before the Exposition commences, and in many instances the capacity will be increased from 75 to 100 per cent. Then, again, many thousands of our private residences will be fitted up for the purpose of receiving boarders and lodgers during the Centennial."

The members of the American Institute of Homœopathy, and all those who may attend the World's Convention of June 28, 1876, will no doubt find room in the new hotel that is to accommodate from five to six thousand, as you will observe by the paper, even if the new branch of the Centennial of 1,200 more has not room enough for them. The great rush will be on the Fourth of July, and as the meeting will be held the previous week, all our delegates will be snugly fixed in the hotels they may select before the immense throng comes in for the Fourth.

I believe you have a Bureau of Climatology in your State Society. Has it written up the climate of Illinois yet? If so, would like to have a copy. I hope every State society will form such a bureau or committee. With respect, I am fraternally yours,

PHILADELPHIA.

BUSHROD W. JAMES.

The University of Michigan.—The introduction of Homœopathy into the University of Michigan, by the Regents of that institution, in compliance with the Act of the Legislature, has brought upon that body, as well as the old faculty of the university, a storm of criticism and sometimes of abuse, both from the old school, and from some of the dissatisfied members of the new. Some of the former have called

loudly upon the faculty to resign in a body, rather than work in the same institution with the despised Homœopaths; while the latter have charged the regents and faculty with the purpose of committing all manner of indignities upon the Homœopathic students, and of finally making it difficult, if not impossible, for them to obtain their diplomas. In reply to these croakers, Regent Charles Rynd, M. D., an old school physician, in good standing sends an elaborate "statement" to the *Peninsula Journal or Medicine* form which we quote the following :

"If it be expected that this agitation will drive the faculty from their labor of love, in their interest of legitimate medicine, I have confidence that the malcontents will be doomed to disappointment. They are to-day engaged in a work of duty. Conscious of their own integrity, they propose to remain at the post of duty, and by self-sacrificing devotion to the interests of our noble profession, in this, its chief seat of medical learning in the west, keep those interests unsullied, uncovenanted, uncircumscribed, and unstipendiary. These paths are the paths of glory. By their devotion to their work, the prosperity of their cherished institution, though without a tongue to thank them, yet laden with the blessings of the multitudes whom they are educating, shall bear attestation to their services, and wait on their progress with involuntary praise. * * * * *

"Taking a broader and more liberal view of this whole controversy an unprejudiced person is forced to exclaim: What is all this fuss about? Suppose that twenty young men and women, calling themselves Homœopaths, attend Dr. Ford's lectures on anatomy, or witness Maclean's brilliant surgical operations, or sit under the eloquent words of Dunster, are these eminent professors contaminated or are the students injured thereby? Are they less fitted for the responsible work of caring for the sick? Will they prove, on this account less useful to humanity? Can we banish by abuse this medical sect from the face of the earth? Have past efforts in that direction been successful? If we are to have Homœopathic doctors — and we cannot prevent this if we would — is it not best, in the interest of the suffering that they may be educated men? The Homœopathic doctors whose diplomas exhibit Dr. Sager's autograph, are without question, more useful in the world than the unlettered persons who have simply appropriated the name.

Was the University of Edinburgh less loyal to the interests of 'rational medicine' because a distinguished Homœopath occupied one of its most prominent and important chairs, and could not be removed till death terminated the relationship?

Is the science of medicine so exact that we cannot afford to unsparingly denounce all who may differ with us? If this be so, there is no accounting for the strange circumstance that seldom can two 'regular' physicians be found, who see eye to eye in the application of remedies to the cure of disease.

While the undersigned firmly believes in, and adheres to 'rational medicine,' yet he sincerely hopes for the dawn of a better day; a day when we shall practice more of that 'charity which suffereth long, and is kind, envieth not, vaunteth not itself, is not puffed up. Doth not behave itself unseemingly, seeketh not her own, is not easily provoked, thinketh no evil; beareth all things, hopeth all things, endureth all things.'

In that day we shall tolerate every qualified person — whether orthodox or heterodox — in the enjoyment of all the benefits which they may derive from a study of all branches taught, and all knowledge communicated in our great University. And this, too, without any sacrifice of either our convictions or our honor."

C. RYND.

— *American Journal of Homœopathic Materia Medica.*

THE
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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

COLUMBUS, Wis., Feb. 19.—We are meeting pneumonia, diphtheria, bronchitis and measles at present, all of which are inclined to be milder, but not as yet fatal in any case. E. D. & A. W. KANOUSE.

PASSAIC CITY, N. J., Feb. 19.—For the past year this city has enjoyed a good state of health, there being no particular epidemic diseases prevailing except diphtheria during November and December. During January there was one death in this city. N. C. RICARDO.

OSKALOOSA, Iowa, Feb. 12.—We have had it quite sickly during the winter. Pneumonia, hooping cough, and diphtheria, have been the prevailing maladies. We have had one hundred and fifty cases of diphtheria and have not a death to record. The principal remedies were *Bapt.*, *Verat. vir.*, *Kali bich.*, *Merc. cyan.*, *Apis*, and a few others. We allow no local applications as gargles, washes, etc.

LUCY & LEWIS.

CHICAGO, Feb. 23.—Dr. A. G. Beebe reports some severe cases of

scarlet fever complicated with diphtheria, calling for *Merc. cyan.*, *Kali bich.*, or *Ars. iod.* In mild cases, the usual remedies, e. g., *Bell.*, *Apis*, *Ars.*, etc. Dr. A. W. Woodward finds that *Amm. mur.* is gradually giving place to *Hepar* as the remedy for the genus epidemicus. He predicts typhoid or perhaps typhus, and if the internal manifestation is not prominent he looks for plenty of skin affections (prairie itch), psoriasis, etc.

ABINGDON, Ill., Feb. 15.—Winter has been quite healthful—a more lively demand for doctors, however, the past two weeks—some scarlet fever, a few cases fully developed and more or less serious, others extremely mild. Pneumonia and catarrhal affections constituting the greatest proportion of cases. There have been also an unusual number of eruptive disorders of an eczematous or impetiginous type. I never before knew the value of *Rhus* as I do now; have also used remedies which heretofore I scarcely knew anything about, and successfully too.

J. HARTS MILLER.

[Which are they?—Ed.]

GRAND RAPIDS, Mich., Feb. 23.—The diseases you mention in the last number (No. 4.) of THE UNITED STATES MEDICAL INVESTIGATOR as prevailing in your locality are here also in full force, with the addition of diphtheria and measles, and some appearance of a combination of these last diseases, such as early and marked prostration of the vital forces with rapid abatement of such symptoms under the influence of *Bapt.*, six drops of the tincture in four ounces of water, dose one to two hours apart. Pneumonia has been very fatal among the aged, especially within the last two weeks. Our physicians in other localities of this state have remarked the same phenomenon. In these cases I would venture to say that low or high dilutions are powerless, because death has a lien on them against which no potency can prevail. My remarks above on the use of *Bapt.* in measles complicated with diphtheria, calls to my mind one symptom of the drug which I believe to be pathognomonic, and as I have verified it very many times within the past few years I take this opportunity of telling you the same. The patients complain of that annoying sensation, *as though they should fly all to pieces*. There may be other remedies good for that symptom, but all things equal—and they generally are when that symptom is present—*Baptisia* is the remedy. I have noticed the above symptom most frequently among women.

Success to THE UNITED STATES MEDICAL INVESTIGATOR.

H. A. WHITFIELD.

CONSULTATION CASES.

DISTOMA HEPATICUM.

In THE UNITED STATES MEDICAL INVESTIGATOR of Jan. 15, 1876, Dr. H. W. Miller, of Independence, Kan., presents a case of distoma

hepaticum, which I think is quite worthy of the careful attention of all physicians who take a real interest in their profession, not that I think it is an immediately dangerous parasite, but is so very apt to be mistaken for the joint of a tape-worm (*tænia solium*) and that the patient is so apt to allow his imagination to develop into a monomania.

Medical works, so far as I have consulted, have little or nothing upon this parasite. Raue, Baehr, Watson, Wood, etc., make no mention of it. I must frankly admit that I was completely deceived by it on first sight, because of the resemblance to a joint of the *tænia solium*, from the fact that the fluke was alive and was capable of drawing himself up so as to represent the Dutchman's pig, which was "more broader than he was long." I am very strongly inclined to believe that physicians often mistake the *distoma hepaticum* for the joints of the *tænia solium*, and hence give powerful remedies for the expulsion of the dreaded tape-worm with no permanent effect, for in three or four weeks they come back as bad as ever. As these parasites have been found in the gall bladder, and even in the liver of the human subject, as well as in the various animals, (I have seen them passed by the horse in livery-stables,) how can we expect to cure our cases without giving a remedy that will strike at the liver, where the germs originate? Upon the above hypothesis I would advise the use of the *Biniod. of Merc.*, two or three grains of the 2d or 3d dec., three or four times a day, to be continued three or four weeks and probably at intervals after this. I have used *Cina* of various dilutions *Santonine* (crude), *Nux.*, *Sulph.*, *Spigelia*, *Ars.*, and the much vaunted *Koussou d' Abyssinie* for this worm, all to no effect.

NEW ORLEANS.

WALTER BAILEY.

REPLY TO DR. HUTCHINSON.

In answer to inquiry in February 1st number by C. Hutchinson, entitled "Case of Rheumatism," I would advise him to use *Colchicum* 6th dec., powder, dry, every night. If there is left a soreness through small bones of the hand I would recommend *Ruta grav.*

ARLINGTON, Mass.

C. A. LIBBY.

DR. WAKEMAN'S CASE.

The "What is it?" case of Dr. J. A. Wakeman, in February 15th number, (No. 160.) may be benefitted, if not cured, by *Sulph.* 200 and upward, one dose a day for one week, then omit a few weeks, followed by *Lach.*, high. At least we think it worthy a persistent and fair trial. Give the patient chiefly an albuminous food. From the data given by the doctor it is hard to give the nosology or pathology with satisfaction.

CLEVELAND, Ohio.

E. H. PECK.

COSMIC DUST A DISEASE AGENT.

Professor Nordenskiöld, of Stockholm, has been examining the black dust found on snow in Sweden and on the icebergs in the Polar regions and reports the result in *The Philosophical Magazine*. Upon analysis this matter was composed of metallic iron, phosphorus, cobalt, and fragments of diatomaceæ. These latter are minute plants or vegetable crystals. Cobalt is one of the metals found in the atmosphere of the sun and in meteorites. It is usually associated with nickel, *Arsenic* and *Sulphur*.

Do we not have here an item that should be taken into account as an epidemic cause? If much of this dust loads the atmosphere it must have a marked effect upon all who inhale it. Perhaps our astronomers can tell us whether we are more liable to a heavy shower of cosmic dust once in ten or twelve years. If so, we may have a clue to the almost periodicity of cholera and other epidemics.

"FEVER DROPS."

CASE I. Child five or six years of age, had ague (tertian), treated by an Allopath. The mother said her doctor was out of town and the child was so bad she did not dare to wait. Found the patient vomiting constantly a greenish-yellow matter mixed with blood; face looked dark, red; eyes half closed; extremities cold, and in fact a chilly state of the whole body. Thought she must have been poisoned. Asked if she had taken any kind of medicine. "Yes, just a little Fever Drops." Gave *Nux* 2, vomiting soon stopped; in a few hours quite recovered. Three days later called to see same child and found her suffering from an attack of pneumonia and slight inflammation of the bowels. Gave *Bry.*, to be followed by a few powders of *Ars*. No more trouble, in three days was about the house.

Query: Was the pneumonia a result of an over-dose of *Aconite*, or accident?

CASE II. Young man, aged twenty-three, same physician. Found him apparently in the last stage of suffocation, vomiting constantly, face almost purple, pulse intermitting and feeble, complained of terrible weight on his chest and sharp pain in right lung. His mother said she had given him "a little Fever Drops," and he had seemed to get worse afterward. Advised to send for the doctor who gave the drops. The patient finally came into my care. Gave *Bry.* every two hours and *Pod.* every night for a few days. In about two weeks he went to work in the harvest field.

CASE III. Baby, had had same doctor. Found pulse gone, breath nearly so, hands and feet cold; vomiting constantly, or rather heaving spasmodically a frothy, green-looking matter, running out of its mouth.

Gave *Nux* every ten minutes until vomiting ceased, and ordered strong coffee, cold, every half hour in teaspoonful doses. In about three hours was all right, except a wild look about the eyes.

Has any one else met with any such phenomena produced by "Fever Drops?"—[*Aconite tinct.*]

BLOOMINGSBURG, Ind.

S. L. VAIL.

NEPHRITIS VERA.—DULCAMARA.

Nov. 7, 1875.—C. —, aged thirty, laborer; last Thursday week was working in water with wet feet for three hours; next morning awoke at four o'clock with pain in left kidney and could not urinate. From this morning to date, he has been able to pass a few drops from ten to fifteen times a day on some days. One day he urinated freely after taking medicine from an Allopathic physician. The day following he was as bad as ever. Urine bloody, with white sediment. On Sunday last, severe pains commenced in bowels with urging to stool, without effect; since, obstinate constipation. Has taken *Salts* and *Cina* (*Senna*), which caused a boiling sensation in bowels. Appetite poor; tongue slightly coated a dark, dirty color; nausea; kidneys very sensitive to pressure; pain extending alohg ureters; bowels sensitive to pressure. Prescribed *Dulcamara* 1, every hour.

Nov. 9th.—Reported much improved; all pains better and urinates freely. He positively declares that he improved as soon as he took the first dose. Continued the *Dulc.* 1, every three hours.

He reported once after this and declared himself perfectly well, free from all pains and sensitiveness to pressure; urinates freely, and urine free from blood and sediment; bowels regular.

PASSAIC CITY, N. J.

N. C. RICARDO.

TEXAS FOR CONSUMPTIVES.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: I wrote you some time in the latter part of November, stating the condition of my health, and you advised me to try western Texas. Acting upon your advice I left my home in Chebanse, Ill., on the 7th of December, and went directly to the Indian Territory where I remained in the Choctaw Nation for four weeks, and then continued my trip south. I met Drs. Parker and Blake, of Houston, and Mercer and Angell, of Galveston, as you suggested, and from them learned much of Homeopathy in Texas, and let me add right here that there are a hundred good points in this state for active, wide-awake Homeopaths. San Antonio is crowded full of consumptives, and upon my arrival there I learned of

my present location and only remained there ten days before coming here. I am away up among the hills on the Guadalupe river, where I am sure that the majority of consumptives may get well if they have vitality enough left to get here. My health is almost as good as at any time during the past four years.

KERRVILLE, Texas.

G. R. PARSONS.

SUN STROKE.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: I notice some argumentation concerning the subject of sun stroke.

After reading Dr. Peck's theory I thought there was something in it, but Dr. Gregg's effort seemed to show, conclusively, that "heat" and not irritation of the *nervous optics* was the cause.

On reflection, however, (not *reflections*) I can show that they are both wrong.

I have practiced during the last fourteen years on the Pacific coast — all over it from British Columbia to Mexico. In many of the interior towns the heat is greater than in any part of the eastern or southern states. I have lived where it was 110 degrees in the shade and not under 100 degrees for three months. Yet sun stroke is altogether non-existent and the immunity is explained on the ground of the great dryness of the air (no rain in the summer), the explanation falls still-born in the face of other facts.

Here in Nevada we have still a higher grade of "heat" with *moisture* and no "sun stroke." Thousands of men are working day and night. Some of them at a depth of 2300 feet. The heat is so great in many places that ice water is thrown over the men at short intervals and a few minutes is all that a man can stand it at a time. The air also is impure. What then is the cause of sun stroke? I suggest that it is the effect of some of those forms of *force* inimical to vital harmony. heat is a form of force and is convertible into *motion*, into electricity, light, and chemical action, etc. Your eastern climates have some savoring dynamic *conditions* for the action of a morbidic force which disturbs the vital chemistry of the nervous centers. These forces are as imponderable as the 100,000th of Fincke. But the Homœopathic physician who does not recognize them knows not all the friends and foes with which he has to deal daily and all his life. It is *force* developed in nature's laboratory which assails his patient. It is force in some form developed by the method of Hahnemann which invests his globule with magic influence and him, if he can direct it to the "bulls-eye," with healing power. And *force* is only another name for the ethereal essence or spirit which pervades all things. "Heat" and "cold" are *nonentities*.

VIRGINIA, Nev.

E. STEVENSON.

HIGH VERSUS LOW POTENCIES.

BY J. MARTINE KERSHAW, M. D., ST. LOUIS.

It is my habit to use medicines from the tinctures up to the very highest of potencies—neither exclusively—believing that, as people differ in physical conformation, so also do they differ in susceptibility to impressions exercised by the various dynamic forces; and in this paper I especially refer to those forces of a dynamic character having a residence within the drug kingdom. There are cases which can be treated best by the high potencies, and there are others which do wonderfully well under the influence of the lower ones; and experience has taught me that the potency has a deal to do with the result in a given case. The similimum—the Homœopathic remedy—not uncommonly fails to exert a desired influence over disease, because of a want of adaptability—by reason of its strength—of the drug-force employed. By a recital of the following cases and their treatment, I hope to prove the correctness of the foregoing statements:

CASE I. L. M—, a boy of five years of age, has been troubled with constipation from infancy. This was induced, I am informed, by the excessive use of Mrs. Winslow's soothing syrup. He received treatment from several physicians, who, failing to benefit him, said that time, with regular diet and exercise, would accomplish what medicine could not. On being called to the case, I could learn little except that the child refrained from stool as long as possible—generally a week—on account of the pain experienced, and that the stools were composed of *little hard balls resembling sheep dung*. Prescribed *Sepia* 200, twenty pellets in half a glass of water, two teaspoonsful per dose, to be taken every twenty minutes for five doses, then stop. Had a natural operation the next morning—not of the sheep-dung character, but of proper consistency and color. This continued for three days. Repeated. Stools regularly for a week. Repeated as before when necessary—once a month, or two months. Three years have elapsed, and the child is quite well of his trouble. The point in this case is this: The parents, to save time and expense of running to me for the “constipation medicine,” as they termed it, asked me the name of it. I gave it them, and they procured some of a low potency. But, somehow or other, it never did the boy a particle of good, and they were obliged to call on me for the *Sepia* 200, which never failed to bring about the desired action.

NOTE.—*Sepia* failed in the low, but was promptly curative in the 200th, potency.

CASE II. Was treating a case of rubecula. The key-note—*very cross the child is only pacified by being carried day and night*. Prescribed *Chamomilla* 6; continued two days; child growing worse rapidly. Tried other remedies—*Bell.*, *Bry.*, *Ant. crud.*, etc. Parents alarmed, and friends suggest a change of physician. Almost discharged. I concluded to try *Cham.* high, and did so—the 200th potency. A few pellets were dropped into a half-glass of water: two teaspoonsful per

dose, every fifteen minutes for four times, then every two hours. After the second dose the child began to prattle in a pleasant manner; and from that time made rapid strides to a complete recovery.

NOTE.—*Chamomilla*, the Homœopathic remedy, failed utterly in the low potency, but rapidly cured the case in the 200th potency.

CASE III. Pleurisy, right side, worse on motion, inspiration; better from warm applications, lying on the painful side. Prescribed *Bryonia* 3 every two hours. Passed a wretched afternoon and night, and not a particle better on calling twenty-four hours afterward. *Bryonia* 200, a few pellets in half a glass of water, two teaspoonsful every twenty minutes for four times, then every two hours. Better in one hour, and quite free from pain in three hours.

In each of these cases, it should be observed, a low potency was employed without benefit, and relief only obtained by means of the same drugs more highly potentized. In each case the Homœopathic remedy was prescribed from the first, yet how impotent they were, and how easily one could have been led to discard them altogether, and seek in other drugs the help they already held in their hands! Doubtless this has been the experience of many of us more times than we can ever know. It is not my purpose in this paper to underrate the low potencies, nor to grow enthusiastic over the high ones, for they are both good, each in its proper place; but, to show from the history of the preceding cases that a medicine may be properly chosen, that is, according to the law *similia*, yet fail to do a particle of good. It follows, then, that the exclusive low potency prescriber will fail, where a high potency is, in the nature of the case, applicable; and the extreme high potency prescriber will, too, fall short of success, because of his exclusiveness. Most of us, sooner or later, get into ruts; and the ruts, with time, grow deeper, until at last we are so buried beneath its banks that the broad, progressive world is quite shut out, and we cease to learn, because of the time required to ride the hobbies we have made for ourselves. Hobbies are bad things, because they narrow the man; and narrowness is bad, because it stops the wheel of progress, which means research, knowledge, success—the want of every one, the necessity of every physician.

WHAT IS A HIGH POTENCY?

Before answering my own question, I wish to slightly review an article written by Dr. Sarchet, entitled, "High Potencies or Not." This article, like others which from time to time have appeared in the journals, calls the question to my mind, for the 30th and 200th are generally given as examples of *high* potencies. Is it the general opinion that the 200th is *a* or *the* high potency? I ask partly for information, but before giving my own opinion I must look at the doctor's article.

It is decidedly lively, seen from a Homœopathic standpoint, and I like it, not because I agree with him in a single instance, but because he is willing to acknowledge an error, if it be one, and because he is not ashamed to tell the profession in general that he is a downright Allopathist. I know of some who doctor both ways to suit a chance customer; who send their patients to the corner drug store for prescriptions, etc., etc., but dare not tell the profession where they stand. Did they not put "Homœopathist" on their signs the community would never find it out. Indeed, I believe Dr. S. wrote us he did only to provoke a little healthy discussion, or make some fun. The doctor quotes Drs. McNeil and Eggert, who say they do not use *Quinine* in any form whatever, and then in his closing paragraph tells them they lie by saying, "We can talk, gentlemen, but we all use *Quinine*." Will they reply as did the man when kicked by the donkey? I most heartily agree with Drs. McNeil and Eggert, and reiterate we do not use *Quinine*. I abandoned its use several years since from principle, and, although I have had many very bad cases of acute and chronic intermittent fever, I have been surprised to see how quickly they were cured when I gave the similia in a high potency. Dr. S. says he will stand by his friend, *Quinine*, when assailed. With equal zeal I will defend high potencies. He also says he aims to have his pet remedies. I do not. One remedy is as good as another. Each will cure when correctly chosen, and will not cure if unsimilar.

I will not sustain any doctor in the filthy habit of making the tobacco smoke so very thick in his office, nor in letting those nice little white pellets roll over his nasty tobacco-stained fingers. Not that it is the worse for the pellets, but oh, how my sympathy goes out for his lady patients! Doctors are slightly human, after all, and it is no uncommon occurrence to find one who does worse than smoke. If the smoke and perfume, and touch kill, or in any way impair the efficacy of the 200th or higher potencies, will Dr. S. please state what particular low potency he would give a patient suffering, we will suppose, from sciatica, and who chews tobacco all day and sleeps with a quid in his mouth all night? I am not the discoverer of the fact that high potencies act just the same in one condition as in the other. Hence for years I have allowed my patients to eat, drink, chew, swear, or go to Brooklyn as they pleased, so far as concerns the medicine. If I believe coffee injures my patient I may advise abstinence or give the appropriate remedy for "ag. from coffee."

Dr. S. says the Allopaths do cure ague with *Quinine*, at once. Do they? This certainly is news. And why does the doctor give *Cinchona* in the fall "when there is great evaporation from the earth?" Is this the way he prescribes? If so, I can easily see why he resorts to *Quinine*. He prescribes *China* for the name ague, and entirely ignores all the symptoms. I find as great a variety of symptoms in intermittent produced by "spore, fungus, malaria, etc.," as from any other source.

The doctor's comparison of intermittent with 10 grains *Morphia* in the stomach is positively ridiculous. Will the good doctor tell us why he does not use the stomach pump in all cases of acute intermittents?

He might scrape or burn off the membrane in diphtheria, or plug up the anus in diarrhoea, and proclaim a cure with the same show of reason. I am sorry not to see the doctor's name in the list of subscribers for Allen's *Materia Medica*, because there the field for study is large. He should agree to study the *Organon* and Allen's *Materia Medica*, or at once go over to the Allopaths, where his article consigns him. He uses word for word the same argument that they have used from the time of Hahnemann down to the present. Again, the doctor says he has a right to use *Quinine*. I certainly shall not question his *right* to use any or all the pariphanalia of the Allopaths in the treatment of his patients. But why call it Homœopathy? It is not, and never has been a question of right *per se*. The question fairly put is, Can you cure acute intermittents quicker and better with massive doses of *Quinine* than by a high potency of a remedy chosen for its similarity to the case?

The doctor failed with the 200th. So have I. But the 100,000th has never failed me in acute intermittents, when the remedy was correctly chosen. So accustomed am I to the sharp action of these high potencies that I abandon the remedy as wrongly chosen if the cure be not far advanced in forty-eight hours after the dose is taken. I know very well the amount of study it sometimes costs to choose the remedy.

I have not forgotten the time when I considered the 12th an egregiously high potency. Several years' exclusive practice with what I have supposed were high potencies (1,000 to 100,000 inclusive, and *Nux vomica* 500,000) furnish for me the answer to my query. A high potency is the highest known preparation of any medicine which will cure when chosen strictly in accordance with the *Hahnemannian law*.

NEW YORK, January, 1876.

A. M. PIERSONS.

FAITH IN MEDICINES AND PHYSICIANS.

BY E. PARSONS, M. D., KEWANEE, ILL.

Read before the Illinois Homœopathic Medical Association.

MR. PRESIDENT, LADIES AND GENTLEMEN: In speaking upon the subject of Clinical Medicine I shall not restrict my remarks to the clinical use of remedies in the removal of disease, but dwell more upon general principles. Neither have I any almost miraculous cure to report by the administration of one single dose of a remedy very high. Am very sorry to be compelled to state that I have never been very successful in the single dose plan. Therefore I will leave reports of cures to those who have a taste and success that way.

But I shall still adhere to the principle that he who can see nothing good in the very many palliative and curative means that can be used by the intelligent and progressive physician for the cure of disease save by the administration of remedies, has but just entered the vestibule of the healing art. The time has been, and undoubtedly is yet with old foggy medicine, that a patient burning up with fever and dying

with thirst for cold water, was refused one drop of the cooling, refreshing beverage to assuage the burning thirst. The time has been, even with the more progressive Homeopaths, that a patient has been denied the beauties of nature in the form of flowers to cheer the sick room, lest their odor might interfere with the healing properties of the remedies administered. And the time is not very distant with many physicians, I am quite confident, when a mustard, an onion, or hop, or other poultices were objected to on the ground that the healing influences of the administered remedies would be seriously interfered with by the medicinal properties of the local application. Without stopping to discuss the point whether the use of local applications possessing medicinal properties do interfere with the curative influence of the drug internally used, I venture the assertion that the satisfaction to the patient's mind more than counterbalances all the evils resulting from their use.

Possibly all the virtues, or nearly all, of local applications may consist in a calming influence they have upon the mind of the patient. And very frequently, I doubt not, cures are wrought by the administered remedy, more by this cheering influence than by any specific action the drug holds to the disease. Should you call in question this proposition, then examine carefully the reports in the various journals of all schools of medicine, of the cures therein reported of the different diseases, and scarcely a cure is reported with very similar symptoms to other reported cases wherein the same prescription was made use of. And yet these dissimilar prescriptions for similar symptoms are all claimed to cure, in the majority of cases, by the specific action of the drug used.

Even in our own school of medicine we find that physicians vary in their prescriptions exceedingly. Thus we have our high and low potency adherents; our old remedy and our new remedy advocates; our single remedy, and our two-or-more remedy prescribers; and each one believing that his plan is the only true one. Not long since I remember to have read in one of our journals a statement that a certain physician had been extremely successful in curing diseases by the exclusive use of new remedies, not having lost a single case since he commenced the use of them. And undoubtedly many other physicians might have reported just as good success with the exclusive use of the old remedies. Now the question arises here, Was it the medicine, operating on the disease that cured? or was it the faith the patient had in the physician's prescriptions that wrought the cure? In my humble opinion the great majority were cured more through the influence of faith than by any specific action of the drug made use of.

You are undoubtedly all familiar with the story of that good old doctor who, in years gone by, became satisfied in his own mind that medicines not only did no good in the treatment of disease, but, on the contrary, were absolutely injurious, and therefore resolved to try the effect of inert substances on his patients, by first exciting their faith and expectations that a cure would be surely wrought by his

wonderful all-healing pills, which, by the way, were simply bread pills. His bread pills were much more efficacious in removing disease than the more unscientific prescription of the old school at the present day. Because his bread pills would have just the desired effect, whereas our old school prescriptions have everything but the desired effect, except the physician desires his patient to become sicker, than he was when called upon to prescribe. In the one case the patient had full confidence that the all-healing pills were going to cure him, and there being nothing in their composition to interfere with the process of nature, the patient was speedily restored to health. But in the other case the patient, with equally as great faith that his physician is going to cure him, but the physician's unscientific prescriptions conflict with the healing process of nature, and the consequence is that, notwithstanding the patient's faith, he does not get along well. The strong doses of medicine more than counterbalance the patient's faith and the efforts of nature to restore him to health, and the consequence is he grows worse instead of better.

Who is not aware of the depressing influence that fear has upon persons? And how many have succumbed to diseases induced by fear alone? And if fear will cause disease, why not faith cure it? There is certainly nothing illogical in this view of the case; and it is the only consistent way we can account for the many reported cures by such a variety of means.

I am perfectly satisfied in my own mind that the success of a physician does not depend so much upon his ability to prescribe accurately and scientifically as in his ability to win the confidence of the community in general and his patients in particular. Thus we find in every community practicing physicians of very limited knowledge of medicine and scientific attainments, who are very successful in procuring patients, and successful in treating them, provided they prescribe more bread pills than crude drugs. Then again we not infrequently find a physician with a thorough knowledge of medicine and the sciences in general, but who, unfortunately for himself and the world at large, does not possess the faculty, or psychologic power to convince people that he is worthy their patronage, and consequently he fails to procure a numerous list of patients, and not unfrequently fails to cure them — not because his prescriptions were not the very best that could be made, but because he failed to inspire them with unbounded confidence in his ability.

Many die annually, either directly or indirectly, through the influence of fear. And very many undoubtedly die through the injudicious use of drugs. Very many, we feel confident, are restored to health by appropriate remedies and other treatment. And again, many are cured far more through the influence of the faith they possess in their medical advisors, than in any health restoring processes resorted to by the attending physicians.

Far be it from me to say aught to lessen our faith in, or detract one iota from our great law of cure (for I believe it to be the only true system of medical treatment); but while we render ourselves familiar

with the action of our remedies upon the human system, both in health and in disease, we should not ignore the fact that everything in nature has an effect, either for weal or for woe, upon our patients, and if we would become perfect in the healing art we should bring to bear not only a well-selected remedy or remedies, but everything that will be likely to assist in restoring our patients to health.

We know that our remedies have cured many who have not had a particle of faith in our method of treatment, yet there is no doubt but that the cures would have been much more speedily and and satisfactorily accomplished with a good degree of faith. How discouraging and hard to treat successfully are some forms of nervous diseases; and especially when the patient believes there is no help or relief to be obtained, and has given up in despair. I very much doubt if remedies alone will ever cure this condition, except a faith in a possibility of cure can first be established in the patient's mind. But if we can succeed in making the person believe there is not only a possibility but a strong probability of cure, the phase of the case is changed at once, and the patient, instead of dwelling continually on the dark and cheerless side, becomes more cheerful and hopeful, and a marked improvement in health is observed from day to day till the patient is in time entirely restored to health.

MELANCHOLY KILLS.

I well remember when a boy of a man who became hypochondriac, and though not bodily sick, thought he was going to die. And with this conviction strongly impressed upon his mind he took his bed, when, to all appearance, he was in perfect health physically, and employed a physician, also a nurse to take care of him. And notwithstanding everything was done for him in the way of good nursing and good scientific drugging, this man went down, down, and died within six months from the time he sent for his physician. This man, all during his sickness, or more properly, hallucination, had a good appetite, and ate as heartily as a man at hard labor. The attending physician said there was no disease, yet he died, not from physical disability, but from fear, or lack of faith that it was possible for him to live longer. A post mortem held by the attending physician revealed no organic lesion of any organ sufficient to have caused death.

And the question right here naturally arises, could this man have been saved? And I presume there is not a physician present but would have undertaken his case, or one similar, with full confidence that a cure could be accomplished. Now in my humble opinion the only way this man could have been cured would have been, first to have changed the current and drift of his mind. He should have been made to as firmly believe in the possibility of cure as he then firmly believed that he was doomed to die. It seems to me that medicines in this man's case, especially of the kind he took, were only rendering a bad matter worse continually; and that all he needed was some physician who could make him believe that he could certainly restore

him to health, and bread pills undoubtedly were the best, or as good, at least, as any, for that particular case.

EXPERIENCE ON THE ISTHMUS.

Soon after I commenced the study of medicine, being scarce of funds, the one thing so essential to the prosecution of my medical studies, I foolishly hired to the company who were building a railroad across the Isthmus from Aspinwall to Panama. When I entered into the contract I supposed it was no more sickly there than in any other warm country, and thought one could work during the winter months in comparative good health. But when I arrived in New York I heard so many stories of the unhealthiness and great mortality that prevailed there that I became despondent; and this, added to severe seasickness nearly the whole trip, rendered me a fit subject for the fever soon after my arrival. It came in the form of bilious fever of hot climates; and bilious enough it was for me too. The company's physician came around to prescribe for me, accompanied by a friend of mine, but not having any faith in his large doses of *Quinine* and *Morphine* I declined taking any medicine. The doctor told me I would die; my friend told me I would die; yet there was something within me that told me all would be well, and I would get along much better without medicine than I would with it. So long as I retained my reason I had full confidence that I should get well. I recovered from the fever very much sooner than those who took medicine; besides, very many who took the fever and the medicine too, died. Just how much can be charged to the medicine, or how much to a lack of faith that they would get well, I am unable to say. I can, however, say that I firmly believe that if I had taken medicine in the state of mind I was then in, that is, feeling that the medicine would kill me, I am quite sure I should not be here to-day to proclaim my belief in the efficacy of faith in the cure of disease.

Soon after I commenced the practice of medicine I formed the acquaintance of a tall, spare, nervous man, who was like many nervous women we frequently meet now-a-days. He was continually telling over his aches and pains, and how bad he felt generally; and if any one else happened to tell one, in his, presence, their peculiar bad feelings, he was always sure to be just so too. And in short he was just the kind of man to be made to believe he was sick, when in reality, physically he was just as well as any of us here to-day. A short time before I became acquainted with this man, some waggish young fellows having got tired of listening to this man's recital of aches and pains, determined (to use a slang phrase) to play off on him. So, learning he was going away to return on a certain time, they arranged it among themselves to meet him singly between the railroad station and his home, with a painful tale of his very feeble looks, etc. The first one he met, after the ordinary salutation, anxiously inquired what was the matter; thought he must be sick, as he looked so feeble and so bad. The next one had the same sad story to relate; then the third, the fourth, and the fifth; and sure enough, he commenced to feel sick.

Said he did not know what was the matter, but felt very bad; thought something serious was working with him that made him look and feel so bad. He managed to get home, however, went to bed, and sent for the doctor, and the result was, a sick spell. I don't know whether he ever learned the cause of this sickness or not; but the ruse was quite as successful in rendering him sick, as are the doctors in making their patients sick when they get a chance to prescribe — present company always excepted.

I frequently wonder how so many get well as do, especially patients of doctors who are forever having such terrible sick patients — so sick that it is extremely doubtful about their recovery. And with this sort of encouragement from their medical adviser, if the disease is at all serious the prognosis is extremely doubtful. When there is a doubt in the mind of the physician in regard to the recovery of the patient, I hold he should give the patient the benefit of the doubt, and instead of giving an unfavorable prognosis he should encourage him as much as possible. Many a one has been sent to his long home by the injudicious remarks of the attending physician, or by the remarks and actions of the too solicitous and anxious friends of the patient.

I well remember of attending the family of a Methodist minister, whose children seemed to possess but little vitality, as several of them had died previous to the time to which I now refer. The oldest, a young lady about seventeen years old, nervous sanguine temperament, had been sick with typhoid fever. At the time of making my last visit before the tragedy was enacted that caused her death, the fever had turned, the tongue cleaned up, and mind cleared up, and every symptom denoting that convalescence was fairly established. I left her feeling confident that she would get well, in fact, I was absolutely certain of it. But I too soon learned that life at best is very uncertain, and when its continuance is dependent in a great measure upon the good sense and firmness of the immediate friends of the sick, it is uncertain indeed. This young lady, whom I was so certain would get well, died within three hours from the time I made my last visit to her, and the immediate cause of her death I am confident was through the injudicious remarks and actions of her parents. When they saw that reason had assumed its sway once more, so anxious were they about the soul's welfare of their child that they must pray with her and endeavor to induce her to make her peace with God. The excitement was too much for her in her feeble condition, and the result was the friends were left to mourn over their child, dead from too much solicitation on their part for the soul's welfare. It was a very good thing to look after the soul's welfare, and yet if we would have the soul continue to animate this mortal body we must look after the body's interest also, and not look after the welfare of one to the exclusion of the other's welfare.

Fear will kill, and faith will cure; and it stands us in hand to encourage our patients by every possible means, even though we may perhaps entertain serious doubts of their recovery. Why is it we have so many incurable diseases? Undoubtedly it is attributable in a great

measure to the discouragement that the patient, physician and friends feel when the disease is found to be of the incurable kind. Should the patient, physician, and friends become discouraged, as they almost invariably do when the disease is consumption or cancer, then we can expect but little assistance through faith, for all the elements of faith are wanting — there is nothing to build a hope upon. True, the physician may say, so long as there is life there is hope, but he says this in such a hopeless way that it had better been left unsaid for all the hope it inspires in the patient's breast. When the physician becomes discouraged the treatment is merely palliative, or if he attempts to cure he does it with so little heart, so little faith in his success, that it must necessarily prove abortive.

It requires faith and determination, both on the part of the patient and physician, to overcome any serious malady. Faith in the efficacy of any very simple means will frequently accomplish more than the skill of the most scientific physician unaccompanied by faith. But how much more could be accomplished with perfect confidence in the means employed, and at the same time use the right means in every essential particular. Do the best we can, we shall too frequently fail, but we shall much more frequently fail if we enter the sick room with a long face and give a doubtful prognosis in grave and melancholy tones. It behooves us as physicians to be cheerful, and especially so when the patient and friends are sad and desponding.

EFFECT OF A SOCIAL VISIT.

I believe a cheerful, social visit from the attending physician will do more good than the medicine he prescribes. I well remember when a boy of a good old grandmother who would occasionally have her sick spells, and send for the family physician, an old school of very social turn, and one who gave but little medicine. When called to my grandmother, instead of first looking at her tongue and feeling her pulse, and then shaking his head gravely and pronouncing her a very sick woman with very little hope of recovery; he would sit down by the bed-side and chat with her cheerfully, not about her aches and pains, and bad feelings generally, but, on the contrary, would divert her mind from them, and by the time he would leave her she would almost forget she was sick, and very frequently he would go away and not prescribe a particle of medicine. And yet his visit, with the cheering conversation, did her more good than the most scientific prescription would have done without the cheering influence of the hopeful and cheering conversation.

We are apt to rely too much upon the curative properties of our remedies and pay too little heed to the influence we have over our patients by our conversation and manner. Possibly we may here find the secret of cure in one single dose of a remedy in very high potency. Faith undoubtedly performs a very important part in the cure of all such cases.

Far be it from me to say there is no virtue in the high potencies; yet I should have little faith in them in treating a coarse, besotted Irish-

man, filled with whisky and tobacco, and possessed of little faith in anything that he could neither taste nor feel the effects of soon after swallowing. Our remedies and mode of treatment must be adapted to the mental condition of our patients if we would be successful. Thus the coarse, low, and besotted must be addressed entirely through the physical in order to prove successful, and Homœopathy can do but little for them, especially when there is an entire lack of confidence on the part of the patient. Not but what our remedies in the lower potencies would have the desired effect, if the patient would but give them a chance, but in a majority of cases the patient has so little faith in the stirred water or in the sugar pills or powder prescribed, that he must take a dose of oil, a box of pills, a bottle of pain-killer, a Dover's powder, and thus all our efforts to cure our patient strictly according to the law of Similia is rendered abortive.

It seems to me that the art of prescribing remedies well is but a small part of the true healing art, especially in this day and age of mental strain and nervous excitement. The physician should also possess the art in a very high degree of (as a friend expressed it to me) "talking his remedies in." And if there are any here at all inclined to prescribe crude drugs in massive doses, I would recommend them to make three social visits, prescribing nothing but *Sac lac*, or bread pills, to one visit and prescription of the crude drug; and depend upon it the social visits will do the patient much more good.

ON INTERMITTENT FEVER.

EXTRACTS FROM A LECTURE DELIVERED AT THE HOMŒOPATHIC COLLEGE, CLEVELAND, OHIO, BY C. PEARSON, M. D., WASHINGTON, D. C.

The characteristics of an intermittent fever are the periodicity of the paroxysms, and the intermissions. Aside from these the disease differs very little from a remittent, but as we prescribe for symptoms instead of names, the remedies and treatment, as a general thing, are different. Twenty-seven years ago Prof. Mitchell published a small work on fevers, in which he labored with more ingenuity, perhaps, than reason, to disprove the miasmatic theory of their origin, and to show their cause to be the sporules of *cryptogamous fungi*; but the old theory is generally accepted. In limestone countries where the water in all the running streams is hard, ague is much less prevalent. This is doubtless owing to the amount of calcium held in solution, by which they are so preserved or purified that little or no poisonous exhalation is thrown off; and fogs are not so frequent, so that in the vicinity of dams, or low water, in the months of August and September, very little if any smell can be perceived, which is not the case with soft water streams.

It is unnecessary to give a long dissertation on the diagnosis or pathology of this disease. You can find these in the books, and when you have nothing of more importance to attend to, it may be well to look over them. What you want is the treatment. This is what you are here for, to learn how to *cure* your patients. And this great outcry which we now sometimes hear about pathology will avail you about as much at the bedside of the sick as would a gourd shell filled with dried beans, which medicine is used amongst some savage tribes to rattle in the ears of the patients.

In regard to the treatment, very little useful information is to be derived from our works on practice, as little or no direction is given either in reference to the proper attenuation, or repetition of the dose; and without observing these, success would be the exception and failure the rule. Hartmann, after directing the remedy to be given as soon as the paroxysm has passed off, says "it is also expedient to repeat the medicine a few hours before the return of the next." This is undoubtedly bad practice. The medicine, after having been carefully selected, should be given as early in the apyrexia as possible, one or two doses, two or three hours between; after which no more medicine should be given until after the next paroxysm has entirely passed off. In this way a fair opportunity is given to observe the impression, if any, made by the remedy, when, if it were repeated just before the paroxysm is expected, it may bring it on, or aggravate it in such a manner as to make it next to impossible to detect whether this was from the medicine, or the general tendency of the disease; hence there is no guide whether to continue the same remedy, or to select another. The better way is to make the prescription and wait the result—if the next paroxysm is earlier and harder, or later and lighter; it is not best to interfere, but wait the next, which may not return. But if no perceptible change can be noted, either in time or severity, it would be well to study the case again, and perhaps give another medicine. The three most prominent causes of failure are, in a too hasty or careless selection of the remedy; in giving it at too low a potency; and in repeating it too often.

The medicines most appropriate are *Apis*, *Arsen.*, *Bry.*, *Caps.*, *Carbo veg.*, *Cimex*, *Ehupat. per.*, *Ipecac*, *Natr. mur.*, *Puls.*, *Rhus tox.*, and *Verat.*

APIS.

The books direct us to give *Apis* when the chill comes in the afternoon—3 to 4 o'clock; but if other prominent symptoms for this medicine are present, the time of day is not all-important. Chill worse in a warm room, or near a hot stove; heat in the face and hands; renewed chilliness from the slightest motion; oppressed breathing, with or without dry cough; *burning in the chest*, particularly left side, such as is experienced from rapidly inhaling frosty air—this symptom may be regarded as the "key note" for this medicine; the chill comes every day, or every other day, and is preceded by a sudden attack of nausea and vomiting; soreness of all the joints; swelling of the feet; scanty urine, depositing a pink sediment, which is found to adhere to the

sides of the vessel. Two powders of the 200th may be given with an interval between of three hours, the first as soon as the perspiration appears, after which nothing but *placebos* should be administered until after the next paroxysm, should another occur, has passed off; and this same direction should be observed in the administration of every remedy, except that when not called to prescribe for from twelve to twenty hours after the fever has ceased, more than one dose should not be given, and never more than one if an attenuation as low as the 30th be used.

ARSENICUM,

at a low trituration, will often suppress chills, and sometimes the patient as well; but as a Homœopathic remedy it will be found to come far short of the reputation many seem disposed to give it. The characteristics are, burning like fire in the stomach and bowels; not much thirst, small quantities of water being taken at a time; the paroxysms seem to be incomplete, heat and chilliness blending together, or one stage is entirely wanting, and the apyrexia is seldom clear; the face is pale and sunken; if sweat occurs it is long after the chill, dry heat being the most prominent symptom, with the same anxious restlessness that characterizes this medicine everywhere.

BRYONIA

is still less frequently required than *Arsen.*, but unlike it the chill predominates, with great thirst during it and the fever; perspiration is profuse, and the patient perspires easily during the apyrexia.

CAPSICUM

is more frequently required. It has chills commencing in the back, and after the chill sweating sometimes follows without heat; thirst greatest during the sweating stage; sometimes burning, scalding diarrhœa, worse at night.

CARBO VEG.

is rarely required, and yet it has one symptom occasionally present that few if any other medicines have: *sweat before the chill*. Were it not for this symptom it would scarcely be necessary to mention it at all.

CIMEX

is also not often called for, still it deserves mention on account of two peculiar symptoms: Clenching of the hands as the chill sets in; and constricted feeling in the œsophagus, with trouble in swallowing liquids.

EUPATORIUM PERF.

is perhaps not excelled by any other medicine, except *Natr. mur.*, with which it has a great many symptoms in common, such as the time of day, from 7 to 9 A. M.; but its "key-note" is, *vomiting after the chill*, as the fever is coming on. The thirst is the first indication of the

approaching chill, which it often precedes for an hour or more, and continues during all the stages; distressing pain in the small of the back, with aching in the extremities as though the bones were broken.

IPECAC,

so highly esteemed by some, is with me not a favorite. Gastric symptoms predominate. Chill is preceded by yawning, stretching, and often vomiting, which may occur a number of times, till reaction sets in.

NATRUM MUR.

is one of the best, if not the best, remedy in the materia medica. No other has so many symptoms of ague: Morning paroxysm 11 A. M.; thirst during all stages; often vomiting, not confined to any particular time; headache and extreme weakness; "key-note," *fever blisters which cover the lips like pearls.*

PULSATILLA,

has three symptoms, which, if presented, should always direct us to its selection: Chills returning after having been suppressed with *Quinine* or *Chinoidine*; at night before 12 o'clock; next night diarrhœa; then if there be little or no thirst during any of the stages, and the patient be a child or female, this is the remedy.

RHUS TOX.

has at least one very prominent symptom, the appearance during the chill of a distressing, burning, itching rash, disappearing as the fever declines; an intolerable urticaria in the form of spots or irregular wheels all over the body, even the palms of the hands and soles of the feet, setting the patient frantic; it has other symptoms, but this is the index.

VERATRUM ALB.

is almost the only remedy that will modify a paroxysm after it has set in, and may be given in solution from one to two doses where there is extreme suffering, with cold, shrunken features, vomiting and purging, great thirst, cold blue extremities, with cramp pains like cholera.

These comprise the most important remedies for intermittent fever, though nearly every medicine in the materia medica has been recommended, by different practitioners. Some patients, particularly children, become very hungry and ask for food as soon as the chill subsides. Where this symptom is present it is well to think of *Cina*, *Phosph.*, or *Staphy*. The latter will also be found useful in double tertian; and where there is diarrhœa, bloating of the abdomen, sore mouth and gums, as in scurvy.

HOW ABOUT QUININE ?

But it would not do to conclude without some reference to *Quinine*, the pet of the lazy; the great antipathic remedy, though the chills come by day or by night, with or without fever, perspiration, or any

other such trifles, for who would bother with symptoms when they can have the name and the drug?

There is little doubt that *Quinine*, by its primary action, will, if enough be given, suppress, in a majority of cases and for a short time, an intermittent; but the fact that it will thus act is proof positive that it is not Homœopathic to the disease, any more than *Morphine* is to pain and diarrhœa. No, no, gentlemen! When you check your chills with ten grains of *Quinine*, don't shake your gory locks at Homœopathy and say it did it. Don't allow your patients to talk to you of *breaking* the chills. This expression is as Allopathic as *Quinine* itself. It is our province to *cure* disease, not to cover it, or allow the sexton to do so if it can be avoided.

MALIGNANT CASES.

No great danger need be apprehended from an intermittent, though the congestive form is much dreaded, the opinion being so prevalent that the third chill is usually fatal, there is doubtless more or less congestion of internal organs where the blood recedes from the extremities during any hard chill. But if no organic disease of the heart, lungs, or other viscera be present, no great fears need be entertained. It should be as carefully treated and as permanently cured as any other fever; and if so treated and the diet as guarded, there is no reason to fear relapse any more than in typhoid. The custom, which I fear is becoming far too prevalent with physicians, of allowing the patients to eat whatever their appetites may crave, is false in theory and disastrous in practice. If you would be successful in the treatment of any disease, look well to the stomachs of your patients.

HOMŒOPATHY, THE HIGHEST EVOLUTION IN MEDICINE.

BY T. F. POMEROY, A. M., M. D., OF BALTIMORE, MD.

Read before the Baltimore Homœopathic Medical Society.

In this paper, I shall discuss the following proposition, in order to show that the system of Homœopathic therapeutics, reposes securely upon immutable and universal law, and that it is a legitimate result of progressive developement, or in more modern phrase of evolution and if not in the order required by the necessities of man, yet in harmony with those laws by which he comes in the regular order of events to a knowledge of the truth, and by which also his farther progress and his ultimate destiny are made sure. *Any agent, in order to become a remedial one, must first of all be brought into a condition adapted to that of the organism upon which it is to act, and to one assimilated to those forces through which its action must be had, and thus into relation with those influences against which it is to be opposed.*

This proposition, to those who are entirely familiar with the principles and the results of its application in Homœopathic therapeutics, has become almost axiomatic, so thoroughly has it been demonstrated by the observations and experience of now quite three-quarters of a century. Nevertheless, there are still many who are included within the Homœopathic fraternity, who have not apprehended, nor intelligently applied the truths and principles comprehended in it. It is with the hope that the attention of at least a few of such may be aroused to the necessity for a proper understanding of those great principles which they assume to illustrate in their daily practice, that its elaboration will now be attempted.

It must be manifest to all intelligent observers, that the harmonious relations of the works of nature are maintained only through the agency of uniform and invariable laws, although, from the multiplicity and seeming complexity of those works, it might be supposed that a ceaseless vigilance and supervision is requisite to that end. These laws, once established, must be eternal and immutable like their Author, as they are also in a sense self-acting and omnipotent; but, when comprehended and understood, are found to be most simple, and subject to the will and uses of man, and most beneficently adapted to his comprehension, and constituted for his development. They may for our present purpose, with sufficient comprehensiveness and yet with enough of simplicity, be designated as the laws of affinity and attraction, requiring relation and adaptation of parts, in order to a harmonious whole; controlling alike, the formation, development, and the manifestations of the minutest organization, and of the grandest systems of the universe. We find that only those particles, organisms, and systems are associated together, that from their likeness and adaptation are attracted to each other; thus is it in crystalline and other mineral formations, in vegetable growths, and in animal life as truly as in those higher manifestations of the celestial world, or of the universe itself. It is through this power that we call affinity, that a selection is made from the supplied elements, atom by atom, of such material as is suited to the formation and development of each individual organism. That mineral and vegetable products, for example the rose and the poppy growing side by side, do not become commingled and confounded, is due to the operation of this law. It controls also the formation and development of man, not only in all his relations and associations, but also in all his aspirations and expectations. But as it is our purpose to regard the operation of these laws specially, and with reference only to our subject, we will proceed at once to the consideration of their physiological, pathological and therapeutic relations to the animal economy.

A LIKENESS FOR HARMONY, UNITY, HEALTH.

As we have assumed that all the productions of nature, from her rudest manifestations to the development of man, combining as he does physical, as well as intellectual and moral attributes in one organism, are the result of the action of laws requiring a *likeness*, in order to

harmony and unity, we must believe that their maintenance, harmonious action and continued development are likewise dependent upon this agency. But man was created subsequently to the mineral, the vegetable, and lower animals, and is dependent upon them for subsistence, and must, therefore, sustain to them the most intimate relations. This being true of the human organism as a whole, it must also be true of its parts in the utmost detail and minutiae; hence we find that its various tissues and organs are supplied and maintained from a common source with such nutriment as is best suited for the peculiar structure and the functional requirements of each; thus the skin, the muscles, the bones, and the nerve substance derive from the blood each its peculiar sustenance and material for growth and full development; and upon the integrity and reliability of these processes, the health and harmonious action of the entire organism depends, as much as upon all external influences.

Such, then, being the anatomical and physiological relations of the human organism, and such its dependence upon the inviolability with which they are maintained, it is next to be considered in what manner those relations may be, and in the past have been, disturbed, resulting in the disease and suffering incident to human existence. For all time probably in the history of man, and as the result of his ignorance of them, those laws have been violated, which were designed for his ultimate harmonious existence and healthful conditions; and thus has been entailed upon the entire race in regular succession, the same propensity not only, but the constantly accumulating evils resulting from it. These evils have still farther been perpetuated and confirmed through ignorance of the relations which he sustains to the mineral, vegetable, and animal kingdoms, by means of those constituent elements, which, we have already intimated, he holds in common with them, and in the use, or rather the abuse, of drugs and other agents derived from these three kingdoms of nature, thus greatly adding to the degree and intensity of those evils, so that human life has come to be of but short duration, and for a large part made up of pain and disease. Such then having become the condition of the race, and such briefly the causes that have procured it, it became a matter of the greatest moment not only to find a method of relief, but also to determine the direction in which that relief might be systematically and scientifically sought. The most natural method of escape from these cumulating evils, should be through the agencies of those laws by which the race exists, and through which it is sustained and developed. In vain may we look in any other direction, as a long and sad history has fully demonstrated; we will therefore at once enter upon our argument, and regard the operation of those laws in the direction of preservation and recuperation, as we have already in that of creation and development in relation to mankind; and, first of all, with reference to the signs or indications of disturbance through which the presence of diseased conditions are made manifest, and thus we are brought to regard the pathological aspect of our subject more directly than we have hitherto done.

A DISTURBANCE OF THE HARMONIOUS RELATIONS, DISEASE.

Disease, or more properly a pathological condition, is the result either of a partial disorganization of structure, or of a derangement of function, or of both combined, in consequence of a disturbance of the harmonious relations previously existing, either as to atomic arrangement, or of the normal action of those forces by which the organism is maintained. It will hardly be questioned in this day, that the life force *whatever it may be* acts primarily by means of the brain and nervous system, upon and through the entire organism, and that organism conforms itself from the very outset to its requirements, even from the germ itself; nor will it be denied that its office is thus to build up, renew, repair, as well as to sustain and develop. Now, whenever from any cause it becomes incompetent to the full accomplishment of any one or more of these results, its inability is speedily manifested through certain indications or signs, which are termed symptoms, and these are usually so significant and imperative, as to demand earnest attention not only, but also a diligent effort for such relief as the particular exigency requires. That there may be no misapprehension as to the direction in which these indications point, nor as to the manner in which nature acts towards reparation and a restoration of harmony, nor any doubt as to the connection existing between them and these recuperative efforts, if, indeed they are not identical, abundant opportunity for direct observation is afforded in the processes of inflammation, suppuration and granulation, when located upon the surface of the body; also in the spontaneous ejection from the stomach or bowels, with the accompanying distress, of such food, which, from its quantity or quality, cannot be digested or assimilated, and in the action of poisons, and the pathogenetic effect of drugs. It cannot be doubted that these and other natural methods of relief that are external in their relations, and open to direct observation, are both suggestive and indicative of the direction and manner in which artificial aid is solicited. Analogy would require that there need also be no uncertainty as to their significance when the disturbance is internal and hidden from direct observation and inspection, and that a restoration to health and to harmonious relations is as really attainable here as where it is merely superficial, and that the symptoms, or external signs, or phenomena of such derangements are as indicative of the direction in which the aid of art is required, as they are also of the energy and efficacy of the recuperative processes themselves. That artificial aid is usually requisite, is manifest from the fact that the vital force is thus stimulated to a greater effort to overcome a morbid condition, and that a properly selected and timely administered remedial agent facilitates and ensures relief, just as a more intense and concentrated mental effort oftentimes accomplishes what could not otherwise have been attained.

THE THERAPEUTIC RELATIONS, REQUIREMENTS AND RESOURCES.

Having thus a knowledge of the physiological relations of the human

organism to natural laws, and having deduced from it those of its pathological conditions, we are prepared to enter upon the consideration of that branch of our subject that has reference to its therapeutic relations and requirements. It must here be remembered that from the identity of its constituent elements with those of the mineral, vegetable and animal kingdoms, the human organism sustains to them the most intimate relations not only, but is also wholly dependent upon them for subsistence and development, as it was at the outset, under divine laws, for its very existence and origin; for, out of the dust of the earth was man made, and he became a living creature by the will of the Creator, and in accordance with His laws, and after His own image, an intelligent and rational being. Having thus been created and constituted, and being thus subsistent and dependent, his farther development and perpetuity must likewise depend upon the action of the same laws that govern them and their relations.

Chemistry teaches us that the various bodies of the mineral and vegetable kingdoms sustain such relations to each other under favoring conditions, that through the affinities of their constituent elements, they combine and recombine together in exact and always the same proportions, thus producing an infinite variety of formations and organizations. This fact is exhibited on a grand scale in the geological history of our earth, and in a more humble way in the laboratory of the chemist, as are also the evidences of it manifest wherever vegetable life is present. That they also hold similar relations to the animal kingdom and to man, and are competent to the production of similar results upon both, as various as are their capabilities for combination and recombination, must follow from the identity of their constituent elements with those of all animal organizations. It is then competent for us to look to those three kingdoms in nature, the mineral, the vegetable, and the animal, for our therapeutic resources, our remedial agents, and to the laws that govern their relations, for the means and for the methods of their correct application. We have already seen that favoring conditions are requisite for the action of chemical forces, and philosophy, as well as analogy, teaches us that these must also be present wherever the laws of attraction and of affinity are to be exercised and this rule applies to chemical affinity not only, but to affinities of whatsoever kind and nature; thus it is that all relations are established, and their action and the results of that action are determined by the inflexible laws of nature.

Having thus found the sources from which our remedial agents are supplied, and having sufficiently for our purpose regarded the laws of their action, we are next to consider how these may be brought into relation to an organism so delicately constructed as is this of ours, and to those forces by which it is controlled, as well as to those agencies through which its harmony is disturbed. It is only necessary in this connection to glance at the minute structure of those organs through which these relations must be established, and through which they must act. I refer of course, to the nervous and vascular systems of the human organism, which are found to be divided and sub-divided

to that degree of infinity, that they are far beyond the reach of scientific observation, even with all the aids that art has yet supplied; it has not been suggested even what must necessarily be the nature and constitution of those forces by which the functional action of such an organism is maintained. That they are imponderable and intangible and not in any sense appreciable, otherwise than through the result of their action, cannot be doubted, and that they render the organism which they control exceedingly sensitive and susceptible to the slightest influences, whether for good or for ill, is evidenced by the observation of every individual in the sensations and emotions that he constantly experiences. A thought, a word, a breath of air, a subtle poison wafted on the breeze, as well as grosser causes, may, and oftentimes do, derange the functions; disturb the harmonious action, and even destroy the very existence of this wonderful and intricate piece of mechanism. How remedial agents can be adapted to such structural and functional requirements, when rendered doubly sensitive and susceptible by disease, and in a manner to insure prompt and efficient aid, is indeed a matter worthy of the highest effort and of the most profound consideration.

That this cannot be accomplished through any method of hypothetical reasoning, or of unsystematic experimentation, is apparent from the fact that after centuries of such investigation and observation, so-called medical science still largely consists in useless speculations, conflicting theories, and blundering experiments; the first processes of arrangement and order in accordance with law, and in harmony with physical science have but recently made their appearance. But before we come to consider what these are, we must first regard two agencies that have and must continue to have constant and intimate relations with the human organism, both in the disturbance of its physiological conditions, and in their restoration to harmonious action. These may be termed respectively morbid and drug agents; the former growing out of its external relations and its internal tendencies; the latter derived chiefly, as has been already shown, from the mineral, vegetable and animal kingdoms. Upon the relations that these sustain to each other, must the nature and value of our remedial agents depend. It is manifest that they sustain relations to the human organism as different as are their states or conditions; for while one is gross and tangible, the other is imponderable and intangible, like the life forces themselves, and unlike crude drugs, cannot be recognized except by their effects. Again, while the crude drug acts uniformly and invariably, and similarly upon all persons, at all times and under all circumstances a purely morbid influence acts only by virtue of its relations, and under certain conditions which constitute its sphere of action, in harmony with the laws of nature. Thus it is that poisons, emetics, cathartics and narcotics, with great uniformity and certainty, produce their specific effects; while miasms, contagious, mental emotions and atmospheric vicissitudes exert their influence upon a portion only of those who are exposed to them, and upon those alone who sustain to those agencies the requisite relations or affinities.

REMEDIES OBEY THE LAW OF AFFINITY.

Through the agency of the laws that govern this susceptibility, that determine these results, may we adapt our remedial agents to their appropriate use, and these we have already found to be the same that control the human organism in all of its physiological relations, the disturbances of which constitute its pathological conditions. This adaptation accomplished, and our remedial agents thus brought into a state of relation to the life forces, and to morbid influence alike, it remains only for us to learn through observation and experience how to use and how to apply them as efficient and reliable therapeutic agents. We have already noticed the fact that drugs are themselves morbid agents, that they are competent to disturb the integrity and harmony of the physiological functions, and to destroy the organism itself, when taken in their crude state, and in sufficiently large quantities, and that they therefore sustain such relations to it as to enable us accurately to determine their affinities for and their relations to certain organs and tissues, as well as for the disturbance of particular functions, in short, their disease-creating power; thus presenting for observation and instruction all the phenomena or symptoms of natural or spontaneous disease. Fortunately, this class of observations has been the means of revealing the fact, that when they are brought into a condition corresponding with that of the vital forces, and so as not to overpower or destroy their action, and are administered in accordance with the laws of relation as thus determined and established, they are competent for the removal of already existing morbid agencies and conditions.

For this result we are indebted to Samuel Hahnemann, who, from his observations and experiments with crude drugs, and from his knowledge of general principles, was enabled to deduce a law of cure as reliable and as fundamental as are the laws of life, or those of the universe itself; this law is at once expressed and defined in the formula, *similia similibus curantur*—like cures like—in other words, the principle of affinity, which pre-supposes and includes similarity, furnishes *the only therapeutic law* that is in accordance with natural principles.

SIMILARITY DEMANDS MINUTENESS.

Through these experiments, Hahnemann was led to the discovery that the latent curative properties of drugs, and their individual characteristics, could be developed and rendered available only through certain processes of attenuation and refinement to which he subjected them; he thus at once became the discoverer of a natural therapeutic law, and of the means by which it could be applied in harmony with natural principles, demonstrating also that when thus prepared they were brought into the condition of minuteness and of similarity which the organism itself, and the forces which govern its action demanded, and thus within the sphere of its affinities and attractions.

That these refining and attenuating processes are in harmony with those of other departments of nature, and are also demanded by the

laws of analogy, is apparent when we come to observe them attentively. Thus, in the mineral kingdom, attenuation by means of solution, or of chemical decomposition, is requisite before the constituent elements of its products become free to combine and to recombine for the production of new forms and substances; this fact is conspicuously illustrated in all crystalline formations. So also in vegetable life and structure, nutrition and development are in like manner dependent; for, although the earth and the air contain the required elements for their manifestation, yet not until their solution is effected by the showers of heaven, will nature make manifest her handiwork. So again in the animal kingdom, its processes of nutrition cannot be performed except through the attenuating and refining agency of the solvents requisite for digestion and circulation. Thus is it that we are led to observe and to admire the uniformity and harmony of all natural processes; and thus also are we admonished that only in imitation of them may we expect successful results in our dealings with all the departments of nature.

The experience of the past in the history of medicine affords, it would seem, a sufficient admonition as to the manner in which an organism so delicately constituted and so highly attenuated as is that of man and animals, should be approached with remedial agents. A more recent experience has most conclusively demonstrated the safety not only, but also the efficacy with which those agents may be used when they are thus brought into a state of relation to the life forces and to morbid influences; as it has also, that when thus prepared, they do not act invariably, nor toxicologically, but like miasmatic, contagious, and other subtle pathological agencies, solely by virtue of their relations or affinities, and thus in harmony with all other natural processes, and with the laws that govern the universe.

Upon this basis the science of Homœopathic Therapeutics rests, a result not of theoretical speculations, but of a patient observation of facts which occur with such uniformity and with such certainty as to be accounted for and explained only in conformity with general principles, and with universal law; and until other and better methods of applying these principles to the cure of disease are supplied, Homœopathy must be recognized and accepted as the only science of therapeutics.

With but one deduction of the many which the consideration of this subject suggests, it shall be brought to a close; it is this, that in a knowledge of *principles*, we possess the key to *all* knowledge, and as a corollary to this, that a knowledge of the principles can only be had through a patient and rigid observation of facts. Thus tradition and hypothesis must hereafter be discarded as furnishing accurate data in the acquirement of knowledge, except so far as they are in agreement with the revelations of science and the deductions of philosophy, and thus in harmony with the principles of nature.

PAROTITIS THIS YEAR.

“*Merc.* is not the specific for parotitis,” but *Phytolacca* is [this year.—ED.]

LANSING, Mich. Feb. 24.

R. W. NELSON.

[We suspect that this disease has a new specific every time it appears, for the concomitants vary.—ED.]

Hospital Department.

HAHNEMANN MEDICAL COLLEGE, CHICAGO.

EDITOR UNITED STATES MEDICAL INVESTIGATOR.—*Dear Sir:* As a contribution to the literature of “Medical Education,” and also with a view of placing before the public the exact status of the graduates of to-day, I hand you herewith copies of the examination papers given to the graduating class from Hahnemann Medical College, Chicago, for 1876. The average *per cent.* required to pass a candidate was 70. The average of the graduating class, as a whole, is given for each set of questions, and, we think, speaks well for the methods pursued in teaching. Those contemplating entering upon the study of medicine may form some idea of what will be required from them, while preceptors may from year to year get an exact idea of the progress made in the schools. No better index of progress can be given than this, the annual publication of examinations and results.

CHICAGO, Feb. 20.

CHARLES ADAMS, Registrar.

FINAL EXAMINATION ON THE DISEASES OF WOMEN.—PROFESSOR R. LUDLAM.

1. What are the great physiological epochs in the life of woman?
2. What two menstrual disorders frequently co-exist?
2. Which of the various forms of uterine ulceration are curable by constitutional treatment?
4. What are the symptoms of chronic metritis?
5. What do you understand by the term puerperality?
6. Name the three classes of causes for puerperal convulsions.
7. Give the treatment for puerperal fever.
8. With what other affection does puerperal septicæmia correspond; what are its leading symptoms; and, how would you cure it?
9. What are some of the most frequent complications and terminations of puerperal pyæmia?

10. Give the diagnostic signs and modes of termination of inflammation of the broad ligaments as a puerperal affection.

Average standing of graduates, 84.74.

FINAL EXAMINATION IN CHEMISTRY.—PROFESSOR R. WELCH.

1. Mention the three forms of carbon and the uses of each.
2. Describe two methods of detecting *Arsenic*.
3. Proofs that carbonic acid and water result from the burning of a candle.
4. Give the best methods of disinfecting a room by the use of *Chlorine*.
5. Which elements are liquid at ordinary temperatures?
6. State the sources, properties and uses of *Phosphorus*.
7. Mention and describe four compounds of *Mercury*.
8. What is chemical equivalence?
9. Express in words, H_2O —H. Cl.— $H_2(SO_4)$ —K. I.— H_2S .
10. Which element does not combine with oxygen?

Average of graduating class. 60.11

FINAL EXAMINATION IN INSTITUTES AND PRACTICE OF MEDICINE.
PROFESSOR J. S. MITCHELL.

1. Name the tissues whose structure may be impaired in chronic rhinitis.
2. Give the special pathology of phlegmonous pharyngitis.
3. What portions of the laryngeal mucous membrane are most frequently the seat of ulceration in chronic laryngitis?
4. State the difference between atelectasis and bronchiectasis?
5. How can you distinguish whether the sputa come from the smaller or larger bronchi in chronic bronchitis?
6. What are the three stages of acute pneumonitis?
7. What is there characteristic in the chill of acute pneumonitis?
8. Name the seat and character of the pain peculiar to acute pleuritis.
9. Give a summary of the physical signs ordinarily present upon auscultations in phthisis pulmonalis.
10. How can you distinguish by physical examination between hypertrophy and dilatation of the heart?
11. State the difference between valvular insufficiency and stenosis.
12. Which valves of the heart are most likely to become affected during life?
13. What cardiac disease is liable to result in the production of valvular lesions?
14. What is the difference between hemiplegia and paraplegia?
15. State the conditions of the vessels that may induce cerebral softening.
16. Mention the prominent symptoms attending an epileptic paroxysm.
17. What are the general symptoms of chronic Bright's disease of the kidneys?

18. What changes in the urine occur in chronic cystitis?
19. Mention the prominent symptoms of acute gastritis.
20. State the characteristics of cholera evacuations.

Average of class, 87.76.

FINAL EXAMINATION ON MATERIA MEDICA AND THERAPEUTICS.—
PROFESSOR T. S. HOYNE.

1. Give a symptom of *Conium*.
2. Give a symptom of *Arnica*.

WHAT REMEDIES HAVE THE FOLLOWING CHARACTERISTICS :

3. "Desires death rather than fears it."
4. "Greenish urine."
5. "Red sand in the urine."
6. "Stools dry and hard as if burnt."
7. "Profuse, transparent, acrid leucorrhœa, running down to the heels."
8. "Cannot talk on account of a pain in the larynx."
9. "Weakness of voice from over-exertion."
10. "Great and long-lasting hoarseness."
11. "Loquacious delirium."
12. "Sensation as of a splinter in the throat."
13. "Trembling carotids."
14. "Hæmorrhage from the bowels in typhoid fever."
15. "Scanty, slimy menses appear too late."
16. "Swelling between the eye brows and lids, looking like a little bag."
17. "Pointed objects seem to have a double point."
18. "Gluey matter on the tongue in choleraic diseases."
19. "Chronic sensation as of a hair on the tongue."
20. "Sour sweat on the neck."

Average standing of graduating class, 91.53.

FINAL EXAMINATION ON NEW REMEDIES.—PROFESSOR E. M. HALE.

1. Which member of the *Podophyllum* group produces a profuse flow of bile?
2. Upon what organ of the body does this group exert its specific action?
3. What is the characteristic symptom of *Cheledonium* in hepatic trouble?
4. What symptom indicates *Æsculus* in hæmorrhoids?
5. In what condition of the brain is *Atropine* secondarily indicated?
6. Give symptoms and dose of *Calabar* in cerebro-spinal meningitis.
7. In what disease of the heart would you use *Nitrate of Amyl*; and how?
8. In a case of irritation of the brain from worms, what remedy is indicated?

9. In what diseases would *Atropine* have preference over *Belladonna*?
 10. What symptoms would indicate *Solanum* in scarlatina?
 11. Which remedy in the urinary group is most powerful in its action?
 12. Which is the most valuable in dropsy?
 13. Which lung is specifically affected by *Cheledonium* and *Sanguinaria*?
 14. Which new remedy resembles *Bryonia*?
 15. Give one or more chief characteristics for the use of *Cod Liver Oil*.
 17. Describe the pulse of *Gelsemium*, *Veratrum viride*, *Baptisia*.
 17. In what stage of inflammation is *Veratrum viride* indicated?
 18. Give characteristic symptom for *Baptisia* in fever.
 19. Give characteristic symptom for *Cactus* in disease of heart.
 20. How does *Cimicifuga* differ from *Ergot* in its action on the uterus?
- Average standing, 80.7.

FINAL EXAMINATION ON CLINICAL AND OPERATIVE SURGERY.—
PROFESSOR W. DANFORTH.

1. Define fractures of the long bones, their sequence during the first twenty days, and best general treatment.
2. Give all the dislocations of the femur attended by constant signs, number, name, and symptoms, and best means of reduction.
3. In what cases of fracture of the skull would you advise the immediate use of trephine, and for what reason?
4. State in detail the best method of treatment for double fracture of inferior maxillary.
5. Give most prominent symptoms of strangulated (oblique inguinal) hernia. State in detail best treatment in such case, and what structures are cut in operating for same.
6. In cases requiring amputation, state in general terms, the best time and method of performing same.
7. State best method of treatment for fractures of femur, and reasons for it.
8. Give symptoms of dislocation of humerus into axilla, and best method of reducing same.

Average standing, 82.33.

FINAL EXAMINATION IN SPECIAL PATHOLOGY, DIAGNOSIS, AND
PRACTICE.—PROFESSOR L. PRATT.

1. What is special pathology?
2. In what particulars may organs of the body be altered by disease?
3. How many methods of physical exploration are there?
4. Name them.
5. In what do sounds differ from each other?
6. When there is diminished resonance of sound on percussion of the chest, what is the condition of its cavity?
7. Mention some of the diseases which cause dullness of sound.
8. In what diseases do we have clearness of sound?
9. What are the sounds detected by auscultation?
10. Mention the respiratory sounds.

11. In what diseases do we have friction sounds ?
12. How are fevers divided ?
13. Mention the toxæmic variety.
14. Explain the difference between a primary and secondary fever.
15. How distinguish typhoid from typhus fever ?
16. Mention the chief remedies for typhoid fever.
17. Name the eruptive fevers.
18. What are the characteristic symptoms of the first stage of variola ?
19. When is it most contagious ?
20. How does the eruption differ from that of varicella ?
21. Where does the eruption first appear ?
22. Give treatment.
23. What is dysentery ?
24. Mention its chief symptoms.
25. Treatment.

Average standing of graduates, 89.66.

FINAL EXAMINATION IN OPHTHALMOLOGY AND OTOTOLOGY.—PROFESSOR W. H. WOODYATT.

1. Name the tunics of the eyeball and the contents enclosed by them.
2. Name all the tissues found in the upper lid as they are placed from within outward.
3. Describe the lachrymal apparatus in full as to position of the gland, puncta, length of canaliculi and what they lead into.
4. Describe a well marked case of simple idiopathic plastic iritis and give treatment.
5. Describe a well marked case of circumscribed ulcer of the cornea and give treatment.
6. Give the objective symptoms of a fully developed case of ophthalmia neonatorum and its treatment.
7. State the subjective and objective symptoms of a well defined case of acute inflammation of the lachrymal sac and give treatment.
8. Give the length of the auditory canal, number and names of the coats of the drumhead, number and names of the bones of the middle ear, location of the openings of the eustachian tube and mastoid cells and names of openings on the labyrinth wall of the middle ear.
9. Give a full description of acute catarrhal inflammation of the middle ear ; and
10. Give the best means for allaying the pain.

Average standing of graduates, 79.88.

FINAL EXAMINATION IN SURGERY AND SURGICAL PATHOLOGY.—PROFESSOR CHARLES ADAMS.

1. Give the signs and terminations of inflammation.
2. Define an incised wound and give treatment.
3. What would be your treatment and what should you fear in a case of burn, of the THIRD DEGREE, on the abdomen ?
4. How should you treat a perforating gunshot wound of the thorax ?
5. How should you treat fistula in ano ?

6. Give medical and surgical treatment for hæmorrhoids.
7. Of what is sarcoma composed, and how is metastasis accomplished ?
8. Give reasons why torsion is to be preferred to the ligature, and to what vessels torsion may be safely applied.
9. What is ranula, and how should you treat it ?
10. Of what is carcinoma composed, and how does metastasis take place ?

Average of graduating class, 80.94.

FINAL EXAMINATION IN ANATOMY.—PROFESSOR E. H. PRATT.

1. What is anatomy ?
2. What conditions and circumstances affect the appearance and disappearance of the "*rigor mortis* ?"
3. How would you preserve a body for dissection ?
4. The skin — what are its layers, and their contents ?
5. How would you proceed to remove a brain ?
6. Where is the seat of life in bones ?
7. What bones enter into the formation of the wrist joint ?
8. Give the articulations of the superior maxilla.
9. The tibia — what are its articulations, what the direction of its nutrient artery, and at what age do the epiphysis join the diaphysis ?
10. Give the boundaries of the popliteal space.
11. What is the action of the flexor biceps cubiti ?
12. Give the origin and insertion of the obliquus externus abdominis.
13. What muscles would be severed in an amputation of the leg at the junction of its upper and middle thirds ?
14. By what vessels is blood conveyed to the lungs ?
15. What is the direction of the femoral artery ?
16. What organs are drained by the portal vein ?
17. Mention the vessels that open into the right auricle of the heart.
18. What is the origin and distribution of the anterior crural nerve ?
19. What is the motor nerve of the masseter muscle and what of the orbicularis palpebrarum ?
20. By what foramina does the trifacial nerve reach the face ?
21. Where is the solar plexus situated, and what nerves contribute to its formation ?
22. What is the average weight of the male brain ?
23. Give the general divisions of the brain, the number of its ventricles, and tell what forms the roof of the general ventricular cavity.
24. Describe the situation of the heart.
25. Tell what you know about the liver.

Average standing of graduates, 76.15.

FINAL EXAMINATION ON OBSTETRICS AND DISEASES OF CHILDREN.
PROFESSOR G. A. HALL.

1. What are some of the rational signs of pregnancy ?
2. How would you decide whether you have a breech or vertex presenting ?

3. In a transverse presentation, how can you decide whether it is *dorso-anterior* or *dorso-posterior*?

4. In face presentations how many positions have we, and what are they?

5. Are the dangers attending pelvic presentations *maternal* or *fœtal*?

7. By what obstacles may labor be retarded in the second stage?

7. Give some of the causes of post-partum hæmorrhage.

8. How would you treat a severe case of post-partum hæmorrhage?

9. Under what circumstances would you use the forceps?

10. In labor when would you give anæsthetics, and how long would you continue their use?

11. How would you diagnose measles from scarlatina in the early stages?

12. In measles, where you have a very troublesome, tearing cough with laryngitis and threatened pneumonia, what would be your treatment.

13. In scarlatina, when the rash is slow in making its appearance, or becomes suppressed after it has appeared, what would you do?

14. How does diphtheria differ from membranous croup?

15. What are some of the important remedies employed in the treatment of each?

16. In the treatment of whooping cough what remedies would you prescribe?

Average standing of graduates, 87.38.

FINAL EXAMINATION IN PHYSIOLOGY.—PROFESSOR J. R. KIPPAX.

1. Define life.

2. State the action of the pancreatic juice in digestion.

3. What is albuminose?

4. State the *role* of epitheliums in absorption.

5. Give the uses of the bile.

6. Mention the physical causes of the lymph-current.

7. Give the physical properties of the red globules.

8. State the causes of the circulation of the blood.

9. What is the pulse?

10. How is carbonic acid carried in the blood?

11. Describe the mechanism of inspiration.

12. State the mode of production of animal heat.

13. What are the properties of the oculo-motorious nerve?

14. What is the function of the tuber annulare?

15. How, and where are spermatozoa formed?

16. State the relation between ovulation and menstruation.

17. Name three proximate principles, one from each class.

18. Describe the phenomena of coagulation of blood.

19. Give quantity, reaction and specific gravity of normal urine.

20. Give a test for sugar in urine.

MEDICAL JURISPRUDENCE.

1. What is the *province* of Medical Jurisprudence?

2. How much skill is required of a physician ?
 3. Of what is a medical diploma evidence ?
 4. State the privileges and responsibilities of an *expert* as distinguished from an *ordinary* witness.
 5. Why are professional or scientific books not competent evidence in courts of justice ?
 6. In the question of death from drowning, what important evidence can be gathered from the order of putrefaction of the body ?
 7. What do you understand by the plea of moral insanity ?
- Average standing of graduates, 75.61.

FINAL EXAMINATION IN ORTHOPÆDIC SURGERY.—PROFESSOR A. G. BEEBE.

1. Define orthopædic surgery.
2. Name the causes and varieties of meningeal hernia.
3. How would you treat a case of spina bifida ?
4. What is the exact location of hare-lip, and why does it occur at that point ?
5. What is the cause of imperfect closure of the inguinal canal, and what conditions may result ?
6. Give the treatment of umbilical hernia in infancy ?
7. What is Ferguson's new method of operating for fissure of the hard palate ?
8. What means are employed to prevent tension of the flaps in staphyloraphy ?
9. What are the characteristic effects of infantile paralysis ?
10. What is the effect of position upon paralyzed muscles ?
11. How can you determine what tendons (if any,) require division ?
12. How and where would you operate for division of the posterior tibial tendon ?
13. Describe talipes varus and mention the operations which might be required in treating a severe case.
14. What accidents are to be especially guarded against in performing tenotomy ?
15. Name the most important deformities likely to result from rachitis ?
16. What is the difference between cyphosis and Pott's disease ?
17. What is the difference in the treatment ?
18. How can you diagnose true from false ankylosis and which is the most amenable to treatment ?
19. How would you proceed to remove fibrous ankylosis ?
20. What are the principal methods of operating for ununited fracture ?

Average standing of graduates 79.51.

General average of class, 81.20.

[Our readers who cannot answer the above questions can look them up. In a future number we are promised the answers and then you can see how near right you were.—ED.]

Gynæcological Department.

PROGRESS OF GYNÆCOLOGY.

XXIII. ON OVARIAN DROPSY AND ASCITES. *Their Diagnosis and Therapeutics; also, on Prolapsus of the Uterus.* By RICHARD EPPS, M. D., etc.; with Cases and Illustrations. London; 1875.

Marrying for beauty is not a whit more foolish than buying a book for its title. And those of us who have been so frequently deceived in the latter respect, are prepared to realize the force of the French proverb, that the scalded cat is afraid of cold water.

The first part of this little volume treats "as shortly as is consistent with clearness and accuracy" of the characteristics and development of these two kinds of dropsy. But the pathological ideas, drawn from Watson and Baker Brown, are neither fresh nor satisfactory. Before one has read two pages it is evident that only a very superficial consideration of the subject is attempted. In what is said of the differential diagnosis of ovarian dropsy there is a faithful exclusion of most of the discoveries of the last decade.

But the chief object of the book—for it runs over every page and crops out in almost every paragraph—is in some sort to answer the question, What is the best kind of treatment for dropsy of the ovary? The author is opposed to ovariectomy. He says: "It is quite certain that ovariectomy is a very dangerous operation. Is it a necessary one? I believe that I should not be far wrong if I stated that it is quite possible that it will become, in the not distant future, a nearly obsolete, because an unnecessary, operation; if the plan of progressive aspiration and specific medical treatment here advocated, or an improvement of the same, be received with favor by the profession. The process of extinction, no doubt, will take time; for a special operation like ovariectomy in that respect is like a board of health."—p. 17.

"There are fashions in surgery as in medicine, and it almost seems as though this operation were one. We have all seen the lengths to which men will go in favor of the last new remedy, until it becomes an almost universal panacea; then we have the invariable reaction. We afterwards see the same remedy diminish in favor until it is put on one side and held in unmerited contempt, its later opprobria being equal to its previous exaltation. Yet the remedy is still a good one in properly-selected cases, but it has been done to death by injudicious partisanship. So perhaps it will be with ovariectomy." p. 59.

By the phrase "progressive aspiration," we understand the author to refer to the gradual removal of the cyst contents by the use of the pneumatic aspirator. He says (p. 72): "It is true that our experience of aspiration is as yet very limited, and necessarily so, because the

method is a new one. It is a want rather than a fault, however, and one which each succeeding year will see diminished."

And, on the next page: "What, then, is a necessity, is that the cystic or other fluid should be capable of passing through an aspiratory needle. If a No. 2 or 3, or even 4, needle can be used, there need be little fear of infiltration of foreign fluid into the peritoneum; *ergo*, there is no likelihood of peritonitis. Of course, when the contents are solid, or quite semi-solid, neither aspiratory nor any other tapping is practicable. In this latter case, we must, in the few advanced cases where fluctuation is not recognizable, have recourse to *incision* or *ovariotomy*; or else we must leave the patient to her fate — to die."

"It seems to me evident that repeated and moderate or progressive aspiration is, as a rule, better than immediate or exhaustive tapping. For instance, it causes less shock to the system, and disturbs the different functions of the body less. It enables the heart, the lungs, the digestive organs, the stomach, liver, etc., and notably the kidneys to, imperceptibly adapt their actions to the altered condition of things consequent upon diminished pressure.

"Then there is no pain attending pneumatic aspiration, although this is of less consequence. Then it is very rarely, hardly ever, that any harm results. There were never any symptoms of local inflammation (peritonitis) experienced in either of my cases; although in one I have practiced aspiration twenty-three times. Such a result would scarcely be possible with any other method of operation.

"These cases are, I believe, at this time almost the only ones of their kind. I know aspiration is reported to have been practiced in two cases of ovarian dropsy before in the work so often referred to (Dieulafoy). They were, however, rather cases of aspiratory tapping than progressive aspiration. Of these two cases, one occurred in Dr. Dieulafoy's practice, and one in that of M. Duploy." p. 91.

Again: "It is necessarily too soon to speak positively as to the ultimate success of progressive aspiration, as applied to the treatment of ovarian dropsy. However, all that I can say at present is, that so far as my experience goes, it is an admirable one. This opinion is warmly shared by a medical friend, who watched closely two of my cases."— p. 92.

The author's objection to ovariectomy, like the calculations of an old almanac, are out of date and do not merit a refutation. We should as soon think of quoting Dr. Ramsden's calumnious sermon against Jenner and vaccination, as of citing Dr. Robert Lee's analysis of the statistics of ovariectomy against its performance. Such an authority as Dr. Lee would not be persuaded, "though one should rise from the dead."

The resort to these half-truths, and the irresistible desire to demolish the professional confidence in an accepted expedient, or mode of treatment, when one wishes to call attention to something better, is quackish to the last degree. There should be a ninth commandment in medicine, and its infraction, either through wilfulness or ignorance, should be severely punished. Spencer Wells' statistics prove that after

this much-abused operation, as it has been improved by himself and others, *seventy-five* per cent. of his patients get well. If Dr. Epps can swell this proportion, or can cure such cases as are not suited to the knife, we shall be very glad to know it.

But the source of appeal, in questions of this kind, is not to the people through the medium of little books on popular medicine. It is rather to an enlightened, intelligent, discriminating, progressive body of professional men, through the proper channels of information.

Nothing is said by the author of those cases of cyst of the broad ligament, which are sometimes mistaken for ovarian dropsy, and which get well through being evacuated once or twice, whether it be done by ordinary tapping, by the puncture of the electrical needles (as practiced by Jobert, de Lamballe, in 1856, and Namias, in 1860), by the hypodermic syringe, the aspirator, or by a spontaneous rupture and extravasation of their contents. Nor is there a hint of the rapid re-accumulation of serum in an ovarian cyst which has been tapped, and which drains away the patient's strength like a copious diarrhœa, or a hæmorrhage. His pen is almost equally silent concerning the practical and very pronounced risk of inducing a decomposition of the fluids contained in the sack by the admission of air into its cavity. This latter question, which engaged the attention of the French Academy of Medicine in 1857, really deserves more than a single paragraph.

If our friend Dr. Epps will turn to the *Journal de med., de chirurgie, etc.*, Bruxelles, 1865, tome XL., he will find the method of treating ovarian dropsy by progressive aspiration described in detail, and its value tested in a clinical way.

Only two and a half pages are given to the *medicinal* treatment of ovarian disease, and half this ample space is devoted to a discussion of the merits of the "key-notes." But the cream is at the bottom of the dish, for we find a foot-note which says that "If this work be favorably received by the profession, I may be tempted to write a *continuation* on the medical treatment of the same diseases. I feel somewhat doubtful, however, whether this work will prove of sufficient interest."

Of the eleven cases cited and diagnosticated by the author, only two were confirmed cases of ovarian dropsy. Of these one got well (?) and the other ran away.

But the clinical defects of the little book are compensated by all sorts of curious and intercurrent talk on a variety of topics. Woman's special hospitals, goitres, wens, enlargement of the prostate gland, spina bifida, nasal polypi, private clinics, the impositions practiced upon the profession in the great city of London, a description and cut of the author's table, its cost, and all about it, even to telling us that the old chap who made it had been subject to stone, and that the author had practiced lithotrity upon him in 1873, and published an account of the operation in another work entitled, etc., etc., are freely discussed. The only subjects omitted seem to have been the question of alternation and repetition of dose, and of tying the umbilical cord.

CHICAGO.

R. LUDLAM.

Society Proceedings.

NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

THE TWENTY-FIFTH ANNUAL MEETING

Was held at Albany, N. Y., February 1st and 2d.

FIRST DAY — MORNING SESSION.

The meeting was called to order by the President, A. W. Holden, M. D., of Glen's Falls.

Prayer was then offered by Rev. S. McLaughlin, of Albany, following which the President delivered the annual address, replete with wise counselings and earnest encouragement. "He claimed that no amount of specious reasoning can circumvent the plain and patent statement of fact that since the introduction of Homœopathy, the death rate of the human race has sensibly diminished in those countries where it has been freely practiced, while in an equal if not a greater ratio has the average of human life been prolonged, and the expectation of its continuance been relatively increased."

The president referred with pride to the status of Homœopathy in this the Empire State, but urged more hearty union of plan and purpose in carrying out the will of the Great Master of the healing art, by "cultivating, encouraging and fostering those social and friendly amenities, whose harmonious action would tend largely to break down some of the ragged roughnesses of professional life;" he urged more hearty support of the State Society: "it is your organ, your mouth-piece, your exponent of principles, doctrines and learning before the world;" referred to the lack of interest in some of the County Societies, and the necessity of examining the records to ascertain if each original county organization was perfected in accordance with the statutes regulating the same; explained the scope and purpose of the published transactions of the Society, and the labors of the chiefs of the various bureaux, claiming that "heretofore the labors of the chiefs of the bureaux have been too exacting and exhaustive rather than a record of the current literature of their departments, illustrated as far as possible from cases and observations and researches made by our own members and within the limits of our own organization;" recommended that the secretaries of the county societies acquaint themselves with the statute laws which govern our State and County Societies, also recommended that the laws be published in the next volume of the transactions. The president reviewed the financial condition of the Society and the shameful neglect of permanent members to fulfill their financial obligations to the Society.

The "necessity for the reorganization of the American Institute of Homœopathy" was reviewed, and a plan proposed, which space will not permit us to give in full, but would refer the reader to the report of the Committee on the President's Address.

In closing, the President called the attention of the various Boards of Censors to the responsibilities of their office, recommending the State Board of Censors to publish a circular embodying a series of interrogations embracing every field and department of medical science proper to be propounded to every applicant for admission to our ranks. "The way to attain consideration, eminence, influence, and power for the Homœopathic practice, aside from its great intrinsic merits as a system, is firstly to guard well the avenues of admission to our fraternity, in order to keep out the incompetent and the unworthy, and secondly, for each individual practitioner to feel a sense of his personal dignity and importance in the community. To fulfill the conditions, requires patient, regular, indefatigable study. Every physician ought to give a fixed hour every day of his life to his professional studies. No pressure of business, no amount of extraneous duty, no complications of any of the relations of life ought to be allowed to interfere with this solemn, self-imposed obligation; no magazine or periodical literature, no reading up of cases, no desultory skipping here and there among the flowers and shady bowers of science will compensate for the neglect of hard, laborious, systematic study in the well-recognized standard treatises of medical learning. A little, reading, daily, well digested and assimilated, is greatly more to be valued than larger amounts, devoured fitfully and at irregular intervals."

Dr. A. R. Wright offered the following, which was adopted :

WHEREAS, But few of the cities and towns of this State publish any mortuary reports, which are greatly needed for scientific and professional investigation,

Resolved, That it is the sense of this society that our Legislature should pass an act requiring Boards of Health and Health Officers of every city and town over 5,000 inhabitants to publish monthly and annual mortuary reports.

Dr. Carroll Dunham presented the report of the committee appointed at the special meeting in September, 1875, to whom was referred the charges against H. M. Paine, M. D., of Albany, of which the following is a synopsis :

REPORT.

The Committee appointed at the special meeting held in New York, September 21, 1875, to memorialize the Legislature in relation to the Insane Asylum at Middletown, and to investigate and report upon the charges preferred against Horace M. Paine, M. D., by the Homœopathic Medical Society of the county of New York, reported their action on the former subject, which has already been communicated by them to the profession. They presented Dr. Paine's answer to the

charges, and, after showing in how suspicious and unfortunate a position Dr. Paine had allowed himself to stand, the committee acquitted him of intentional betrayal of Homœopathy and subversion of the Asylum as a Homœopathic institution. They expressed the opinion however, that Dr. Paine committed a grave breach of trust as an officer of the Society, in choosing not to convene the Committee on Legislation to consider the legislation which he himself favored, but which he knew the committee and the profession would oppose and defeat if apprised of it in season. The committee conclude that "Dr. Paine deserves severe censure from the society for his reprehensible neglect of the trust reposed in him when he was made chairman of the Committee on Legislation, a position of which he seemed, on this occasion at least, not to have comprehended the duties and responsibilities."

In this conclusion the committee were unanimous. The majority of the committee, Drs. Gray and Holden, then recommended that the act of the special meeting of September, 21, 1875, suspending Dr. Paine from the chairmanship, be regarded as constituting the "censure which, in their judgment, is merited by Dr. Paine," and that "no further proceedings be had in the case." The minority of the committee, Dr. Dunham, considering that such a suspension as that made in September, pending an investigation of charges to which the defendant has not yet pleaded, does not necessarily involve a censure; and that the report "shows that Dr. Paine deliberately and wilfully chose not to perform his duty as an officer of this society for the reason that, in his judgment, the performance of his duty as an officer would defeat legislation which as an individual, he wished to secure," and that "he preferred his personal views and wishes to his official duty," recommend that "the dignity of this society and the interests of good order require that, *for this misconduct as an officer*, which he admits was an error and for which he expresses regret, *Dr. Paine should receive the explicit and emphatic censure of the Society at the present meeting.*"

The Society, on motion, adopted the above report of the minority, as the sense of the Society, with only one dissenting vote.

Dr. Watson moved that the Society exonerate Dr. Paine from all censure, and reinstate him in his former position as Chairman of the Committee on Legislation. This motion was lost, there being only one vote in favor of it.

In the second session of February 1st, the attention of the Society being called to erroneous reports of the above transactions in the newspapers, the Secretary was, by unanimous vote, instructed to inform the papers of the facts in the case, and to request them to correct their reports.

The Society then adjourned.

BUREAU OF MENTAL AND NERVOUS DISEASES

BY HENRY R. STILES, M. D., CHAIRMAN.

Dr. H. R. Stiles then presented a contribution to the Statistics of the

Homœopathic Treatment of Insanity. Space permits only brief extracts from this very valuable paper. Referring to the treatment of the insane in our own continent, he states, "at Montevideo, Republic of Uruguay, South America, a public insane asylum connected with the Charity Hospital of that city, in which for fourteen years and five months (1861 to 1875), "pure Homœopathic" treatment has been employed by Dr. J. Christian D. Korth. The tabulated statement shows that during these fourteen years, 979 men of different nationalities have enjoyed the benefits of the institution. Of these, 617 were cured, 73 escaped, 167 died, and 122 still remain under treatment at the date of the report. The average number of insane under treatment, taking one month with another, was 120; the heaviest mortality experienced in those 14 years was 14 during the month of April, 1867, and 8 in January, 1868, both of which months the asylum was invaded with cholera morbus. The State Homœopathic Asylum for the Insane, at Middletown, Orange county, N. Y., was opened for patients April 20, 1874, and to November 30, 1875, there were received 76 males and 92 females; total, 168. Of the 96 patients received during the first seven months, ending November 30, 1874 (of which 27 were males), 5 males and 5 females were discharged cured, and two females improved, while only 4 cases (2 of acute mania and 2 of puerperal mania), died, giving a percentage of cures as 13; of improved as 4½, and of death less than 6 per cent. At the end of the seven months there remained in the institution 20 males and 33 females, to which during the year ending November 30, 1875, were added 49 males and 50 females; total, 152. Of these, 15 males and 15 females have been discharged cured, 5 males and 10 females as improved, 9 males and 4 females as unimproved, 1 as not insane, 8 males and 3 females have died, giving as a percentage 19 7-9 cures, of 10 improved, of 8½ unimproved, and of 7½ as died during the year ending November 30, 1875. Of the total cases under treatment (168) we have a percentage of 31½ cures and 13½ improved.

BUREAU OF CLINICAL MEDICINE.

BY H. V. MILLER, M. D., CHAIRMAN.

[Condensed Clinical Report of the Onondaga County Homœopathic Medical Society.]

SMALL-POX AND VACCINATION.

Dr. Miller reported a remarkable case of confluent small-pox. A lady having a good vaccine cicatrix, was re-vaccinated, but the virus did not seem to take effect. Two weeks afterward she was attacked with severe varioloid, the umbilicated vesicles soon appearing all over the body, but most numerous in the face. The case then became complicated with uterine hæmorrhage, and there were marked typhoid symptoms, great prostration, weak but rapid pulse, *loquacious delirium*, and great *restlessness* and *tossing about*. *Stramonium* relieved the cerebral symptoms, and *Rhus tox.* controlled the restlessness and hæmorrhage. After the hæmorrhage ceased, a second crop of the small-pox eruption appeared, when the surface of the body was completely stud-

ded with pustules and umbilicated vesicles. The secondary eruption did not appear until the vital energies had sufficiently recuperated. Then the eruption was fully developed. Four weeks after the attack, desquamation was complete, the crusts having disappeared. This was six weeks from the time when the patient was last vaccinated. Then the vaccine virus took effect, and the vaccine disease progressed regularly through all its stages. Afterward the patient made a good recovery.

Two weeks after exposure three other members of the family who had been thoroughly vaccinated, had symptoms of aborted varioloid for two or three days.

Dr. Miller believed that of those who have once been thoroughly vaccinated, nineteen out of twenty will be protected through life. Vaccination seems to afford as perfect a protection as to have once had the small-pox. Many have died from a second attack of small-pox. Hence varioloid, so called, may prove more violent than small-pox. Vaccination often takes effect in subjects who have had small-pox or varioloid. Hence the need of repeated revaccinations to serve as tests of the primary vaccination.

DISCUSSION.

Dr. F. Bigelow, when in London, interviewed Dr. Wilkinson, who opposed vaccination, and as a substitute used *Hydrastis can.* 3 internally, regarding this a better prophylactic. He used *Hydrastis* as his principal remedy in small-pox.

Dr. Hawley had apparently aborted two cases of small-pox with *Mercurius cor.*, recommended by Teste. Recent vaccination was a perfect protection against variola. Of two hundred children in the public schools that he had vaccinated, all but two had been previously vaccinated and nearly all had perfect vaccine cicatrixes. Yet the re-vaccination took effect in over a hundred of these cases.

Dr. Greeley observed that vaccination took effect more vigorously than usual during a small-pox epidemic. So a second attack of measles is liable to be more severe than the primary attack.

Dr. Hawley.—A second attack of small-pox is liable to be more violent than the first attack.

Dr. Brewster had three times vaccinated his son at different periods of his life, and each time with perfect success. He found that in the course of time, in some cases, vaccination lost its protective power; hence the need of re-vaccination.

THE LATE TYPHOID FEVER EPIDEMIC.

Dr. Miller.—Typhoid fever and typhoid pneumonia prevailed quite extensively last fall in this vicinity, and when the whisky treatment was adopted, such cases were characterized by a remarkable fatality. No such fatality attended their proper Homœopathic and hygienic treatment, as he knew from experience. It is simply absurd to dose sick people in any case with powerful and poisonous drugs. But in typhoid fever, which is characterized by prostration, it is most absurd

and idiotic to persistently dose the patient with whisky, brandy, *Quinine* and *Morphine*, mixed with beef-tea, and then imagine that all has been done that is possible to promote recovery. A recovery in such cases is almost miraculous, because it is accomplished in spite of the treatment. From every quarter comes the same report, that a very large proportion of the cases thus treated prove fatal. What if the stimulant does temporarily raise the pulse? When the dose is omitted the pulse becomes so much the weaker. The theory that *Alcohol* is food is a very mischievous one. It arrests waste and repair. Proper food contains nitrogen. *Alcohol* is a carbonaceous substance. The apparent strength given by *Alcohol* is very fallacious. It irritates and excites nervous force but to depress and exhaust that force. Artificial excitement is always followed by corresponding vital depression. But the resulting depression is generally ignored. Instead of removing the cause of the fever, which is usually blood poisoning, whisky aggravates the difficulty by serving to carbonize the blood already surcharged with carbonic-acid gas. This is adding fuel to the fire. But even if the patient does recover, he is liable to die a drunkard. Syracuse contains about a hundred physicians to fifty thousand inhabitants, or one physician to five hundred people. If every doctor, on an average, prescribes whisky for his patients half of the time, how long will it take temperance societies to suppress the liquor traffic?

SULPHUR AND PHOSPHORUS.

Dr. Hawley.—A *Phosphorus* cough is characterized by tingling, soreness and rawness of the air passages; but a *Sulphur* cough is caused by a tickling sensation. He had often verified the following indications of *Phosphorus* and *Sulphur*:

Phosphorus: Small wounds bleed easily. A scratch bleeds, and it seems as if the bleeding would never stop. Cord-like, light colored stools passed with difficulty. The feet feel hot to the patient, yet they may be objectively cold. *Phosphorus* is often suitable for diseases of tall, slim people.

Sulphur: Faint feeling in the stomach; patient cannot wait for dinner. Hot vertex, hot palms, and hot soles. The patient complains of hot vertex, yet it may or may not be objectively cold.

Dr. Brewster.—Case of bronchitis, with dry, hacking cough, worse during the day. *Phosphorus*, high, cured.

Dr. Marks.—Hoarseness curable by *Phosphorus* is worse at night.

Dr. Hutchins.—Had never been disappointed when he had prescribed *Phosphorus* in congestion of the lungs. He generally gave *Aconite* at the commencement of the treatment.

Dr. Greeley often prescribed *Sulphur* to arouse the slumbering vitality, when apparently indicated remedies fail. (It doubtless removes from such cases the concealed scrofulous element that proved to be an obstacle.)

Dr. Miller often prescribed *Sulphur* in various diseases, particularly those of infants when the palms and soles are hot. When they have a fever, those parts are often the hottest. There may be hot vertex.

If there is a diarrhoea it is usually excruciating, and it is worse very early in the morning. *Sulphur* is to be thought of in pneumonia, second stage, when there are crepitant rales. He often used it in acute nasal catarrh, and in bronchitis. A *Sulphur* cough is often worse at night in bed.

He used *Phosphorus* chiefly in affections of the larynx, trachea, and bronchia, characterized by a sensation of soreness or excoriation when coughing or talking. In hoarseness and aphonia, the soreness and painfulness of the larynx prevent talking. In croup and bronchitis, the cough is very painful on account of this soreness and sensation of excoriation in the larynx, trachea or bronchia. And the cough is dry from tickling in the throat or chest. A *Phosphorus* cough is often aggravated by cold air. These indications of *Phosphorus* he had often verified.

CASE OF CATARRH OF THE POSTERIOR NARES (NATRUM SULPH 200),
BY H. V. MILLER, M. D. — CALCAREA CARB. AND GRAPHITES.

Dr. Miller gave a general outline of the characteristics of each of these important remedies, and he reported the following cases :

CASE I.—Chorea. *Calcarea carb.* 30. A girl of sixteen had been treated Allopathically several weeks without much success. The patient had light hair and complexion, and blue eyes, and always had cold, damp feet. Cure in three weeks.

CASE II.—Right lateral curvature of spinal column, lower dorsal region. *Calcarea carb.* 200, and recumbent position. Patient had cold damp feet.

[TO BE CONTINUED.]

Medical News.

The Spring Term of Hahnemann Medical College, Chicago, commences on the 9th inst.

The Chicago Academy of Homœopathic Physicians and Surgeons meets on Thursday evening, 9th inst.

Personal.—Dr. Emmons Paine, of Albany, N. Y., has gone to Europe to pursue his medical studies.

Prof. Ludlam.—All will be pleased to see an article from his pen once more, and a good prospect for a continuance.

Removals.—Chas. Gatchell, M. D., from Chicago to 167 Wisconsin street, Milwaukee, where he goes into partnership with Prof. J. S. Douglas.

Lists of Graduates.—The colleges are furnishing a list of graduates as fast as the commencements are occurring. We hope to publish these in full.

Thanks for Papers.— We are much obliged to our friends for local papers containing notices of their local work, etc. We find them very interesting, and make the best possible use of such items.

The Boston University.— We have had a very successful course this winter. The school numbered one hundred and seventy-two students, of which about thirty-five will graduate. The prospects for the summer term are excellent. Our new hospital will be ready for occupancy the first of April, which will greatly increase our clinical advantages.

BOSTON, Feb. 21.

J. H. WOODBURY.

Liverpool Homœopathic Dispensary.— The Mayor, in opening the proceedings at the annual meeting of the Liverpool Homœopathic Dispensary, held on the 20th of January, said he had presided during the week at several of the local medical charities, and had been highly gratified at the large amount of work which they were doing, but none were more active than the Homœopathic dispensary, the average weekly attendance of patients reaching nine hundred and thirty-six. His Worship thought this was strong evidence of the usefulness of the institution, and he commended it to the heartiest support of the public.—*Hom. World.*

Lunar Influences.— The close observer will have discovered that the human system (and the vegetable, for that matter) is largely influenced by the moon. The appetite wanes and waxes with the moon; the bowels grow constipated with the full of the moon; the passions are all quickened toward the full; the hair grows more rapidly toward the full. In fine, all the activities are quickened, to be followed by a corresponding depression as the moon wanes. Now this is nothing remarkable, but corresponds closely to the amount of oxygen (or actinic rays) in the atmosphere. During the full moon there is more light, more oxygen, and consequently the bodily functions are all quickened. In an electrical point of view the atmosphere is then very positive, while during the wane the atmosphere is more negative.

On the Attenuation Question.— Your correspondents are still sorely exercised on the *attenuation* question. I practiced ten years without going higher than the 3x. I now look upon those years as wasted! When I fail with the high attenuations, I say, woe is me; the fault is mine. He will be most successful who generally uses the high, *sometimes* the low, even the tincture. The single remedy, the characteristic indication, the *minimum* dose, and infrequent repetition are my guiding stars to SUCCESS.

The low dilutionist says to the Allopath, just *try* and be convinced. So says the high dilutionist to him, try and know the truth thyself.

I use the 200th, and am pluming my feathers with an eye on Fincke—and perfection.

VIRGINIA, Nevada.

E. STEVENSON.

The Plague.— At the last meeting of the Association of Medical Officers of Health, Mr. N. Radcliffe read a paper on the prospect of a reappearance of plague in this country. He stated that in 1874-5 it had spread widely through the district of the Lower Euphrates, and that in 1874 it had also appeared in Western Arabia and Bengali, North Africa—three widely-separated localities. Hence he inferred that it might be about to enter on a new period of epidemic activity. If it should appear in the Levant, this country would not be likely to escape importations, in consequence of our intimate trade with Eastern Europe, both by sea and land. But it was thought that proper precautions against it, and the preparedness of local medical authorities to deal with it, would avert prolonged and widespread visitation.—*Hom. World.*

Office of
The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

[Consolidation of the *United States Medical and Surgical Journal*, (Quarterly, \$4.00),
Vol. X. with the *MEDICAL INVESTIGATOR* (Monthly, \$3.00),
Vol. XII; Commencing January, 1875.]

Two Volumes a Year. — Terms: \$5.00 a Year, Payable in Advance.

T. C. DUNCAN, M. D., Editor.

F. DUNCAN, M. D., Business Manager.

67 Washington St., Chicago, March 1, 1876.

READ all of the advertisements carefully.

THANKS for prompt renewals of subscriptions.

NINE DOLLARS will pay for the years 1875 and 1876, by a new subscriber.

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HOYNE'S CARDS.—Ten groups (\$5.) will be given with THE UNITED STATES MEDICAL INVESTIGATOR for 1876 (\$5.) for \$8 50.

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SIX dollars and fifty cents will secure Shipman's Family Guide (\$2 00) and THE UNITED STATES MEDICAL INVESTIGATOR, for one year.

A PHYSICIAN of some experience desires to hire, or will enter into partnership if desired, to a physician in Ohio or Indiana who has a larger practice than he can attend to himself. Reason for hiring will be given. Address A, this office.

BACK VOLUMES.—We can furnish a few volumes of 1872 and 1873 for \$2.00 each. A few complete volumes of 1874 can be had for \$3.00. The year 1875, for \$4.00; it contains portraits of Drs. Shipman, Dake, and Parker, with biographical sketch of each, also many very valuable articles.

FOR SALE.—Full set, ten volumes, of the New York State Homœopathic Transactions, good as new, cost \$10, price \$8; Hamilton's Clinical Electro-Therapeutics, new, cost \$2, price \$1 50; Bayes' Applied Homœopathy, new, price \$2; Ruddock's Clinical Directory, \$1.

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It will be for your interest to let us hear from you at once.

N. B.—The expressage will be paid by the party receiving these books at the above low rates. Postage: Ludlam, 50 cents; Gilchrist, 32 cents.

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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

[While preparing a paper on "The Modifying Influence of Epidemic Prevalence upon Therapeutics," for the World's Homœopathic Convention, we have been convinced as never before of the great value to medical science of reports of prevailing diseases. We are without doubt on the eve of an epidemic which will be shadowed forth in the chief remedies indicated. Send in reports from your fields of labor and thus help select *the* epidemic remedy.—ED.]

CHICAGO.—Having many cases of rheumatism and a fever that assumes various forms, sometimes catarrhal, bilious or typhoid. Have seen one case of undoubted typhus, in the hands of an Allopathic physician, sick, dead, and buried, within a week. Rheumatism has called for *Rhus* chiefly. The catarrhal fever with pharyngeal symptoms has had the *Hepar* feeling, "like a fish-bone in the throat." *Pod.* has done good service in the other bilious and typhoidal cases.

T. C. D.

BOMBAY, INDIA, March 5.—Intelligence has been received here that the plague has appeared on the banks of the Euphrates.

[As indicated in our last number, on page 249, it is expected that the plague will visit England. If so, we may see something of this monstrosity of the middle ages. Its minature cousin, typhus, has already made its appearance.—Ed.]

UNITED STATES, January, 1876.—The following will give an idea of the chief prevailing diseases and deaths in the principal cities :

MORTALITY PER 1000 INHABITANTS, ANNUALLY, FROM ALL CAUSES AND CERTAIN SPECIAL CAUSES.

POPULATION AND REGISTRATION AT MOST RECENT ESTIMATES AND DATES.	MORTALITY PER 1000 INHABITANTS, ANNUALLY, FROM ALL CAUSES AND CERTAIN SPECIAL CAUSES.														
	Deaths under 5 years.	Total number of deaths from all causes.	Per 1000.	By Violence.	Small-Pox.	Diphtheria.	Scarlatina.	Measles.	Croup.	Whooping Cough.	Typhoid Fever.	Typhus Fever.	Puerperal Diseases.	Diarrhoeal Diseases.	Consumption.
New York, 1,080,000—5 weeks ending Jan. 29	1240	2738	26.85	42	87	318	70	50	74	42	21	36	39	389	429
Philadelphia, 800,000—4 weeks ending Jan. 29	960	1608	22.80	38	26	81	53	42	9	36	2	15	11	219	155
Brooklyn, 500,000—5 weeks ending Jan. 29	620	1251	25.72	2	296	119	22	5	69	18	9	8	8	144	160
St. Louis, 450,000—4 weeks ending Jan. 29	303	551	15.81	8	4	14	57	25	10	13	7	7	8	67	113
Chicago, 450,000—4 weeks ending Jan. 29	297	512	15.84	13	12	41	1	25	13	5	6	6	4	63	72
Baltimore, 350,000—4 weeks ending Jan. 29	225	557	19.94	20	16	68	1	16	2	14	3	3	1	98	33
Boston, 345,000—4 weeks ending Jan. 29	312	711	27.02	10	82	89	26	8	11	7	1	4	5	69	76
Cincinnati, 282,000—5 weeks ending Jan. 29	385	778	30.87	22	361	5	3	26	6	9	7	1	4	50	50
San Francisco, 230,000—month of Dec. year 1875	132	410	21.30	38	16	2	1	9	1	17	1	1	4	60	50
New Orleans, 210,000—month of Jan. year 1875	1499	4458	19.28	320	7	81	53	24	44	38	157	49	169	507	458
Washington, 160,000—4 weeks ending Jan. 29	98	260	21.85	5	1	4	3	8	2	1	3	3	14	76	15
Providence, 100,675—month of Jan.	36	115	13.70	3	5	4	3	5	1	2	2	2	22	22	16
Milwaukee, 101,000—month of Jan.	60	114	13.54	4	9	1	1	1	1	1	3	1	1	11	9
Rochester, 81,884—month of Jan.	58	147	21.56	2	5	18	17	2	5	1	1	1	1	17	15
Richmond, 72,500—4 weeks ending Jan. 29	34	169	19.54	5	2	2	2	2	2	2	2	1	1	18	17
New Haven, 60,000—month of Jan.	34	119	23.80	3	1	12	10	5	1	2	2	1	1	12	14
Charleston, 57,000—4 weeks ending Jan. 29	65	135	30.78	24	61	14	64								
Toledo, 50,000—month of Jan.	21	69	18.40	4	2	1	1	2	2	2	2	1	5	12	4
Dayton, 36,000—month of Jan.	13	57	12.60	4	2	2	2	3	5	3	3	1	6	6	7
Nashville, 27,000—4 weeks ending Jan. 29	10	61	29.57	4	2	2	2	2	2	2	2	1	1	12	8
Wheeling, 25,000—month of Jan.	11	39	15.85	3	1	2	2	2	2	3	3	2	3	3	3
Elmira, 20,000—month of Jan.	9	27	16.20	4	1	2	2	2	2	2	2	2	3	4	3
Faterson, 33,000—month of Jan.	28	75	23.07	1	2	11	10	1	1	1	1	1	4	10	6
Mobile, 40,000—month of Dec.	25	71	21.30	4	2	1	1	1	1	1	1	1	2	6	9
Petersburg, 18,000—month of Jan.	9	36	22.68	5	5	2	2	2	2	2	2	2	2	2	2
Lansing, 8,400—month of Jan.	8	11	20	2	2	2	2	2	2	2	2	2	2	2	2
Selma, 7,500—year 1875	138	18	40	6	6	6	6	6	6	6	6	6	6	6	6
Perru, 7,000—year 1875	72	9	57	2	2	2	2	2	2	2	2	2	2	2	2
Erte, 26,057—month ending Jan. 31	61	129	8.58	6	6	6	6	6	6	6	6	6	6	6	6

—Sanitarian for March, 1876.

NEW ALBANY, Ind., Feb. 28, 1876.—My prediction that scarlatina would prevail, and that *Apis* would prove to be the most important remedy in its treatment, has been verified in the neighboring city of Louisville, Ky. There have been but few cases here. Another evidence of the prevalence of the hydrogenoid genius epidemicus has been the ill effects of the use of cold water. The Allopaths in Louisville were compelled to see more than 50 per cent. of their patients succumb under its use, while Homœopaths, by avoiding it and giving the indicated remedies, of which *Apis* was the principal one, only had to lose about 2 per cent. *Rhus.*, another hydrogenoid remedy, is frequently indicated; so is *Mercurius*. Scarlatina is now declining, and a change of remedies may be impending, but I am not able to predict what the change will be, if it occur.

A. MCNEIL.

DIPHTHERITIC CROUP.

Have been looking for something in regard to diphtheritic croup, and at last the question comes, "What do you do for diphtheritic croup?" I have been in this locality four months, and it is my first field of practice, and to my consternation I found that this was the disease I had to face; and as Homœopathy was new and untried by the people, I naturally felt very uneasy in regard to any cases that I might be called upon to treat, and therefore applied myself to the study of the disease dilligently, and compared the drugs that were recommended in the different works on practice. Soon enough for me I received some cases for treatment. The symptoms of the majority of cases were as follows: Commencing mostly with a chill and great prostration, so that the patients were at once confined to their beds, the fever now making its appearance, and pulse running so fast that in many cases it was impossible to count. The mouth and fauces are soon covered with a thick, grayish coat; the tongue is also heavily coated, is elongated, ridged, and trembling; through the coating protrudes bright-red papillæ, and the edge of tongue presents a very dark-red and glistening appearance. *Breath very fœtid*; the throat swollen somewhat outwardly, with pain shooting into ear; no cough at the commencement of disease, but the nasal passages are soon filled up and the breathing is carried on through the mouth; in some cases typhoid symptoms are quite prominent.

Now for treatment. After comparing many remedies, chose *Baptisia*, tinct. and 1st, with intercurrent remedies when indicated. Treated eight cases, and all recovered. Under Allopathic treatment about one half died.

BAPTISIA INDICATIONS.

Stupefaction and drowsiness; tongue coated white, with red papillæ protuberent, followed by yellow, brown coating in the centre, the edges red and shining; fœtid breath.

Intense heat of skin, which may be dry or moist.

Fever, with drowsiness; pulse one hundred and twenty, and thready; lips parched and cracked; pasty tongue, heavily coated; thirst; mind wandering; could not get a direct answer; delusions at night, and low muttering.

Very great prostration of the whole system.

[Compare Hale's New Remedies.]

Would like to hear from others.

GIBSON CITY, ILL.

HUGH ROSS.

*THE METEOROLOGICAL CONDITIONS PRECEDING
EXTENSIVE EPIDEMICS.*

Dr. Southwood Smith, late medical advisor to the General Board of Health for Great Britain, says, in speaking of epidemics: Among the premonitory indications of their approach will be found a disturbance of the regular and ordinary condition of the atmosphere; an inversion of the seasons — summer in winter, and winter in summer; long continued drought, followed by protracted rain-fall, causing rivers to overflow, and seed to rot in the earth; clouds moist, and fog forming excessive dampness which penetrates everything. These conditions favor the generation of locusts, caterpillars, flies and frogs, which cover the face of the earth. As a sequence of these follow dearth and famine, closing the long series of calamities. Such, in all ages and countries, have been the recognized portents and precursors of a coming year of pestilence."

Other facts are:

1. An increased pressure of the atmosphere, greatest at the worst period of the epidemic.
2. An increased density of the atmosphere, *not* arising from an increase of watery vapor.
3. The quantity of water in the air was 1-20 less than the average, at the same time that the mean weight of a cubic foot of air was two grains above the average.
4. An unusual alternation of heat and cold, yet the heat predominating to such an extent that in localities it rose as much as from two degrees to eight degrees above the average.

These facts were more suggestive when the rise or excess of temperature occurred at night. And the high temperatures were always highest when the mortality was the greatest.

We are without doubt on the eve of an extensive epidemic of unusual severity and fatality. Everything points to it, and men's minds are prepared for it.

CHICAGO.

A. W. WOODWARD.

A SCIENTIFIC PRINCIPLE FOR TOXICOLOGY.

BY THE BRITISH HOMŒOPATHIC CONGRESS.

The Annual Congress of Homœopathic Practitioners was held in Manchester, on Thursday, September 9th, at the Palatine Hotel, under the Presidency of Dr. Bayes, of London. The following gentlemen were present: Drs. Dudgeon, J. G. Blackley and Powell, and Mr. Pope, London; Drs. Blackley, Rayner, Coghlan, Perkins, Russen, Bertram and Moorhouse, and Mr. Howden, Manchester; Drs. Drysdale, Moore, Hayward, Skinner, Simpson, Hawkes, and Mr. Proctor, Liverpool; Dr. Hayle, of Rochdale; Dr. Harvey, of Southport; Dr. Burnett, of Birkenhead; Dr. Blake and Dr. Madden, of Birmingham; Drs. Nankivell and C. Wolston, of Bournemouth; Dr. Sharp, of Rugby; Mr. Clifton, of Northampton; Dr. Kennedy, of Newcastle; Dr. W. Wolston, of Edinburgh; Dr. Hughes, of Brighton; Dr. Croucher, of Hastings; Dr. Collins and Mr. Maberley, of Leamington; Dr. Roberts, of Keighley; Dr. Maffey, of Bradford; Dr. Ramsbotham, of Leeds; Dr. G. Clifton, of Leicester; Mr. Blake, of Sheffield; Dr. Scott, of Huddersfield; Dr. Hale, of Kendal; Mr. Turner, of London; Mr. Thompson, of Liverpool; Mr. Hardy, of Manchester; Mr. Clifton, of Derby. Among the visitors were Professor Ludlam, of Chicago; Professor Talbot, of Boston; Dr. Meyhoffer, of Nice; and M. Claude, of Paris.

Letters expressing regret at being unable to attend, were read from Dr. Black, of Clifton; Dr. Yeldham, of London; Dr. Bryce, of Edinburgh; Dr. Holland, of Bath; and Dr. Stokes, of Southport.

The Congress was opened with an address by the President.

Dr. Sharp then read his paper on

“A SCIENTIFIC PRINCIPLE FOR TOXICOLOGY.”

In this paper, Dr. Sharp argued that organopathy, or the selection of drugs for certain parts on which to act, was a universal or general fact; that antipraxy, a word intended to express that the kind of action of comparatively large and small doses of the same drug are opposite, or in directions contrary to each other, is also a fact. Of it Dr. Sharp gave several illustrations. He also showed that other branches of natural science are not without analogies or examples of this contrary action of different quantities. This contrary action of different doses of the same drug was distinct from the effects called primary and secondary actions. Dr. Sharp then proceeded to consider certain deductions from antipraxy. 1st. The law for the dose, that when a drug is prescribed as a remedy for a diseased organ, upon which it acts when taken in health, and for the kind of diseased action which, in certain large doses it produces in health, the dose must be small enough to be within the range of an action in the opposite direction. 2d. Homœopathy is the law for the choice of the remedy. 3d. A law for the choice of the antidote — small doses are antidotes to the injurious effects of large ones. This deduction from the fact of the contrary action of drugs in large and small doses was, Dr. Sharp said, in process of verifi-

cation by experiments. They had been begun, and Dr. Sharp read a report of one communicated to him by Dr. Sircar, of Calcutta; and some observations bearing on the same subject by Drs. Brunton and Fayrer.

Dr. Drysdale opened the discussion, and expressed a doubt of Dr. Sharp's conclusions respecting the connection between the two kinds of doses. Was it correct to say that the stimulus to the muscular nerves has two actions, one producing contraction and the other fatigue? He apprehended that fatigue was simply the consequence of the vital action called "contraction." Consequently it was not correct to say that the stimulus has two actions, but that the two actions follow, one being the result of the other. The same must be true of all stimuli. Dr. Sharp's theory would preclude us from the natural and simple explanation of the application of medicines, and we should get into the old theory that one cause must neutralize another; or else that adding a little more stimulus must make the paralysis worse; whereas, if the paralysis be not a direct effect, but merely a consequence of fatigue, adding a little fresh stimulus relieves the fatigue. When the unhealthy system is fatigued alcohol produces a reviving effect, but if the body be in perfect health it will not do so. As to the coagulation of the blood, we know that all sudden deaths, as by lightning, produce blood not coagulable. The death by the cobra was so sudden that the blood could not coagulate. He did not see any antithesis in that. He thought it would be a pity to deprive us of the chance of explaining Homœopathy, by saying that we must not inquire further; we had a right to inquire as far as we could.

Dr. Rayner asked if infinitesimal doses were used in the experiments.

Dr. Sharp was understood to answer in the affirmative.

Dr. Hayward endorsed Dr. Drysdale's remarks on the supposed opposite action of small and large doses of medicine. His experience in regard to the effect of serpent venom taught him its extreme uncertainty. Dr. Sharp mentioned that a cobra had been made to bite a cock two or three times. Now it was a well-established fact that a serpent would strike an animal and not inject venom into it at all, although it possessed two fangs and glands loaded with venom. It was also a fact that it might strike and use one of its fangs effectually and reserve the other for a second bite. It was also a fact that it might strike and have no effect whatever, in consequence of its fangs not being properly raised, or being shed from the natural circumstances of growth. Therefore, the mere bite of a serpent was a very uncertain thing. The state of the blood did not support Dr. Sharp's theory, for the reason that it was an absolute fact that the blood does coagulate naturally when it is not interfered with by venom; and it was also a fact that when an animal was killed by a large dose of the cobra venom, the blood does not coagulate. The mere fact that it did coagulate with a small dose, did not prove that a small dose of venom coagulates the blood, but that it does not prevent it coagulating. The result did not, therefore, support Dr. Sharp's theory, and the facts mentioned

in the paper were not sufficient on which to ground an absolute principle of toxicology.

Dr. Dudgeon also differed from Dr. Sharp as to small and large doses being antidotal, or that they produced contrary effects, though the theory might be apparently correct with regard to several substances. We could not find out the opposite effect of many different medicines, such as when medicine produced pain. The president, in his paper, instanced *Arnica* producing erysipelas in small doses, whereas, according to Dr. Sharp, it would have produced the opposite. But what was the opposite of erysipelas? He had also said that he had seen a small dose of *Mercury* produce salivation, whereas, had its action been the opposite of a large dose it should have caused preternatural dryness of the mouth. These were not hypotheses, but facts, and they neutralized the facts of Dr. Sharp.

Dr. R. Hughes said that one great merit of Dr. Sharp's papers was their suggestiveness; they stirred up thought. Dr. Hughes agreed with Dr. Dudgeon that the theory was only apparently proved, and not absolutely, and was only apparently true with a few medicines. The *vraisemblance* of Dr. Sharp's observations arose from their narrow basis. The true explanation was found in the primary and secondary actions of medicines. Did Dr. Sharp consider the permanent action of drugs to be the primary or secondary one? He did not agree with Dr. Sharp in considering that the theory propounded had no relation to the old theory of isopathy. Dr. Sharp said that isopathy was treating disease by the products of disease; but he apprehended it was so only when these products might themselves be the cause of disease, as in the use by Dr. Dudgeon, the late Dr. Trinks, and others, of diluted small-pox lymph to cure that disease, which it was said to do better than vaccine. There was nothing new in Dr. Sharp's theory, though it gained scientific weight when brought forward as an inference from the opposite action of small and large doses. He had read the experiments referred to by Dr. Sharp, and they seemed entirely against the theory, for they showed that small doses of a certain poison had no effect in the treatment of poisoning. He feared that the same result would follow in all cases of severe poisoning, and that small doses would not be antidotal. But if the doctrine of primary and secondary action, as set forth by Fletcher and expounded in later times by Drysdale and others, be true, then this theory was merely the doctrine of isopathy, and Dr. Sharp would discover when he looked deeper that it was only another aspect of the doctrine of the primary and secondary action of drugs. The opposite action of large and small doses would not be found to hold true in health, as illustrated by the president in the case of alcohol. All drugs have one permanent action, and it was this physiological action which we must utilize Homœopathically. Deeper investigation was needed to explain the Homœopathic action of all drugs. Ultimately, he hoped we should rear a structure which would be philosophically sound.

Dr. Hayle expressed his satisfaction with Dr. Sharp's paper for its suggestiveness. He mentioned the case of a lady patient who was

quickly cured of dysentery by the 30th attenuation of *Mercurius cor.*, after the third attenuation had failed.

Dr. Nankivell remarked on the difficulty of determining what was the opposite condition to certain diseased states, *e. g.*, gout, but denied that it was an impossibility. There was, of course, no opposite to the complex group of symptoms named gout; but if we broke up the local expression of gout into its component parts, there was no difficulty in seeing that there was a possible opposite to each one of them. So that the contrary action of large and small doses of drugs, even with regard to such a complex group as gout, might be admitted and understood; and the apparently opposite views just expressed might also be reconciled.

Dr. Meyhoffer referred to the experiments of Claude Bernard, who laid down a law bearing directly on this question, to the effect that any substance which in large doses destroyed the vitality of the tissues, stimulated them in small doses. It was evident that every substance had a different action, according to the quantity administered to the healthy body.

Dr. Hall spoke of the law that small doses of medicine promoted restoration, as confirmed by his mesmeric experience many years ago; in fact, it was this which first led him to see the truth of the Homœopathic principle. In almost all cases where he effected cures by mesmerism, it was because he produced in a mild form the conditions which had been distressing to the patient. We were often asked to account for small doses producing such great effects. Might it not be owing to the resisting power of nature to throw off that of which she had already a superabundance? Dr. Sharp's hypothesis might be correct, and yet be in accord with Homœopathic principles.

Dr. C. Wolston thought they were confounding two opposite questions. The different action of large and small doses was well known; but the question was not the effect of doses, as such, but whether we have in small doses of a poison a curative power equal to the effect of a large dose. The value of small doses in diseases which are not produced by drugs has been clearly established—and that is the science of Homœopathy—*similia similibus curantur*. What Dr. Sharp expounded was truly isopathy, and it was a wonder he did not refer to the practice of syphilisation, which had been largely advocated in continental countries. But he ventured to think that here the cure was as bad as the disease. Dr. Sharp's evidence was suggestive, but it was not of sufficient weight to produce conviction.

Dr. Talbot, of Boston, said he had been extremely interested in Dr. Sharp's paper and the discussion. The idea was not new; it must have occurred to almost every physician. In his address as president of the Massachusetts Homœopathic Medical Society in 1860, he alluded to this subject of the twofold action of medicine. Dissatisfied with the explanations given of the primary and secondary action of drugs, under whatever circumstances administered, he felt the force of the fact that certain drugs exhibit directly opposite effects—a twofold action, destructive and curative. In the secondary action of many

drugs we see the reacting power of nature against their destructive influence. The constipation which followed diarrhœa could hardly be called the secondary action of the drug administered; it was rather the cessation of nature's power to throw off the liquid matter. It was very difficult sometimes to distinguish the primary and secondary actions of drugs, and the two were often confounded. But this plain fact was demonstrated by the administration of drugs Homœopathically—that drugs given in large doses produce certain symptoms upon the system, and for those symptoms—when not produced by the drugs—we administer the very same remedy which those symptoms indicate; showing that there runs through the whole system of medicine this twofold action of drugs. One effect might be called destructive, the other curative. This fact did not explain why it was so. With regard to minute doses sometimes producing severe and destructive effects, he thought that this was owing to the idiosyncrasy of certain individuals. A minute dose of *Mercury* would salivate a person peculiarly sensitive, while some persons in the Southern States take *Calomel* by the spoonful without any salivation. Some persons might bathe themselves in *Arnica* without effect; to other persons the mere odor of *Arnica* would bring an intense suffering. He attributed this to individual idiosyncrasy.

Dr. Ludlam, of Chicago, had enjoyed Dr. Sharp's paper very much. It was almost worth crossing the Atlantic to find that English Homœopathic doctors were not all agreed. He excused himself from discussing the question by saying that it did not come within his department; but he might say that it would be futile to attempt to fix a rule for the unvarying action of medicines; we rather wanted a sliding scale for their operations. Idiosyncrasy had a great deal to do with it. The susceptibility of persons to the action of toxical and curative agents, and every other circumstance must be taken into account. He had no belief in the extensive application of the principle of the primary and secondary action of medicines. He believed that as a rule the effects were consecutive in the order of their occurrence, and that the terms "primary" and "secondary" should be applied only to symptoms which come in the order of sequence. He thought they had been mixing up two or three subjects together. Probably they did worse on his side of the Atlantic. He would say no more or it might become a game of sharps and flats. [A laugh.]

Dr. Sharp, in replying, said he had listened with great interest to the discussion, and he hoped to profit by it, but time would not permit of a detailed reply. Dr. Drysdale and himself were made in different moulds. He could not bear anything that was not a fact; and Dr. Drysdale could not bear anything that was not an explanation. Some of the disputants had answered each other. He was rewarded should his paper prove suggestive, especially to his juniors.—*Hom. Record.*

Surgical Department.

“*CONDITIO SINE QUA NON.*”

IN ORDER TO SOLVE THE HOMŒOPATHIC PROBLEM OF MR. V. GRUZEWSKI AND THE VIEWS OF DR. PROF. LIPPE, IN PHILADELPHIA, AND SCHUSSLER, IN OLDENBURG.

BY DR. V. GRAUVOGL, SUPERIOR STAFF PHYSICIAN IN MUNICH.

The author of two writings on this “*conditio sine qua non.*” Riga, 1874 and 1875, under the title: “On the incompetency of the evidences for and against Homœopathy,” was so kind as to send me also the latter one just published, from which I learned with what a rare perseverance he pursues his theme, and calls for meritorious but by no means easy tasks. The various, mostly not sympathetic criticism, which the contents of these labors have experienced, induces me to give the following discussions:

The fact that the author is earnestly striving to contribute his best possible share to the general acknowledgment of Homœopathy is sufficient for me to support him in his laudable endeavors. Therefore I shall give now some examples, which prevail as incontrovertible evidences for the Homœopathic method of cure according to the five requirements of the author. These demand that the furnished evidences correspond to the five main principles of Hahnemann:

1. To the law of similarity.
2. The provings of the medicines on the healthy.
3. The administration of but a single remedy.
4. The littleness of the dose.
5. The repetition of the dose, after a pause, for the production of the spontaneous aggravation following each time the previous improvement, during the discontinuance of the remedy, and vice versa.

To these five requirements of the evidence to be furnished, I might add yet a sixth one, that is, the diagnosis of the chosen examples must be scientifically founded and established so precisely that no doubt may be left for any after-proving; for with the exhibition of both evidences brought up, the author will impose on no physician, in the least on an Allopath.

Over against the defective knowledge and the *laziness of thinking* of our opponents, who declare all our cures to be imaginary and to

arise spontaneously from the healing process of nature, I find it quite correctly thought that they can be only convinced by satisfying their one-sided causality want of merely constant figures. But the Homœopathic therapy has not only to deal with causes but also with conditions, as I sufficiently demonstrated ten years ago. And these conditions will always present a hinderance to be overcome with difficulty for adducing such reasons of conviction as Mr. v. Gruzewski claims. The mechanical cause, however, is lost in the mechanical effect, and is to be easily demonstrated on lifeless bodies. It is different with an organism that presents to all causes acting upon it its multifarious conditions, under which the same cause sometimes attains this, sometimes that effect. Yet there are histological conditions that always react on certain causes in an equal manner, and only such are conceivably the most convenient ones for solving the propounded problem. These examples must also prevent mistakes, nay, even hit the centre of a distinctly marked physical constitution, else they might fail in a hundred after-provings.

As such examples I shall propose: 1. *Arnica* and its specific action on wounds. 2. *Silicea* and its molecular influence on the chondroses. 3. *Thuya* and its relations to the connective tissue only peculiar to itself.

ARNICA ACTION ON WOUNDS.

The results of the provings of *Arnica* on healthy subjects furnish symptoms so similar to traumatic fever and to septicæmia by purulent infection, as to be hardly more distinct if found in the books on surgery and midwifery in the description of these affections. Consequently in wounds, and in their sequæ, *Arnica* is indicated according to the law of similarity, and in this respect, too, a long celebrated Homœopathic remedy. The traumatic fever takes its course in the beginning without any increase of temperature, which cannot, therefore, be taken for the signature of a fever either. It begins directly with any important injury done, by which suddenly the whole habit of the wounded is often changed to indiscernibleness and shock. That condition apparently improves under the use of *Arnica*, just as do all symptoms of an already performed absorption of elements of wound-secretions being in decomposition. Among all the more frequently occurring injuries, the complicated fractures render the most profuse suppurations, and the oftentimes very extensive lacerations, of the soft parts, connected therewith for that reason predisposed, like large operative wounds, to the generation of pyæmic or septicæmic fevers. One is not always called to the patients immediately after the accidents of this kind, in the country especially, many times several days after the country physician has done his part, and we meet then with the greatest production of pus. This one is now principally appropriate to the experiment of von Gruzewski. If we then give *Arnica* 30, four to five drops every hour and applications to the bare wounds of the same dilution, after a couple of hours (at most four to five) the patient feels an essential relief of pains, and in the subsequent days the suppura-

tion is visibly reduced. It diminishes from day to day and is restricted to a slight quantity in a few days, while the sores are getting clean. It goes much faster if every hour four to five drops of the 1st decimal dilution are to be taken, and fomentations applied in a similar proportion. On the following day, at latest in twenty-four hours, the suppuration is almost reduced to nothing, as a rule, and the most favorable situation restored in every regard. In the military hospitals I called the attention of Allopathic physicians to the efficiency of this treatment, and also to the fact that this favorable success would instantly disappear; and the largest gathering of pus be found in the bandages as soon as that use of *Arnica* was discontinued. This happened regularly, so that oftentimes directly on the following day the former quantity of matter was present again, and the wounds of the soft parts gaped again wider, after they had approached themselves considerably, and I did not dare delay any longer the internal and external employment of *Arnica*. Now it had the same success as upon the trial, and the healing process took place in the shortest time, and, indeed, with not a little astonishment of the attending Allopaths, without further suppuration, granulation or retraction of the borders of the wounds, thus quite in opposition to their until then received doctrines and observations. Also in the war against France I had a large opportunity of making the same perceptions.

The actions of *Arnica* in wounds of all sorts consists in this: that not only does the migration of the white blood corpuscles and the mortification of the injured parts, consequently any suppuration cease, but also the intercellular liquid is drained under a steady delivery of water to the bloodvessels and lymphatics. In consequence thereof the inflammatory swelling of wounds after a few hours mostly decreases and all the injured parts consolidate, and the borders, where they can be brought together, are rapidly agglutinated, or, where this is not the case, approximate each other spontaneously more and more to a reunion, whilst any loss of substance is replaced without suppuration and without luxuriant granulations. From these reasons the original inflammation cannot spread, and where there is no inflammation there is also no fever; further, where there is no water there is no pus, no absorption of noxious substances, and so diphtheria and septicæmia cannot take place. For these reasons, I also order every pregnant woman, from eight to fourteen days before the calculated time of confinement, morning and evening, four to five drops of *Arnica* 3 dec. and likewise immediately after each birth, also similar injections into the vagina; and since that time I have seen no more puerperal fever, no too much protracted bloody lochia and no more rolling up of the flaps, where the cervix uteri was fissured.

Under all these circumstances the use of the *Arnica* may be discontinued at pleasure, in order to obtain a direct relapse of the previous state; then everything may be seen improving again, as soon as *Arnica* is administered repeatedly, and so on in the same way as often as it can be done without disadvantage to the patient. A too long continued use of *Arnica*, especially externally, generates erythema and

unto blistering, and internally in fractures, soft and lesser formation of callus. That is what I have observed in a surgical and obstetrical practice of long standing. For exact microscopical researches into the proceedings during the influence of *Arnica*, I neither had time nor practice; but we have honored men of our circle who are equal to such tasks and able to perform after-provings too. I quote only Profs. Drs. Franz Hausmann, Bakody, Tivadar, in Pest, and Maylander, in Berlin. It will then be seen if Lister's mode with *Carbolic acid* can be equal to the favorable success with *Arnica*, which I doubt in many respects.

SILICEA ON CHONDROSES.

The Homœopathic proving of *Silicea* describe precisely the physical condition, under which rachitismus and enchondromas (at present called chondromas) are formed. We always meet, therefore, in both cases disease symptoms of *Silicea*. Observations that speak entirely against Allopathic experience, must always be the most favorite ones for the problems of v. Gruzewski, because they can only be made in a Homœopathic way, thus illustrating our healing method and its high value in the most striking manner.

About chondroma, it is known and taught of late by Prof. Dr. Billroth in his General Surgical Pathology and Therapeutics, 1875: "Concerning the treatment, it can only consist in removing the chondroma, if such is to be performed without danger of life, as it may be the case in large chondromas of the pelvis." The chondroma is not to be mistaken, although I could show up cases of false diagnosis by the dozen. Particularly easy they are to be diagnosed at the phalangeal and metacarpal bones of the hand and foot, where they often occur multiple and sometimes in such a large multitude that the whole limb ought to be amputated in order to remove them all. They are roundish or oval, knotty, mostly exceedingly hard, seldom fluctuating tumors of different sizes, which sometimes break open and ulcerate, or often remain stable many years, often also grow farther, and have to me, at least, the surest, although nowhere mentioned sign, that they are at an exact examination always, if but in part, found connected with the periosteum of a bone, be it at the head or anywhere else. It was not long since that a hard tumor, at places feeling soft, larger than a child's head, commencing above the ear and reaching to the larynx, was treated with all remedies of *Iodine*, etc., until finally, causing a wheezing respiration and fits of suffocation, it was diagnosed as goitre and appointed for an operation. I found it but little movable except at a spot on the occiput, and forbade definitely any operative act, against the advice of four Allopaths. Eight days after the use of *Silicea* the constant wheezing respiration and difficult breathing had already disappeared, sleep and appetite returned, then a perfect cure ensued. This morbid picture is also by a Homœopath less liable to be confounded with other tumors, for as the concomitant symptoms of the *Silicea* proving assist in the diagnosis.

Hahnemann taught: "The assumption that disease is a specific and

separate essence, distinguished from man, is an imagination that has been rendered pernicious by Allopathy." That remains an eternal truth, but I conceive from his medicinal provings still more. They give us a great lesson, which despite all its practical and eminent bearing, I see the smallest number of Homœopaths observe, wherefore they also earn all the time less striking successes for their endeavors than could be attained, and the lesson is that every cause of disease from the points of attack, having become possible to it in the organism, may extend all over its parts so far as further conditions for it are presented. Who would ever in a single drug proving find a single form of disease stated according to Allopathic pattern? Consequently every local form of disease is to be looked upon not only as what it seems to be, not as the affection of a part but as a disease of the whole organism to a greater or lesser extent, showing itself with more or less intensity.

(TO BE CONTINUED.)

EXPERIENCE WITH SYPHILIS.

Thinking perhaps the following cases with their treatment might be of some interest to the readers of the UNITED STATES MEDICAL INVESTIGATOR, I have concluded to report them. A young man of twenty-five, of bilious lymphatic temperament, placed himself under my care for syphilitic treatment. I commenced the treatment by giving him the third trituration of *Mercurius sol.*, for two weeks; not seeing any change in his symptoms, I gave in place of it the third trituration of *Mercurius cor.*, for three weeks; still the situation remained unchanged. From his appearance and expression, I felt that it would be unsafe to continue the *Mercury* farther at present, so I prescribed diluted *Nitric acid* for two weeks without the least change in the case. I now returned to *Mercurius cor.*, when improvement immediately commenced, and in ten days he was entirely cured. Not many weeks afterward, he contracted the disease again and returned to me for treatment. Without repetition, I will simply state, the treatment was precisely the same as it was in the first case. The point of interest in them was the rapid cure after the intermediate use of *Nitric acid* in both cases. I regret now I did not give the acid at first in the second case instead of *Mercury*, in order to determine if the result would have been the same. Such is the history of the cases; the treatment, right or wrong, is impartially given.

N. Y., March 3d, 1876.

MEDICUS.

Obstetrical Department.

POST-PARTUM CONVULSIONS.

BY R. L. HILL, M. D., DUBUQUE, IOWA.

Called at 10:30 o'clock P. M., Jan. 3, 1876, to attend Mrs. R., aged thirty-nine years, whom I found in labor with her first child. Found everything progressing favorably. Complained some of a congestive headache for which I gave a few doses of *Gels.* 2nd. At 2 o'clock A. M. the child was born. The headache still continuing; left some *Gels.* 2nd to be alternated with *Arnica* 3d.

At 9 o'clock A. M., of the fourth, I revisited my patient. She had slept, and had urinated quite freely. In every respect doing well, except the pain in her head which still continued. Pupils slightly dilated, inclined to be nervous. Prescribed *Bell.* 3d. At 1:30 o'clock P. M. I was sent for in haste, "that she was dying." Found her in a violent convulsion of an epileptic character. While conscious, she had complained of an urgency to urinate, and as the facial muscles were not sufficiently contorted to indicate *Stram.*, I prescribed *Canth.* 3d. She was aroused out of the coma following the convulsion and became conscious by three o'clock. Pupils not dilated, pulse good, and respiration normal.

Called again at 4:30 o'clock P. M., just in time to witness her go into another convulsion. At this time found the bladder distended. I introduced a catheter and drew off about three pints of urine. The restlessness which had accompanied the convulsion ceased at once, and she went into a comatose condition, perfectly unconscious, jaws rigid, but no stertorous breathing, respiration easy and regular, pulse good, pupils contracted. Pres. *Opium* 3d.

At 9 o'clock P. M. she manifested signs of consciousness, and another convulsion ensued. Becoming again unconscious, prescribed *Hysos.* 3d and *Ignatia* 3d alternately. At midnight, another convulsion. I then introduced a catheter and drew about a quart of urine. Pres. *Cham.* 3d alternately with *Stram.* 3d. No more convulsions occurred until 9 o'clock A. M., of the fifth, which was much lighter in character, leaving her jaws relaxed, and was not followed by such profound unconsciousness. I again introduced a catheter and drew off about a pint of urine. Continued *Cham.* and *Stram.* to be given every two hours alternately (had been given every hour before). Called again in the evening, found her partially conscious. Had urinated naturally. Continued same medicine every three hours.

Jan. 6th. Patient quite comfortable, except slight confusion of ideas. Had been informed about her babe, of which she knew noth-

ing, nor could she realize how she could have a child and not know anything about it. Bowels had not moved; had urinated. Ordered an enema, and continued the same medicine, to be given every four hours.

Jan. 7th. Patient doing well. Bowels moved, and every way comfortable. She was very anxious about her babe, being desirous of nursing it. There were no indications of any secretion of milk. The mammary glands were small and soft (in fact, her husband informed me that they were smaller than at the sixth month). Apparently complete aglactia. Prescribed *Ol. Ricini* ʒ, 1 drachm; *Aqua*, 8 oz. Mix and give a teaspoonful every four hours.

My patient continued to do well in every respect, gaining strength; and on the thirteenth I discontinued my prescription of the seventh. The mammæ had begun to enlarge in twenty-four hours after commencing to use my prescription of the seventh, and by the thirteenth they were performing their functions to the entire satisfaction of both mother and child. The lacteal supply being quite copious, and has continued so up to the present.

I wish to call particular attention to the action of *Ol. Ricini* in stimulating the action of the mammary glands, and curing what has many times given me very much trouble to relieve, *Aglactia*. I have found benefit from the use of electricity in these cases, but never the satisfactory result I have seen produced by the *Castor Oil*. This case, I think, fully illustrates its actions.

February 4th, 1876.

RETAINED PLACENTA.

BY C. W. ENOS, JERSEYVILLE, ILL.

Nov. 24th, 1875, hastily summoned to Mrs. L., age 20, in her first confinement. I was informed that Mrs. L. had been very restless since nine in the evening, (this being eight A. M.) also had passed a great amount of water in the fore part of the evening, and that she had been quite sick at the stomach, which caused her to vomit several times. Her bowels moved quite freely also during the night. The few moments that I was listening to her story I was closely watching the patient and noting the character of the pains, which were very irregular and very expulsive. On examination I found the head engaged in the superior strait. The waters had passed and I was quite sure that the labor would be tedious. Prescribed *Puls* 3, one dose. In a few moments the pains were regular and quite expulsive.

I have in most all cases of labor found *Puls* 3 or 200 and *Caulophyl*. 3 to regulate labor pains very quickly, and seldom need resort to any other remedies.

Labor progressed nicely until 2 P. M., when a fine girl was delivered. I never before had the pleasure of seeing a patient less exhausted than

Mrs. L., notwithstanding she had not slept any during the night.

In a few moments pains began, not very hard, I now examined to see if the placenta were detached but I found that it had not been; judging that it would be some time before it was if ever, I begged leave to go and see a patient near by, as I had several who were looking for me long ere this. (By the way I would say it is not advisable to leave a patient until all through but I was quite sure there would be no flooding and it was a busy time, and I could not afford to leave my patients any longer.) When I returned found the placenta just as it was when I last examined I now gave one dose *Puls* 200, which seemed to increase the pains. I knew that it would be some time before it would be detached I stated to Mrs. L., and the nurse that I would deliver it about the fourth hour and not before unless hæmorrhage should occur. Hoping by that time it would come away without any difficulty, I took my leave stating that I would return about the fourth hour from the birth of the child. At that time I found the same state of things as before. The placenta still attached to the uterus.

I carefully introduced my hand into the uterus inserted my fingers between the uterus and placenta which was quite difficult to do and very painful to the patient. In a short time I delivered the placenta with but little loss of blood. This is the second case of retained placenta that I have detached within the last eight months. Mrs. L., recovered nicely, was able to be up on the ninth day and in three weeks was able to ride out.

THE "POCKET FORCEPS."

A DESCRIPTION OF THEIR PECULIARITIES, AND THE SPHERE OF THEIR USEFULNESS, ETC., BY E. M. HALE, M. D.. CHICAGO.

It may seem presumtuous in one who has rarely written on obstetric subjects, and is not known to the profession as an expert in that direction, to introduce to physicians a new variety of forceps.

It is not always the case, however, that those who write most upon a particular subject, know the most about it. I have found many old physicians who never wrote a line concerning *materia medica*, whose large experience and peculiar tact, qualified them to teach those who had been known for many years by their writings, and were considered authority on that subject.

One cannot practice over a quarter of a century, having nearly all that time a large midwifery practice, without *thinking*. And one who *thinks*, will not, cannot accept blindly the dictum of those who are considered the best written in obstetrics.

In the early part of my practice, which was mainly in the country, I rarely used the forceps. This was partly owing to my acceptance of

the absurd teachings of some of our school who deprecated any interference with labor except by medicine in high potencies, and partly to the great repugnance and fear of the common people, and even the well educated, at that time, to the use of instruments.

My first experience with the forceps, was with Davis', afterwards with Simpson's, but lately I have used Comstock's with decided satisfaction, especially when the head was high in the pelvis. When the head has passed the brim and the obstruction is below the promontory of the sacrum, unless there is some very great obstacle to overcome I prefer Roler's.

But from the first I was struck with the absence of any instrument, which, without being a *compressor* or powerful *tractor*, would be an *aid* to the mother in the expulsion of the head from the lower strait, or when it rests on the perineum.

Every practitioner has had cases where the head comes naturally down upon the perineum, and then from some cause, as fatigue or exhaustion of the mother; a head that would not readily mould; rigidity of the soft parts or perineum; or dryness of the passage; refuse to progress with that celerity which was desirable.

I hold with Dr. Goodell of Philadelphia, that its only very rarely that there is any necessity for waiting hour after hour in slow labors, when we can facilitate it by means safe to the mother and child.

But must we always use the heavy and formidable instruments which up to this time have been invented? The modern tendency of all the instruments used by surgeons, has been toward lightness and delicacy; not only in surgery, but in all the arts, and in every department of labor where machinery is used. Why has it not been so in midwifery?

It is only within a few years that Roler's light forceps has been invented, and this has met with much opposition. Years before I saw Roler's I had made a drawing of a small light forceps, which should be of the same shape as Davis', only shorter and very much lighter. But I shrank from intruding my idea upon the profession. However, when I saw the extremely light and delicate forceps having only a "scissors handle," invented by Dr. Newman, of Denver, I hunted up my old drawing in which the handle was the ordinary club-shaped one of Davis' and Roler's latest. I then conceived the idea of modeling the handle of my small forceps after that found upon some of the older styles of pistols.

I finally adopted the following shape, as shown by the accompanying cut. It will be seen that while I have followed the general outline of Roler's blades. I have *increased the curve at the point of divergence from the lock*, giving an opportunity for the placing of the forefinger as a guide and slight tractor. The shape of the handle I claim to be altogether original. It affords the best grasp for the hand, and does not interfere with its free movement.

I have named my instrument the

POCKET FORCEPS,

and a brief description is as follows :

Length of blades from point of crossing six inches. Total length ten inches. Length of handles three and one-half inches. A gradual pelvic curve of two inches, beginning near the extremity of the shanks. Breadth of the cephalic portions averages one and one-half inches. The distance across the widest part when the instrument is closed is two and three-quarter inches, the points being separated one-half of an inch. The branches fit easily in a "button lock." The diameter of the closed handles is one inch. The fenestræ are nearly elliptical; their length the same as any other forceps. Total weight only five and one-half ounces.



Its small size enables the physician to carry it in his pocket. Its appearance is not in the least formidable. It can readily be applied in nearly all the various positions in which women place themselves during labor, and thus afford with but the slightest show of an operation, very important assistance during the last stage of labor.

It can be used to rectify those annoying *oblique* positions of the head, which, even when the head is resting on the perineum retards its progress. Here it is used as a *lateral lever*, as recommended by Meigs. In cases where the head is placed *transversely* to the lower pelvic strait it can be used successfully to *rotate* the occiput under the pubic arch. In *face* presentations, these forceps can be used effectually to cause the chin to escape more readily from under the pubes, or assist it in escaping from the perineum.

In *occipito-posterior* positions this little instrument will greatly assist in causing the *chin to approach the breast*, and allow the vertex to escape more readily. Even in that most natural phase of labor, the *occipito-anterior*, the attendant and patient are annoyed and fatigued by the *tendency of the head to retrograde*, or "slip back," at each pain, just at the time when it seems as if it was about to escape from the vulva, or reach a position where it could be grasped by the hand. How often have we waited hours for the escape of the head under these circumstances. We feel that all that is wanting is a *little harder pain*. We know that if we only had one hand on the head we could extract it, but just as we seem able to grasp it it slides back into the pelvis. It is in just such cases, that these small forceps are a great assistance to both physician and patient.

As a *vectis* one blade of the forceps can be used to advantage to *rectify malpositions*, or assist in the *advancement of the head*. The flexibility of the blade renders it incapable of injuring the soft parts, or the child, while it enables it to be used with sufficient force in a majority of cases.

*A NEW METHOD OF PREVENTING THE SECRETION
OF MILK IN THE FEMALE BREAST.*

BY JOHN WM. LANE, M. D., L. R. C. S., ETC.

I have for more than ten years employed the following method to prevent the secretion of milk in the breasts of women who may have had still-born children, or who, after having nursed their child for a few months, found it necessary to wean it. It is perfectly clean and painless as far as my experience goes, and as such I beg to recommend it to the notice of my medical brethren.

We will take for instance the case where the infant has been born at the full period, but is dead, or dies within a few hours of its birth. The milk makes its appearance in the breasts generally about the second day, sometimes longer, and sometimes it is ready when the child is born, and in the case of still-born children my experience leads me to think that in such cases it makes its appearance earlier than when the child is born alive. My plan consists in taking a piece of emplastrum adhæsivum of about ten inches square, round the corners, cut a hole in the centre for the nipple, then from the centre of each corner make a straight cut towards and within two inches of the centre hole; having now got it ready, let the patient lie on her back, her body being perfectly horizontal; warm the plaster and put it over the breast then strap one of the lower corners down first, draw the opposite one tightly upwards and fix it in its place, then the other lower corner, and lastly the opposite upper one, having drawn it sufficiently tight first; now take a piece of plaster two inches wide and about sixteen or eighteen inches long and put it on from below and outside the breast, across close by inside of nipple, and fasten the end over the clavicle; another piece may also be put on in an opposite direction, it being drawn over the shoulder. Of course, in cutting the plaster and strips the size of the breast must be taken into consideration, there being so much difference in the size of female breasts.

The above plan I always follow when one of my patients wish to dry the milk, as they usually call it, or where they are compelled to do so either from the death of the child or any other cause. I also am certain strapping will prevent mammary abcess if resorted to in the earlier stage; I at least have found it do so in many cases.—*Medical Press and Circular.*

PTYALIMS COFFEE.

Hellen J. Underwood, M. D., of Chicago, reports a case of excessive ptyalism in a pregnant woman that was promptly cured by chewing a kernel of roasted coffee as stated in Dr. Shipman's Guide, page 212 This is a verification and a valuable fact.

Materia Medica Department.

HOW BEST TO STUDY AND APPLY THE MATERIA MEDICA.

BY A. A. FANESTOCK, ELKHART, INDIANA.

Read before the Northwestern Indiana Society.

MR. PRESIDENT AND GENTLEMEN : No one appreciates more fully than myself my unfitness to write an acceptable essay upon the subject assigned me. Nor am I so egotistical as to believe I can advance ideas new to so intelligent a body of physicians, many of whom I am acquainted with, and by professional trial in the face of the enemy have been forced to acknowledge their high qualities as gentlemen, and their sound judgment and acumen as physicians.

It seems like a satire upon the labors of our trans-Atlantic brethren, Benninghausen, Jahr, and Hughes, to say nothing of the titan labors of an Hemple, Hering, Allen, Hale, and a host of others in this country, grown gray in the battle between disease and the application of those remedial agents which an All-wise Providence has put into our hands. But, sir, all who essay to practice our glorious art have, or should have, some views culled from daily experience of their own. When the tyro in medicine enters the rugged field of practice, the difficult problem of how best to study and apply the materia medica, constantly demands his earnest and serious consideration. How to utilize at the bed-side the vast amount of matter which time, provings, cases of poisoning, and clinical experience had accumulated in the Symptomen Codex; and the still greater mass from the same sources, which have since accumulated, and now being embodied in that great, grand work of the present age, Allen's Encyclopædia of Materia Medica. Whether to draw indications from the symptomatic, or the pathological standpoint, are questions pregnant with interest for every thoughtful physician, having a just appreciation of his calling, and willing to devote his life and energies to the cure and amelioration of human suffering. It is impossible to write a paper upon this subject without touching upon the province of theory and practice, since a knowledge of the former is the stepping-stone to that crowning art—the application of drugs to the cure of disease; a rational therapeutics. Gentlemen, we have met to-day for the purpose of discussing this and kindred subjects pertaining to our profession; too add our mite to the general stock of knowledge, earnestly pursued by over five thousand Homœopathic physicians in these United States.

How shall we study the materia medica successfully? This is the

medical "To be, or not to be;" the "open question" which each, and every medical man must answer for himself; upon the solution of which will not only depend his correct or unscientific practice, but in many instances the lives of the unsuspecting victims placed under his care.

THE PHYSIOLOGICAL (CLINICAL) METHOD.

To the pharisaical adherent of (mis-called) physiological medicine, whose first step in the art of cure is the formation of an hypothesis as to what ails his patient—following it up by the administration of some drug, because Professor A. or B. treated his case thus and so, and who believes the correct solution to the application of drugs to disease is best arrived at by putting drugs, of which he knows but little, into a body of which he knows much less, and calling such a proceeding "rational empiricism." To all such I say, our convocation and its results will be like an idle dream, or the song of a delusive syrien.

Says Hartshorne, in the preface to his *System of Medicine*: "The proposition must be barely stated that the most complete knowledge possible of a disease will never alone inform us what will be the effect upon it of any remedy until experience has put it to the test. *Nolens volens*, then we have to acknowledge our indebtedness in therapeutics to empirical observation. But it is the vocation of the true physician to make it scientific. 'To know that two cases of disease are really alike, and not only apparently so, in order to the application to them of the same remedies—to make accurate comparison of the virtue of different modes of treatment, avoiding the *post hoc, prompter hoc* fallacy, and to appreciate the conditions and circumstances which modify the actions of medicines as they do the course of diseases. These are tasks which enlist the highest faculties of analysis as well as of observation.'" To this method of studying *materia medica* we do most emphatically object. So poorly is the art of observation cultivated, and so incapable the mass of medical men to draw correct conclusions therefrom, that the *materia medica* must forever remain a mass of truth and error, so inextricably mixed that the brightest geniuses have paled before the task of separating the wheat from the tares. In the preface to his *materia medica*, Dr. Allen says: "To these, the pathogenic symptoms, have been added a very few symptoms which have never been observed as the effect of drug action, but which have been so repeatedly verified clinically that they clearly indicate the remedy." In the second volume these symptoms have been omitted, "because the experience of two thousand years demonstrates that a reliable therapeutics cannot be erected upon such data." Nearly every writer and intelligent practitioner will give his hearty amen to the above. On the other hand, our journals are full of these clinical observations made on sick men. Cases loosely reported, duly ticketed with the name of some disease, and the curative remedy stated, without the least sign of an indication for its use. So generally does this species of trash enter into, and usurp our periodical literature, that the intelli-

gent mind turns away with disgust. In order that you may appreciate my meaning and see that these strictures are deserved, let me read to you from Raue's *Annual Record* for the year 1871 — a work said to contain all the good things excerpted from some thirty or forty foreign and home journals — a work for which a direct appeal was made to the profession to sustain, on the ground of its intrinsic usefulness and excellence, as being the embodiment of Homœopathic science and improvement during the year. I do not select this work because it is the poorest we have, but because it is claimed to be the *mutum in parvo* of our medical literature; because its compilers claim the strictest individualization in prescribing absolutely indispensable to success. We can but attribute the introduction of so many such cases into these volumes to that inordinate love of "book-making" (regardless of their usefulness) so characteristic of American Homœopathic physicians. I quote but one case, from the volume for the year 1871, page 136. "Burning on urinating; worse afterwards; of two months standing. Prescription: *Cantharis* and *Apis* (*low* in italics) every hour for four weeks did not cure. *Cantharis* 200 every six hours cured in three days." Gentlemen, we know *Cantharis* will not cure every case of burning on urinating. I have known it as a purely mental symptom, brought about by indulgence in pleasures, the result of which is liable to produce just such a symptom. It makes the greatest possible difference whether the case be spasmodic or inflammatory; whether the spasm or inflammation implicate the fundus, or neck of the organ, or both; whether it occur in a child, or adult; whether caused by calculi, or some version or flexion of the uterus. There is nothing in the printed record from which we can ascertain these facts. An hundred remedies have burning on urinating, and every physician must, as I have been grievously disappointed with the action of this remedy in the dysuria of aged people, as well as infants. *Cantharis* is one of the few remedies which, if given *low*, are very apt to cause an aggravation. Its administration will, in cases of inflammation, be followed by this unpleasant result when given in the 2d, and even in the 3d decimal. We are not told how low it was, but that it was given very low in attenuation, with *Apis*, for four weeks. Every condition capable of causing an aggravation was fully complied with, and that, too, with more than ordinary stupidity and pertinacity. Why change to the 200th and give every six hours? It would seem only to get rid of the effects produced by four weeks drugging. Had he given nothing, I think his patient would have recovered just as quickly. This case is, in my opinion, a fraud perpetrated by some sophomorical tyro, and foolishly inserted by men wedded to a certain theory. Physicians rely upon this species of clinical practice to guide them in their daily battle with disease; how grievously are they disappointed! how much their faith is ultimately shaken in practice, and their prestage destroyed, can be appreciated by those who have watched, experimented, and duly weighed the value of such evidence. It is for this reason I notice them.

One more case, and I will hasten to the consideration of other points.

I copy from the *American Observer*, 1875, Vol. XII., page 544: "I lately had an opportunity of testing the value of *Dioscorea* in the terrible, painful suffering which attends the passage of calculi through the ureters. The patient was a man about fifty. He was attacked about 6 P. M. I saw him about 8 P. M. The attack came on suddenly, reached its intensity in half an hour, and continued with little, if any, abatement until my arrival. The pain was located over the crest of the illium, on the right side, and occupied a spot not more than an inch square, but shooting pains radiated from that spot up to the renal region and down the right leg into the testicle. The local, continuous pain was utterly indescribable, 'agonizing.' He writhed on the bed with loud lamentations and moaning. The skin was bathed in a cold, clammy sweat; pulse feeble and quick; some retching, and frequent desire to urinate. I ordered a *hot bath* prepared, and gave him *Dioscorea*, a teaspoonful of the fluid extract in half a glass of water, a teaspoonful every five minutes. Before the fourth dose the pain was greatly relieved, and within half an hour it had disappeared. He shortly afterwards fell asleep and slept till morning. But little soreness left in the ureter. The urine next day was darker than usual, but no appearance of calculi. I believe the *Dioscorea* relieved the pain, probably, by relaxing the ureters and allowing the foreign body to pass down. In spontaneous cures the relief is more sudden. I mention the preparation used, because it is the only one, except the infusion, that I ever got any effects from." Perhaps no man has written more (if he has not practiced it) about polypharmacy—giving or using a dozen agencies, and attributing the curative effects obtained to a single agent, than the writer of the above case, Dr. E. M. Hale. The first thing he did was to order, not a warm, but a *hot bath*, the temperature of which must have been from 105 to 115 degrees. If he did not use it for the express purpose of relaxation, what did he do it for? This would be its only effect (and it is powerful), for he says the cure was brought about by relaxing the ureter. Of all the means he could have chosen, none would have so surely and speedily brought about the desired condition—relaxation. When this obtained, the patient was cured. I doubt not the experience of every gentleman present will concur with mine when I say that the application of the hot bath, either entire or partial, in this case was, single handed, adequate to the cure; but while in the bath he mixes a teaspoonful of fluid extract of *Dioscorea* in half a glass of water, and administers of this solution a teaspoonful every five minutes. The paramount indication in the case was relaxation, but the amount given was infinitely too small to produce the effect. Would *Chloroform*, *Ether*, or *Gelsemium* have done it in an equivalent dose? I believe not. Yet he feels warranted in saying, "I believe *Dioscorea* cured the case;" and (as if thinking the narrative not entirely logical) interpolates a special plea, saying, "In spontaneous cures the relief is more sudden." It would have been an easy thing to have kept the patient out of the bath, and in case the medicine failed to relieve, have applied it. He would have been saved his illogical conjectures and beliefs; the requirements of science have

been answered, and therapeutics, what she so much needs, "One more fact added to her crown." Hydropaths cure such cases always without drugs, but Hale's mania for indigenous remedies induced him to accord the credit to *Dioscorea*. Without a doubt, when another edition of the New Remedies shall be published, we shall find in the proving of *Dioscorea*, under the proper rubric, the clinical symptom of *renal colic*, and it will be well if some tyro does not wreck his reputation, and seriously damage his purse upon it. The harm done by such symptoms can scarcely be estimated.

STUDYING AND APPLYING THE KEY-NOTE SYMPTOM.

Another method of studying the materia medica is by memorizing and applying what are called key-notes—symptoms which appear during the proving of a drug with marked regularity and clearness, and is supposed to indicate the whole complex action of the drug. To Dr. Guernsey, of Philadelphia, is given the credit of inaugurating and putting in practice this method of studying and applying the materia medica. In the preface to his *Obstetrics*, published during the year 1867, he says: "The plan of treatment may seem to some rather novel, and perhaps, on its first view, as objectionable, inasmuch as it may seem like prescribing for single symptoms, whereas such is not the case. It is only meant to state some strong characteristic symptom, which will often be found the governing symptom, and on referring to the *Symtomen Codex* all the others will surely be there if this one is. There must be a head to everything. So in symptomatology; if the most interior, or peculiar, or key-note is discernable, it will be found that all the other symptoms of the case will be also found under that remedy that give existence to this peculiar one if that remedy is well proven. It will be necessary in order to prescribe efficiently to discover in every case that which characterizes one remedy above another, in every combination of symptoms that exist. There is certainly that in every case of illness which pre-eminently characterizes that case, or causes it to differ from every other. So in the remedy to be selected, there is or must be a combination of symptoms, a peculiar combination, characteristic, or more strikingly a key-note. Strike that and all the others are easily touched, attuned, or sounded. There is only one key-note to any piece of music, however complicated, and that note governs all the others in the various parts, no matter how many variations, trills, accompaniments, etc., etc." I shall examine into some of the fallacies of this system further on, but here shall while passing look into the history of the key-note system in order that all merit appertaining to it may be given to him to whom it properly belongs. Several years prior to the publication of this work, at a meeting of the British Homœopathic Congress, Mr. Wilson made the following remarks relative to the well-known symptom of *Lycopodium*: "Fan-like movement of the *ali nasi*." "When this symptom is clearly marked, no matter through what organ or tissue the symptoms of any attack of illness may manifest themselves, in children and in young people, I venture to submit that the whole group of the phenomena in

such attacks will be found under *Lycopodium*."

It is plain Dr. Guernsey followed the same line of thought, applying this reasoning to the whole materia medica—his Obstetrics being the first child born of it. Burt following in the lead of his predecessor, Guernsey gives us a "Characteristic Materia Medica," and dedicates it to his patron. He thinks a drug very different from a piece of music which has but a single key-note, but furnishes us a grand characteristic for every anatomical part of the body. For instance, in *Aconite*, Dr. Guernsey gives us "Great fear" accompanying various ailments as the grand characteristic, while Burt has no less than seventy.

THE KEY-NOTE SYSTEM ANALYZED.

Let us take a case or two and see how beautifully uncertain and easy the practice of medicine becomes under this system. In the *Journal of Homoeopathic Clinics*, Vol. I., page 9, I read the following: "I was called to see a child about six months old, August 7, 1867. Symptoms, screaming; fever, and hot head, all worse at night; starts in sleep as if frightened. At the time I called, in the evening, the child was very pale; it had light-colored, and green, slimy discharges from the bowels; the light-colored part appeared to be undigested milk; discharge more frequent during afternoon and evening. While talking with the mother, the child being asleep upon her arm, she bent forward to pick up something from the floor; the child immediately threw up its hands. Upon questioning her she said the child appeared to be afraid of falling, and she "didn't see how a child so young should know anything about falling." This led me to inquire whether the child had had a sore mouth. I was informed that about a month previous, the mouth had been sore, and had been cured, as she supposed.

Here seemed to be but one remedy indicated, although until the symptom came out—"fear of falling from a downward motion"—*Belladonna* was the remedy. Now, the whole is changed, and *Borax* is the remedy." In this case the whole complex of symptoms indicate *Belladonna*, but "fear of falling from downward motion" prevailed; one dose of *Borax* 1,000,000 was given, and the age of miracles renewed. The next morning the child was well." This case is also reported as a "model cure," in *Analytical Therapeutics*, page 276.

Dr. Martin evidently thought there was some connection between the previous sore mouth and the condition of the child when he saw it. The report of the case is faulty, inasmuch as no examination of the mouth was made; nor does he affirm that stomatitis existed. The prescription was made upon two factors, upon either of which it was impossible to predicate it: first, a supposition; second, the throwing up of the hands. All writers upon the diseases of young children tell us that in early life the spinal nervous system almost always sympathizes with the local trouble wherever it may be. Says West: "There is no organ in the body, with the exception of the pregnant womb, which undergoes such rapid development as the brain in early childhood." Again, "Disturbances of the motor power, which is comparatively rare in the adult (except as the consequence of some serious

disease of the brain) takes place in the child in cases of the mildest, as well as the most serious disorders, and we may even observe convulsions recurring several times a day for many days together, apparently without adequate cause, and not leading to any impairment of the child's health." Now the condition found by Dr. Martin was one of irritation of the brain, needing but little more vaso-motor force to issue into convulsions, and was evidently brought on by some undiscovered disease in a distant part of the body. Speaking of this excessive mobility of the nervous system, West, on page 42, *Diseases of Children*, says: "The grand reason of their frequency is to be found in the predominance of the spinal over the cerebral system in early life. In the adult the controlling power of the brain checks the display of those reflex movements which at once become evident if the disease heighten the excitability of the spinal cord, or cut off the influence of the brain from the paralyzed limbs, or even if sleep suspend that influence for a season. When the child is born the brain is but imperfectly developed, its functions are most humble, and convulsions are then so frequent that they are computed to occasion over seventy-three per cent. of all deaths which take place during the first year of existence from diseases of the nervous system."

If the above explanation of the nervous phenomena exhibited by children in disease is true, then must *Borax* be capable of curing nearly all the ills infants are heir to. True, *Borax* has red face, but not the red, bloated, stupid face of high arterial excitement, but rather the redness of irritation, due to irritation of the sympathetic. The case lacked the hot mouth and objective symptoms of apthæ. The author could see nothing but *Belladonna* indicated (and we must here concur with him), until the child, being disturbed by its mother bending over to pick something from the floor, convulsively threw up its arms. This was a partial convulsion which, had it been more general, would have destroyed all idea of prescribing *Borax*. But the doctor says it changed his views. Before, nothing but *Belladonna* was indicated; now, *Borax* was the remedy. Who has not seen this involuntary throwing up of the hands (the meaning of which has been distorted into a mental operation of the infant, denoting fear of a downward motion) occur in nearly all infantile diseases, asleep or awake, during motion, or absolute rest? How many infants during the febrile stage of an ague, having a temperature ranging from 102 to 104, lying upon the mother's arm, would not upon the least movement or contact, convulsively throw up the hands, tremble for a second or two, and go into a convulsion. Thousands of mothers through sad experience have learned that this symptom means, not "fear of falling," but that it is the unfailling harbinger of convulsions. There was nothing in this case calling for *Borax*. Had the sore mouth still existed, and with it vessical irritability and constipation, or possible symptoms of venimous irritation, then by the light of similia might this particular symptom been used in the diagnosis of a remedy, for these conditions and symptoms occur in the pathogenesis of *Borax*. No amount of sophistry used in giving a physiological expression to the complex of this case, can possibly

point to *Borax* as a remedy. I know not how to properly characterize such a prescription. It is neither Allopathic, Homœopathic, or Eclectic, but the offspring of a fanciful theory, which militates against and will utterly destroy the beautiful fabric of Homœopathic scientific therapeutics. It is a palpable denial of the doctrine of Hahnemann, who taught that the remedy must be chosen from the whole complex of symptoms.

I have frequently noticed that physicians who adopt this method of studying and applying the materia medica, speak much and loudly of the necessity of the strictest individualization in prescribing. In my opinion it strikes to the ground the fundamental canons of Homœopathy, encourages a looseness in the study of physiology, anatomy and pathology, which will ruin us in the eyes of all intelligent physicians. While these characteristic symptoms, or key-notes, may serve to attract attention to remedies useful in certain cases, they never should be elevated into the position of a system of therapeutics.

OTHER METHODS.

Gentlemen, I have trespassed on your time longer than I should. There are several other methods of studying and applying the materia medica, which I should like to discuss at some future meeting. The pathological method has great charms for some. The numerical method is greatly used, and lastly, studying the materia medica by the light which an advanced physiology and pathological anatomy have thrown upon our provings.

I thank you for your kind attention, and invite your criticism.

NOTES ON AMMONIUM MURIATICUM.

BY A. W. WOODWARD, M. D.

Read before the Chicago Academy of Homœopathic Physicians and Surgeons.

The *Sal ammoniac*, or *Ammon. mur.*, though it has been a standard remedy for many years with the old school, is but little used by our practice, though we have excellent and reliable provings—better than average, developing upwards of six hundred symptoms. I want to suggest very briefly a few points in which it resembles other remedies.

In its mental symptoms you will find the anxiety suggesting *Aconite*, and the despondency and grief of *Ignatia*; or the irritable peevishness of *Cham.*

In the head and eye symptoms you will think of *Apis* or *Pulsatilla* or if you look lower, including the nose, mouth and throat in your study, you involuntarily think of *Kali bich.* or some form of *Mercury*. The nose effects suggest a peculiar mixture of *Arsenic* and *Potash* symptoms; as do also the mouth and throat *Mercurius* or the *Acids*. *Apis* is again thought of on account of the swelling and stinging pains.

The stomach symptoms bring to mind *Nux*, *Lycopodium*, *Carbo veg.*,

or *Veratrum alb.* The thirst is like *Veratrum*; the gastralgia resembles *Nux*; and the flatulence brings to mind *Lycopodium* or *Carbo veg.*

The same remedies are thought of when reading the abdominal symptoms of this drug.

Its actions on the lower bowels and stools strongly resemble *Podoph.* and *Merc cor.*, differing only in violence.

Upon the urinary organs we witness decided resemblance to *Apis* in the alternate excessive and deficient secretion.

In the sexual system it resembles *Puls.* and *Secale.* It has been the best promotor of labor pains during the past year I could find.

But it is especially at this time useful in affections of the respiratory organs. Here it has a marked resemblance to *Tartar emet.*, *Kali*, *Ipecac*, *Ars.*, *Phos.*, and *Bry.* I am using it almost exclusively at present for the prevailing forms of congestions to the heart and lungs, and capillary bronchitis of children.

Upon the heart its action resembles *Digitalis*, *Cactus*, and *Verat. vir.*

Upon the muscular system its effects resemble *Rhus.*, *Nux.*, *Bry.*, *China*, and *Merc.*

Upon the skin we see symptoms that make us think of *Canth.*, *Rhus.*, *Ars.*, and *Sulph.*

I have used it chiefly in the 3x dilution.

SOME PRACTICAL CHARACTERISTICS.

SENEGA — (Guernsey).

“Great burning in the chest either before or after coughing; profuse secretion of mucus.”

BARYTA CARB.

“Sore throat occurs from the least cold that is taken; throat often suppurates; swollen glands after scarlet fever.”

MEZEREUM — (Guernsey).

“Very violent neuralgic pains about the teeth or face, especially if the pain be in the left bone, running towards the ear; also in the teeth at night.”

LYCOPodium — (Guernsey).

“Clear, transparent urine, having a heavy, red, crystalized sediment at the bottom of the chamber, as in typhus fever, or in colic of babies.”

BERBERUS VULG. — Compare *Puls.*

“Pains may be felt all over the body emanating from the region of the back, sticking, pricking, lancinating, jerking, flying about, now here, now there.”

PSORINUM—(C. C. Smith). Compare *Carb. ac.*

“Dark-brown, watery stools of an intolerably offensive odor in cholera infantum.”

SULPH. ACID—(Guernsey). Compare *Arnica, Phos., Hyos.*

“Black and blue spots on the body, in a bruise, especially in an old person, when the injured part gets black and blue and seems as if it would mortify.”

LEDUM PAL.—(Guernsey). Compare *Hypericum.*

“Punctured wounds, especially if the parts are cold; e. g., ‘Ten years ago I stepped on a nail, and ever since then have had a pain running up the thigh.’”

MURIATIC ACID—(Guernsey).

“Low types of fevers; the patient often slips down toward the foot of the bed, and must be lifted up every little while.”

SEPIA—(Guernsey). Compare *Ignatia.*

“Sensation of emptiness in the pit of the stomach just below the ensiform cartilage. This is a very weak, gone feeling, which nothing can satisfy. This with any trouble.”

NUX VOMICA (Guernsey).

“Fainting fits; may faint after every labor pain, or after each vomiting spell, or after every stool.”

CAUSTICUM—(Raue).

“Old warts upon the nose, in quite different troubles.”

NATRUM BORACIC—(Guernsey).

“Stitching pain in the right pectoral region when coughing, yawning, breathing, etc. Patient lies best on the left side. Pains in right side relieved by hard pressure.”

LEPTANDRIA VIRG.—(Barlow).

“Sick headache, where there is furred tongue.” (If with stupor, *Ailanthus g.*)

ACONITE—(Guernsey). Compare *Bry.*

“Vertigo on assuming an upright position, whether rising from bed or chair, increased by shaking the head (reserve *China*), with inclination to fall to the right side.”

ANACARDIUM—(T. S. Hoynes).

“Ague: during the sweat shortness of breath.” (If during chill, *Apis m.*)

BUFO—(Guernsey).

“In panaritium, where the pain runs in streaks all the way up the bone.”

CAPSICUM AN.—(Guernsey).

“Disordered menstruation with a pushing or sticking sensation in left ovarian region.” (Cough caused by a tight feeling in this region, *Phos.*)

NUX MOSCH.

“Cough when becoming warm in bed.”

RHUS TOX — (Guernsey).

“Glands about the neck, especially if they are swollen or inflamed, with red streaks as in scarlet fever.”

SECALE COR.—(Guernsey).

“Ulcers that turn black.”

IGNATIA.—Compare *Rhus tox.*

“Change of position relieves the pains.”

NUX MOSCH.

“Greatly troubled with dryness of the mouth and throat while sleeping; always awakes with a very dry tongue (reserve *Merc.*), but without thirst.” (Also *Bry.* and *Puls.*) (*Heat Æthusa cyn.*)

NUX VOMICA — (Guernsey).

“Chills if the air is let in under the bed-clothes.”

ARGENT. NIT.—Compare *Baryta carb.* and *Secale cor.*

“Withered and dried-up persons, made so by disease.”

SECALE COR.—(Guernsey).

“Copious vomiting of a mixture of a thick, black, pitchy, bilious or slimy matter.”

CALCAREA PHOS.—(Guernsey).

“Diarrhœa, with much flatulence; cough and much rattling in the chest (also *Ipecac*) during difficult dentition.”

J. G. MALCOLM.

A MANUAL OF PHARMACODYNAMICS.

Dr. Hughes is revising his excellent little work entitled “Pharmacodynamics,” and it is being issued in two volumes. Volume I. has been received. The first edition was written in the form of letters to an Allopathic enquirer. This third edition is in the form of lectures. Many new facts are given, and the work takes more of the character of a work on materia medica. From *Acids* to *Guaiacum* is given in this volume. The subjects are treated in a very practical manner indeed. A great many of the new observations on these remedies are incorporated in this work. It is the most fascinating work on materia medica we have.

SOME PROVINGS OF CUPRUM, ASPIDIUM, FILIX MAS.,
CARBO AN., CANNABIS INDICA, CONIUM,
AND FLUORIC ACID.

BY E. W. BERRIDGE, M. D., LONDON, ENGLAND.

CUPRUM EFFECTS.

(1.) E. W. Berridge took ten doses of three globules each of *Cuprum met.* 100,000 (Fincke) at intervals of one to one and a half hours.

Second day.—In morning mucus in throat, not to be detached by hawking, causing hoarseness of voice.

Third day.—Ditto in morning.

Sixth day.—At times hoarse voice when reading aloud, caused by mucus in the throat, relieved by hawking. In the evening after sunset, when reading aloud much saliva in mouth.

Ninth day.—Afternoon, giddy when standing indoors. In evening after sunset, when reading aloud, hoarseness and much saliva in mouth.

Fifteenth day.—Hoarse voice in the morning.

(2.) Mrs. ——— took two globules of *Cuprum sulphuricum* 100,000 (Fincke).

Fourth day.—Sore pustule in left nose near tip and dorsum.

(3.) Mrs. ——— took two globules of *Cuprum sulphuricum* 100,000 (Fincke), at 8:45 A. M.

First day.—At 9 P. M., after sunset, directly after supper, nausea and once vomiting of food, with much straining; the nausea lasted all night; also all night there was coldness in and on abdomen (both subjective and objective), and weight, and griping in abdomen; the abdomen was relieved by warmth; very restless; did not sleep till 3 or 4 A. M. All night felt hot except in abdomen.

Second day.—Nausea and abdominal symptoms at times.

Third day.—Last night the same, but less; slept better. This morning diarrhoea as soon as she rose from bed, preceded and attended by griping, lasting all day, frequent. Also all day the coldness and weight, but less. Nausea in the morning.

Fourth day.—Last night some coldness and pain, but less; continued to-day. No other symptoms.

Fifth day.—Well.

(4.) Mrs. ——— took ten drops of the 30th centesimal of *Cuprum sulphuricum*, prepared by me with water, at 5:55 P. M. 8 P. M., heat beginning on dorsa of feet, *first left, then right*, then extending up anterior part of legs as far as knees; it lasted thirty minutes and then went off, leaving a sensation as if needles were pricking the parts, for five minutes (after two hours and five minutes). 8:10 P. M., coldness beginning in small of back, going all over body, then suddenly going into legs, *first the left then the right*, with shivering so that she sat near the fire. This lasted a few minutes. (In two and one-fourth hours.)

9:15 P. M.—Sick feeling in stomach (in three and one-fourth hours).

9:45 P. M.—Shooting inward in temples at short intervals, *the left being first affected*, relieved by pressing temples with hands, and causing irritability of temper (in three and three-fourths hours). At 10:15 P. M. only a throbbing in left temple remained.

(5.) Mr. ——— took ten drops of *Cuprum sulphuricum* 30th centesimal, in water. Dull, aching soreness in middle of right tibia, felt when walking, not when at rest, with tenderness on pressure.

(6.) The same person took ten drops of 3d centesimal dilution of *Cuprum sulphuricum* in water. Awoke next morning with a metallic taste in mouth.

(7.) Mr. ———, after several doses of 3d centesimal dilution of *Cuprum sulphuricum*: Feeling as if there was a throbbing lump in the heart; internally the beating of the heart seemed louder; this lasted five minutes and then went away partially. (The 30th did not affect him.)

(8.) Mr. ———, two days after last dose of *Cuprum sulphuricum* 3d centesimal: After rising from bed, pain like a tight narrow band all round head on a level with upper part of forehead, and feeling as if top of head would come off. This lasted all day, varying in severity; worse on laughing or stooping; relieved by cold wind. It was accompanied with desire to be quiet.

ASPIDIUM FILIX MAS. SYMPTOMS.

The plants were gathered by Dr. J. R. Croker and I, at Malvern, Worcestershire, in August or September, 1866. The fibres of the root were removed, and the inner part of root cut up small and macerated in alcohol 60 per cent. till the end of June, 1867, when they were pressed. Fincke's potencies of the English plant are prepared from this original tincture which I sent him.

(1.) Mr. ——— took one drop of 102d potency prepared by myself, in the morning.

First day.—Painless hiccough; start ten minutes after each meal, lasting from fifteen to thirty minutes.

(2.) Mrs. ——— took ten drops of 101st, prepared by myself, in water, at 2:45 P. M. 3:15 P. M., numbness of back of right wrist, extending up radial side of arm to just above elbow; felt as if the use of the limb would go; then the same feeling in left wrist, but transient and slighter; afterwards the same (transient) in a small spot on right vertex, rather anteriorly; afterwards the same (transient) in anterior portion of right shoulder. The numbness seemed to be in the *bone* in every case. That in the right arm lasted till she took coffee, which removed it.

(3.) Miss ——— took several drops of the same, 101st potency, in water, half taken at 6:30 P. M. and half at 11 P. M.

Evening, after sunset, in a warm room, tightness in left hypochondrium, extending forward to middle line, causing difficulty of breath-

ing; better when walking in the open air. It kept her awake in bed till 1 A. M. On awaking the next morning, the same; better after a Turkish bath (second and third days).

CARBO ANIMALIS—MAMMARY EFFECTS.

Dr. J. R. Croker gave a patient with cancer of left breast, six globules of Ehrmann's 200th. It caused increased hardness (both subjective and objective) and burning in breast; also the same in the left axillary glands, which were before indurated but not burning. Afterwards the patient improved.

CANNABIS INDICA CONSTIPATION.

Mr. ——— took a drachm of tincture. Next day the bowels did not act.

N. B. The Allopaths say this drug is better than *Opium*, because it soothes, but does *not* produce constipation!!

CONIUM SLEEP.

Mr. ——— took, on August 12th, ten drops of the Homœopathic mother tincture in water; on the fourteenth took twenty drops in water.

August 16th to 19th.—Horrid dreams, from which he awoke in a fright about 3 or 4 A. M., with feeling of distension of stomach, relieved by lying on it, and nervous feeling, and slight palpitation of heart; like nightmare.

FLUORIC ACID EFFECT.

E. W. Berridge took twenty-five globules of *Fluoric acid* 2000 (Jenichen).

Third day.—When rising from lying, vertigo, which lasted also when walking or sitting; afterwards eructations and slight nausea. All these occurred in the morning.

N. B. This drug should be called *Fluorhydric acid*. If chemists ever discover a true *Fluoric acid*, i. e., one composed of one equivalent of hydrogen to five of oxygen, there will be great confusion.

NEW NOTES ON GELSEMINUM.

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

In the last (February) number of the *Monthly Homœopathic Review*, is a paper by Dr. Blackley, of London, in which he gives a brief account of the experiments of Dr. Berger with *Gelseminum*. These experiments were made on (1), cold-blooded animals; (2) warm-blooded animals; (3) on man. The experiments on frogs, etc., need not be mentioned, as they throw but little light on its action on the human organism. The effects of the drug on warm-blooded animals are thus summarized:

1. "Paralysis of the motor centre of the brain after previous stimulation of the same. Reflex irritability is at first exhausted, but finally diminished."

I do not think this primary action can be called *stimulation*; it seems to me that *irritation* would be a better name. Even when a kind of convulsive action occurs from the drug, it is the convulsive action of impending paralysis. Contrary to what I once believed, I do not think *Gelsemium* will be found curative or Homœopathic to true tonic or tetanic convulsions.

It doubtless primarily, and but for a very brief time, irritates the motor centre of the brain, but this is only a part of its general primary action, namely, paralysis of the motor centre, with general muscular paralysis. Its secondary action may include certain tetanoid symptoms similar to those which occur, often very depressing emotions, loss of blood, etc. In the convulsions of children, when the cause is cerebral congestion, *Gelsemium* is not indicated. (Here *Verat. vir.* is the remedy.) But in those of a reflex character, from the irritation of worms, teething, diarrhœa, etc., it may be useful. In these cases "reflex irritability is at first excited, finally diminished," just as it is during the primary action of *Gelsemium*.

2. "On the function of the heart the poison has only a collateral influence: the slight diminution of the frequency of the latter appears to be caused by the sedative effect of the venous blood upon the medullary vagus centre. Large doses cause a moderate lowering of the blood pressure."

I consider this estimate of its effects on the heart, as an unwarrantable assertion. The same might be said of *Aconite* and *Verat. vir.* If *Gelsemium* paralyzes the motor centre in the brain, it must paralyze the motor nerve of the heart. It acts on the heart by first irritating its accelerators, for its action is at first very quick and weak, but as these accelerator nerve becomes paralyzed the retardators exert their power and slow the heart's action. Its power then decreases, until paralysis takes place. The peculiar symptom, "a feeling as if the heart would stop if he did not keep moving," beautifully illustrates this action.

Secondary, the action of *Gelsemium* is to cause stimulation of these accelerator nerves, which overcome the retardators, and the heart is driven into rapid, tumultuous action, which floods the whole body with febrile excitement quite in contrast with the cardiac weakness and passive congestion which marks its primary action.

IBERIS DISCUSSION

That occurred in our columns on page 394, Vol. I., 1875, and pages 96 and 201, Vol. II., 1875, induced several professors in different colleges to have it re-proved in the most careful manner, using the sphygmograph, etc. As far as heard from no symptoms were obtained.

Children's Diseases.

CHILDREN'S DISEASES.

WHOOPING-COUGH, CROUP AND PNEUMONIA.

For the first *Ipecac*, *Tart. em.*, *Kali bich.*, *Drosera* and *Bell.* for the second *Acon.*, *Spong.*, *Hepar sulph* and *Kali bich.*, and for the last *Tart em.*, *Bry.*, *Phos.*, *Merc.*, have proved effective. The winter has been one of the mildest on record and there are indications of an early spring.

MEMPHIS, March 6.

LUCIUS MORSE.

TONSILITIS CYNANACHE MAL.

During the past five or six weeks we have had a great number of cases of tonsilitis among the "little ones." Some few cases of cynanche maligna. I generally saw the patient after the whole fauces and both tonsils were involved, and prescribed *Bell.* in some and *Merc. sol.* in other cases—but without any benefit. Afterwards found that the trouble began on the right side. *Lyc.* 200 was then given, and in one or two days the whole condition cured. Especially in one or two malignant cases with spreading sloughs was the relief very prompt. *Lyc.* cured every case so far tried.

ST. LOUIS, Mo., March 7.

W. JOHN HARRIS.

DIPHThERITIC CROUP.

I think that membranous croup is the result of bad treatment or that diphtheria badly treated will result in diphtheritic croup, as in the number of cases that I have treated this fall and winter have not shown any signs of croupal cough, but those cases that were treated Allopathically have in almost every case resulted in diphtheritic croup, it is evident that the disease is a blood disease, and to a certain measure requires an antiseptic remedy. If the disease is arrested before the membrane reaches the larynx there will be no cough, under the use of *Bapt.* the pseudo membrane is absorbed showing, I think, the arrest of the disease, or the destruction of the poison in the blood of course this is not the only remedy, but has been indicated this fall and winter.

GIBSON, Ill.

HUGH ROSS.

AILANTHUS SCARLET FEVER.

EDITOR INVESTIGATOR: If my good friend, Dr. J. G. Gilchrist will study *Ailanthus* in Allen's Encyclopædia, and especially Farrington's excellent comparison of *Arum* and *Ailanthus*, he would not condemn so thoroughly *Ailanthus* in scarlet fever. In my practice I acknowledge my great indebtedness to this remedy in several cases, and our valued senior, P. P. Wells, of Brooklyn, who is rewriting his essay on scarlatina for the *North American*, assured me only a few days ago of its great services in malignant cases. *Torpor and stupefying low-spiritedness* prevail in *Ailanthus*. The remarks of Farrington (see Supplement to Gross' Comparative Materia Medica, page 152,) are to the point. An eruption like miliary rash appears *before the chill*, it comes in patches. Between these points the skin is *dark, almost livid*. The rash is dark, livid from the beginning. After passing the finger over it, the *livid color returns slowly*. The itching is all but intolerable. Sometimes bullæ, containing a claret-colored fluid appears, again petechiæ forms.

In my own repertory I find the following symptoms cured: *Adynamic* malignant scarlatina; general prostration *from the start*, with strong marked head affection; a dull, heavy sensation, with lividity of the face; pulse small, weak, often irregular; skin hot, harsh and dry; great thirst, with dry, parched tongue; throat livid, swollen, in some cases ulcerated with great glandular enlargement; livid eruption, more profuse on forehead and face; loose, watery stools, passed unconsciously as also the urine or suppressia urinæ.

Scarlatina foudrogante!! Many such cases must die, for the action of the poison is too overwhelming, and no reaction takes place. If one out of a hundred is saved by *Ailanthus*, or by *Lachesis*, or by *Crotalus*, let us be thankful. We wish our friend would compare the following symptoms of *Ailanthus*, as found in Allen's Encyclopædia, 5, 14, 19, 31, 39, 59, 65, 70, 72, 78, 83, 85, 89, all the fever symptoms; which give a full picture of what we used to call, forty years ago, febris nervosa stupida.

NEW YORK.

S. L.

EXPERIENCE WITH MEASLES AND SCARLET FEVER.

We have had our full share of eruptive diseases this winter, almost every case calling for treatment having an eruption of some kind. Scarlet fever and measles have often been succeeded by a secondary eruption of one kind or another. In one case boils on different parts, on the head especially, very large boils as large as a hen's egg maturing very slowly.

The scarlatina has been very prevalent, more so than for years. Measles now taking its place. Scarletina has been mainly mild, but now and then a case very malignant.

have great faith in the prophylactic influence of *Bell.* because

have never had a bad case where I have given it a fair trial. I give the 30th or 200th one dose at night.

In mild cases *Bell.* with perhaps a little *Acon.* or *Gels.* at the start was all that was necessary, but the severer type is not controlled so easily. One case was lost but it was neglected on the start. Another in the same family characterized by profuse discharges from nose, eyes, ears and mouth, diphtheritic sore throat, and implicating the nasal mucous membrane, discharge from nose very excoriating, deafness, indistinct speech. Was treated successfully with *Arum.* and *Nitric acid.* These remedies were used also in other similar cases and were very beneficial.

There was in these cases, entire stoppage of the nostrils, so far as the passage of air was concerned, but yet a profuse discharge of thin purulent matter, which had to be wiped away continually to prevent excoriation of the face. For this purpose cloths dipped in a solution of weak carbolic acid were used.

Several cases of this kind have pretty effectually cured me of any hankering for malignant scarlatina.

PEORIA, Ill., March 8.

E. PERKINS.

THE SCARLET FEVER EPIDEMIC.

[Scarlet fever is prevailing quite extensively as an epidemic. In some places *Bell.*, in others *Rhus.*, and in others *Apis*, seems to be the chief remedy.]

"Homœopath" writing to the Louisville Courier Journal says "scarlet fever has prevailed here extensively this fall and winter, and that thus far the 'cold water treatment' has resulted in death in nearly every case, and we would advise parents to shun the external use of cold water in scarlet fever as they would death itself." He further says "in this disease we regard the thermometer as useless, and for all practical purposes would as soon use a lead pencil. Thus far every death from scarlet fever has been under allopathic treatment. Not a single death has yet occurred in Louisville under Homœopathic treatment, as can be proven by an abundance of cases and from the reports of the health officer. The experiance of half a century among some of the best educated physicians in the United States has proven that *Bell.* is not only a prophylactic but also exercises an influence over scarlet fever that shears it of all its terrors. As regards the use of *Camphor*, *Carbolic acid* and *Assafœdita*, we have no experiance with them, and therefore do not recommend their use." Per contra from Dubuque, Iowa, we have this honest confession: We are having an epidemic of scarlet fever of a very malignant form; Old School losing about 50 to 60 per cent; Homœopathists losing 20 to 25 per cent." Also per contra we have Dr. Douglas of Milwaukee, a pretty good specimen of a Homœopathic physician, recommending the use of cold water in scarlet fever, as not only quite safe, but exceedingly beneficial.

Here is a fine chance for discrimination. Each can decide for himself, but it may be well to bear in mind that when a man discards the body thermometer, and clings so absolutely to the prophylactic properties of *Belladonna*, he may justly be suspected of other vagaries. And we say this, without knowing who the "Homœopath" in question may be, but he does not, we are quite sure, represent the advanced thinkers and practitioners of the Homœopathic school.—*Advance*.

["Homœopath" is sensible W. L. Breyfogle, M. D. and with his colleagues have made a good showing for Homœopathy, in Louisville. Did it ever occur to the *Advance* that the character of the epidemic at these different points makes it essentially a different disease? still *Bell.* is a valuable prophylactic. This epidemic seems to be the forerunner of something more serious, and consequently varies in its concomitants at different points. Routine treatment will fail.—ED.]

College Commencements.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

The Sixteenth annual commencement was held on the evening of March 2d at Association Hall, which was filled to overflowing with one of the most fashionable audiences ever assembled in the city.

The exercises of the evening were opened with prayer by the Rev. Dr. Armitage.

Professor Dowling, the dean of the college, then made the opening address. He spoke of the prosperity and success of the institution, and made special allusion to the advances which had been made in medicine, particularly Old School medicine, since the introduction of Homœopathy into the United States fifty years ago. He also referred to the magnificent hospital which had recently been given the Homœopaths of New York by the city authorities.

Hon. Salem H. Wales, the president of the board of trustees, then conferred the degree of Doctor of Medicine upon thirty-six graduates. In behalf of and by the authority of the faculty he congratulated them upon the satisfactory manner in which they had passed their examination.

Professor Bradford, the secretary of the faculty, then presented certificates of proficiency to the students of the junior course who had passed satisfactory examinations in the junior branches. Fifty-four gentlemen ascended the platform and received these certificates. These fifty-four gentlemen will probably all be of the graduating class

of 1877. Almost without an exception they were three-year students. The secretary in presenting the certificates complimented them by stating that the general average was higher than that of any junior class which had preceded it.

Professor Paine then awarded the faculty prizes, which was a valuable microscope, to Dr. E. H. Linnell, his general average on the examinations of the entire three years' course having been the highest. Honorable mention was also made of Drs. Bukk G. Carleton, E. C. Buell, Thomas Wildes, Chas. H. Miller, and Chas. Deady.

Professor Burdick then presented his prizes for the highest standing in obstetrics to Drs. H. M. Smith and W. F. Decker.

Professor Helmuth, in a neat, witty and appropriate speech, which brought down thunders of applause from the entire audience, presented a valuable aspirator to Dr. E. B. Squier as a prize for the best written report of his surgical clinic.

Professor Allen then presented, as a prize for the best original proving, a beautiful gold medal to Dr. H. M. Smith.

Professor Lillenthal's prizes for the best reports of his medical clinic were awarded to Drs. Thomas Wildes, W. F. Decker, and O. L. Jenkins. In presenting these prizes the professor complimented the gentlemen upon the very accurate manner in which their records of his clinic had been kept and written.

Professor Ebell presented prizes to Drs. W. W. Blackman, L. Faust, and Thomas Wildes for proficiency in physiology.

The valedictory address which was delivered in behalf of the faculty by Professor Burdick was a masterly effort, teeming with good advice. The address was listened to with breathless attention by the entire audience, who could but have been convinced that he was not only a profound scholar, but a devout Christian.

The valedictory on behalf of the class was delivered by Dr. W. F. Decker.

After a short prayer by Dr. A. S. Ball, one of the oldest practitioners of Homœopathy in New York, the faculty and students adjourned to the Hotel Brunswick where a bountiful supper was provided.

GRADUATES.

A. A. Allen, N. Y.; T. DeWitt Bates, N. Y.; E. C. Buell, Ohio; S. Baruch, N. Y.; D. H. Barclay, Ct.; Bukk G. Carleton, N. Y.; A. Claypool, Ohio; A. L. Cole, N. Y.; Chas. Deady, N. Y.; Wm. F. Decker, N. Y.; W. E. Dewel, N. Y.; Joel D. Freed, Can.; A. W. Gamman, N. Y.; H. B. Eaton, Jr., Me.; H. B. Heartwell, Iowa; O. L. Jenkins, N. Y.; E. H. Linnell, Ct.; Joel D. Madden, N. Y.; F. F. Mendoza, Cuba; Chas. H. Miller, N. J.; B. F. McTavish, Can.; G. F. McCormick, D. C.; J. Molz, N. J.; C. A. Moores, Me.; Rev. Fred. Ortel, N. Y.; J. A. Pearsall, N. Y.; J. D. Quill, Ct.; Louis Rade, N. Y.; C. W. Radway, N. Y.; E. C. Rickerts, N. J.; H. W. Rose, Blyn.; T. H. Shipman, N. Y.; H. M. Smith, N. Y.; E. B. Squirer, N. Y.; C. H. Strong, Ill.; Thos. Wildes, N. Y.

Honorary degrees were conferred upon the following physicians :

Constantine Hering, M. D., of Philadelphia; John F. Gray, M. D., of New York; A. S. Ball, M. D., of New York; Samuel B. Barlow, M. D., of New York.

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

The Seventeenth annual commencement was held on evening the of February 17th.

The names of the graduates are as follows:

S. H. Anderson, H. P. Stipp, Rodney Beecher, H. Bartons, C. N. Hart, S. W. Rutledge, L. C. Goodrich, Caspar H. Viehe, C. W. Savage, W. J. Ward, George Ruby.

The Marix medal, the prize for excellence in the theory and practice of medicine, was justly earned by W. J. Ward, of Gilman, Iowa, while both the surgical and materia medica prizes were awarded to C. N. Hart, of Lawrence, Kansas.

The valedictory on the part of the class was delivered by George Ruby, of Bement, Ill. The address was well written and pleasantly rendered, the substance proving of more than ordinary merit.

The valedictory on the part of the faculty was delivered by Dr. J. Martine Kershaw.

The subjects discussed were: Homœopathy *vs.* Allopathy in the German hospitals; Homœopathy and Life Insurance; Homœopathy *vs.* Allopathy in private practice; Homœopathic treatment of Insanity; The Middletown (Homœopathic) and the St. Louis County (Allopathic) Insane Asylums; the figures of the Middletown and St. Louis Asylums compared; State medicine, and the National Health Association. At the conclusion of the regular exercises, dancing was inaugurated.

Society Proceedings.

THE NORTHERN INDIANA HOMŒOPATHIC INSTITUTE

met in the city of Elkhart, Ind., on Feb. 1st, at the office of Drs. Fahnestock & Thomas.

A permanent organization was effected and officers elected for the ensuing year as follows:

Dr. W. A. Whippy, of Goshen. Pres.

Dr. R. M. Knox, of Wabash, 1st Vice Pres.

Dr. H. W. Brazie, of Bristol, 2nd Vice Pres.

Dr. W. H. Thomas, of Elkhart, Sec.

Dr. J. H. Crockett, of Elkhart, Treas.

The attendance was large and the meeting one of unusual interest.

Dr. A. A. Fahnestock, of Elkhart, read a paper on *materia medica*, which was requested by vote of the members to be published in one of our Western medical journals. (See p. 271).

Dr. Brazie read an interesting paper on "Experience in Practice."

Dr. C. S. Fahnestock, of La Porte, spoke extemporaneously on "The diseases of children."

Quite an animated discussion followed, participated in by Drs. Knox, Veits, Fisher, A. A. Fahnestock, Brazie, Crockett and Thomas.

Dr. E. W. Veits, of Plymouth, asked further time to prepare an address on obstetrical surgery, which was granted him; after which a running debate ensued on various subjects of interest and importance to the medical fraternity.

Reports on special subjects were assigned as follows:

Dr. A. A. Fahnestock, *materia medica* (continued).

Dr. C. S. Fahnestock, diseases of children.

Dr. E. W. Veits, obstetrical surgery.

Dr. A. L. Fisher, theory and practice.

Adjourned to meet in the city of La Porte, Ind., on the first Tuesday in May, 1876. W. H. THOMAS, Sec'y.

NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

(Continued from page 248.)

CASE III. Mrs. P., of mild disposition, with light hair and complexion, and blue eyes, had for six years been troubled with *eczema capitis*, appearing first on the occiput. This was suppressed with tar ointment. The tetter then appeared on the external ears and in the *meatus auditorius*, a dry, white scaly itching eruption; after scratching exuding a sticky moisture. When the eruption was out her general health was better. When nursing, she had sore nipples. Then a dry, white scurfy eruption surrounded the nipple. *Graphites* 30 two or three times a day was followed by steady improvement and a cure in four weeks.

CASE IV.—Herpes Zoster. *Graphites* 30. Severe neuralgic pains in parts affected, preventing sleep at night.

CASE V.—Ascites with moist tetter. *Graphites* 30. Three years ago Deacon H., 81 years of age, had ascites with a moist tetter of the legs, from which exuded a glutinous fluid. The epidermis was exfoliated. This remedy two or three times a day, with *Saccharum lact.* substituted at intervals, made a perfect cure of both dropsy and tetter in three months, and the patient has been quite well ever since.

DISCUSSION.

Dr. Marks had with *Calcarea carb.* cured two cases of hydrocephalus in children of scrofulous constitution, large heads, open fontanelles, profuse head sweat and protuberant abdomen. One case of chronic prurigo and chronic diarrhœa of a child; stools whitish; teeth crumbling from decay; emaciation.

Also with *Graphites*, he cured a case of salt-rheum on the hands, which were dry and cracked, but sometimes moist with a glutinous exudation.

Dr. Garrison, with *Graphites*, had improved a case of eczema capitis in a rather corpulent lady. Her hair fell out and there was a sticky exudation. There was much mealy scurf, and *Arsenicum*, high, completed the cure.

Dr. Hutchins.—Glandular hypertrophy and induration of the breast. *Calcarea carb.* 5,000.

Dr. Schenck.—Eruption and sore nipples with gummy exudation. *Graphites* cured in three days.

Dr. Hawley.—*Calcarea carb.* Severe, obstinate cough, worse lying down; cold, damp feet; dyspnœa on going up stairs; appetite poor; no sleep at night on account of the cough. Six powders; one at night.

In the orphan asylum, with *Calcarea carb.* he had often cured scrofulous ophthalmia of children with ulceration of the cornea, distended abdomen, light hair and complexion, and blue eyes.

After the ulceration of the cornea is healed, a cicatrix is formed, constituting opacity. Sometimes this opacity persistently remains. *Graphites* is the remedy. (Case to illustrate.)

Graphites is often suitable for leucorrhœas of fat women. If the leucorrhœa be thin and watery, it may or may not be profuse. It has less pruritus than *Calcarea carb.*

With *Calcarea carb.* he had often cured leucorrhœa with pruritus. Leucorrhœa, white, not thick, milky. The menstrual symptoms of these remedies are opposite. He had often verified the mental symptoms of *Calcarea carb.*: afraid of going crazy, or that people will think the patient is crazy. Also in consumption, the patient complains of feeling very tired.

Calcarea carb. 200.—Convulsions of little boy with light complexion and blue eyes; stools white as chalk; belly like a big pumpkin; croupy.

Dropsy and liver complaint after scarlatina. *Calcarea carb.* Indications: Head sweat during sleep; stools hard, egg-shaped and white, great straining.

CASE I.—NOCTURNAL DIARRHŒA. CHINA 1. BY G. E. TYTLER, M. D.

CASE II.—Cerebral hyperæmia. *Belladonna* 1. Patient delirious thirty hours; with difficulty could be restrained from getting out of bed and going around; constantly talked of being away from home and seeing old friends, some of whom had been dead some time; frightful visions of animals; face rather flushed; pulse 96, strong and

full; some thirst; pupils not much dilated; delirium arrested in two days.

BROMIDE OF POTASSIUM, BY H. F. ADAMS, M. D.

Experience in spasms and convulsions based upon its pathogenetic symptoms reported in the United States Dispensatory; Spasmodic jerking, frothing at the mouth, insensibility and enuresis.

MACROTYN IN DELIRIUM TREMENS AND OPIUM EATING. BY GEO. B. PALMER, M. D.

I. Experience in delirium tremens.—At the Cleveland Homœopathic College, during the session of 1855 and 1856, Dr. Palmer was one of the provers of *Macrotyn*, an alkaloid of *actea racemosa*. The result of these provings suggested to the doctor's mind the intimate relation of this drug to mania-a-potu, and in delirium tremens it has always been his chief remedy. In such cases, almost without exception, it promptly controls nervous excitability, restlessness and wakefulness, producing grateful rest and sleep. Dose, first trituration, one or two grains in from one to three hours.

II. The habit of opium-eating.—In one case a patient having discontinued the use of *Opium*, complained of sleeplessness and a "crazy feeling" (secondary symptoms). *Macrotyn* promptly removed these symptoms. In other cases it succeeded almost like magic in removing the excitement, trembling and prostration following the use of *Opium* as secondary effects. After taking *Macrotyn*, another constant morphine-eater for fourteen years, at once reduced her dose of *Morphine* two-thirds without the usual train of bad symptoms previously experienced whenever she had attempted to reduce the size of her dose. And in another case after discontinuing the use of *Opium*, a patient had in consequence severe convulsions and was almost entirely unconscious. *Macrotyn* promptly cured. After two weeks treatment she declared herself entirely cured of the desire for *Opium*, and every way better in health than she had been since she commenced the use of *Opium* two years previously. And she remains well, with no desire for the drug.

INTERMITTENT FEVER IN HARLEM. BY T. FRANKLIN SMITH, M. D.

In thirteen years experience the doctor has had satisfactory success in the treatment of these fevers with Homœopathic remedies. When patients are very impatient, he prescribes *Chinodine*, followed in a few days by *Ipecac* 3. Case unsuccessfully treated with *Quinine*; promptly cured by *Natrum mur.* 200. The remedy most frequently indicated in his practice is *Arsenicum*, which promptly cures when the paroxysms are irregular, the three stages are not clearly defined, and when there is great thirst which is easily satisfied with a little water.

CASES FROM PRACTICE. BY GEORGE B. PALMER, M. D.

CASE I.—Diabetes insipidus.—*Podophyllin* 1.—A boy of nine years, of good appetite but pale and thin in flesh, had great thirst and his

urine was frequent, profuse, and clear as water. He urinated immediately after drinking. His stools were light colored from deficient bile. *Uranium nit.*, *Argentum nit.*, *Arsenicum*, *Phosphorus acid.*, etc., were tried without benefit. *Podophyllin* 1, suggested by the light-colored stools, three doses a day, cured in a week.

CASE II.—Diabetes mellitus.—*Podophyllin* 3.—A male child one year old, very pale, with no teeth cut through, was very thirsty and troubled with frequent and profuse urination. Test indicated sugar. He urinated immediately after drinking. His bowels were constipated and the stools as white as chalk. *Calcarea carb.*, *Uranium nit.*, and various remedies were tried without benefit as before. Finally *Podophyllin* 3 cured in ten days. Characteristics of *Podophyllin*: Chalk stools, urinating immediately after drinking, and profuse and frequent micturition.

CASE III.—Ulceration of the kidneys.—A farmer, thirty-eight years of age, since lifting a heavy weight, had been for two years troubled with severe paroxysms of pain at meatus urinarius before urinating and a short time afterwards. During these paroxysms there was frequent micturition, only a few drops of urine being passed at a time. And during the intervals between the paroxysms he had to urinate as often as once in two hours, and always with more or less pain. He had been treated Allopathically with *Caustic* injections for urethritis, and subsequently for cystitis and urethritis. The urine was sometimes normal in appearance, sometimes purulent, according to the test, and sometimes it contained shreds and strings of mucus. There was not much thirst nor fever, except during the severe paroxysms, which occurred once to thrice a day. There was considerable tenderness on pressure over the kidneys, especially the right, but no pain in the back or lumbar region. The principal pain was in the urethra, the testes, and the neck of the bladder. The testes were drawn up, and the penis was curved downward as in chordee. Post-mortem showed extensive suppuration of both kidneys, chiefly the right; no cystitis nor urethritis.

COFFEE CASE. BY T. L. BROWN, M. D.

On the 28th of November, 1875, I attended Mrs. S., a healthy woman, in her first confinement, when she gave birth to a plump and healthy child. In a few days she arose from her confinement in a good condition. Nine days after, the child began moaning and crying with very little intermission, continuing for two days and nights. At noon of the second day I was called to treat the child for the crying. After one hour of close examination of both child and mother, I reached the cause by asking the following singular question. Speaking to the mother, I asked: "What do you desire most?" She replied, "I want a cup of coffee." "Have you been drinking coffee during the past few months?" "Yes, until the other morning, when mother said I must not drink it longer as it would dry my milk and oblige me to wean my child. Since then I have not taken coffee." I then ques-

ted her to at once take a cup of coffee, another at tea, and continue the use of coffee as she had previously done until further orders. At 7 P. M. of the same day, the child fell into a twelve hour sleep, with after freedom of the crying. I gave no other advice or remedy.

Three cases of neuralgia cured with *Cedron* 200, reported by Robert Boocock, M. D., was read as a verification of the value of that remedy in neuralgic affections.

A. M. Pearsons, M. D., presented a paper entitled, "Clinical Experiences with High Potencies." This paper reviewed the question of repetition of dose and the single remedy, with illustrations of cases thus treated.

BUREAU OF MATERIA MEDICA.

T. F. ALLEN, M. D., CHAIRMAN.

Dr. Allen presented a verification of *Cinnamon*. Also invited further provings of *Eupatorium perfoliatum* as a sweating remedy; stated that the remedy was valuable.

Equisetum hyemale, a proving by Hugh M. Smith, M. D.

Saline Waters of Colorado, proving by H. V. Miller, M. D.

Salicylic acid, experiments by W. M. L. Fiske, M. D.

Argent. nitricum, verified in symptoms arising from the eating of saccharine substances, by L. M. Kenyon, M. D.

MISCELLANEOUS BUSINESS.

Dr. Dunham, chairman of the Committee of Arrangements of the World's Homœopathic Convention, reported progress, stating that historical, statistical and scientific papers of high merit were being received from various parts of the world.

Resolved, That a committee of three be appointed as a standing committee of this society on the World's Homœopathic Convention, with instructions to co-operate with the officers of the convention in furthering the business of the convention, and that said committee consists of Drs. A. R. Wright, of Buffalo, F. L. Vincent, of Troy, and E. Hasbrouck, of Brooklyn. Carried.

Dr. R. C. Moffatt read a proposed law for protection against persecution in cases of alleged malpractice. The law was endorsed by the Society.

[TO BE CONTINUED.]

Medical News.

Died.—Samuel Bancroft Barlow, M. D., of New York city.

Dr. Geo. S. Norton has been appointed a surgeon of the N. Y. Ophthalmic Hospital.

The Questions given at the final examination of St. Louis College are detained until next issue as the questions of one of the chairs was not received until this issue was ready to go to press.

Report of the New York Ophthalmic Hospital for the month ending Feb. 29, 1876: Number of prescriptions, 2,438; number of new patients, 268; number of patients resident in the hospital, 35; average daily attendance, 102; largest daily attendance, 166.

Removals.

Dr. G. H. Hawes, from Alden, Iowa to Hastings, Minn.

Mrs. S. Nichols, M. D., from Oakland to San Francisco, Cal.

Dr. T. Morris Strong, from Aurora, N. Y., to Pittsburgh, east end, Pa.

Dr. W. T. Branstrup, from Chicago to Vincennes, has succeeded Dr. Whiting.

Dr. Carr's Article.—Allow me to suggest that the most *original* idea in Dr. Carr's recent article on "Uterine displacements" is likely to be overlooked, especially by the more experienced gynecologists. I refer to his method of using the Albert Smith pessary. Many of us have used the instrument with most excellent results *in the way contemplated by the inventor*, but the doctor is certainly entitled to the credit (!) of first using it with the *point behind the uterus*. A. G. B.

A note from Grauvogl.—From Dr. J. B. Braun, of Sheboygan, Wis., we have received the following:

Dearest Colleague:—Please to have the kindness to request all Homœopathic journals in my name to have it published that I am *not* familiar with the *English* language. Therefore, I would beg to write all letters directed to me in *German*, and to enclose in consulting letters some suitable fee, as I don't like to toil all the time *gratis*.

Pay your Dues.—The treasurer of the American Institute of Homœopathy is trying to collect up the dues so that the World's Convention will not be financially embarrassed. We commend the following to whom it may concern: "The secretary is now printing the Transactions of 1875, and Dr. Carroll Dunham has begun to print the foreign contributions to the World's Homœopathic Convention, to be held in June next. It becomes therefore absolutely necessary that all members should pay their dues and the assessment promptly, and I would respectfully urge you to remit me at once (by check or P. O. order) the amount of the bill sent you some months ago."

E. M. KELLOGG.

New Publications Received.

Manual of General Pathology, by Dr. Wagner, from Wm. Wood & Co.

Medical Thermometry and Human Temperature, by Dr. Seguin, from Wm. Wood & Co.

The *Doctor*, the organ of the fair held for the benefit of the Baltimore Homœopathic Free Dispensary.

Valedictory Address to the Graduating Class of Hahnemann Medical College, by Professor A. G. Beebe.

Hoynes's Annual Directory of Homœopathic physicians in the state of Ill., for the year 1876, containing also a list of physicians in Indiana.

Pettet's Annual Directory of Homœopathic physicians in Ohio, containing also a list of physicians in the Southern States, California and the Territories.

The World's Homœopathic Convention is increasing in interest, and the following from the Chairman of the Committee will be read with profit by all:

1. According to the original plan, essays and papers received and accepted by the Committee, will be printed in advance of the meeting and sent to debaters; and copies will be distributed at the meeting. These papers will not be read before the Convention, but the whole time will be given to *discussion* of them. Some physicians have conceived the idea that, because debaters are to be appointed, "free discussion" is not to be allowed. The Committee of Arrangements have never had such an idea. The Convention will be a sovereign body and will control its own proceedings, of course. But the idea of appointing debaters was not to prevent free discussion, but to make sure that there should be some men present prepared and ready to discuss understandingly and worthily the various subjects as they should come up. A discussion once initiated in this way, would be likely to be interesting to and participated in by a large number of members.

2. The committee of arrangements have been warned that unworthy persons in several foreign countries, would be likely to send papers, or to come in person to the convention, seeking to be received as contributors or members, and thus to gain consideration and advantage through a connection with the convention, such as would not be accorded to them in their own country or *here* if their characters were known. The committee will receive as delegates etc., only persons properly accredited by officers of national societies, or by physicians personally known to them. It may be that similar unworthy characters will seek advantage in similar ways in our own country. To prevent this, the committee will abstain from appointing to any position in connection with the convention, physicians who are not in good standing in the city, country or state societies of the place of their residence.

It being eminently desirable that every section of the country should be adequately represented, great care has been taken, in making appointments of debaters etc., to select appointees, in equal numbers as nearly as possible, from the west and the east. This has thus far been done, notwithstanding the preponderance of numbers of Homœopathic physicians (certainly of members of the institute) in the east; and when the list should be published, it is believed that every section will be satisfied. Should complaints come *now* from any quarter, that some section "has been ignored"—such complaints may be regarded as based on unworthy motives—for, in the first place, the lists have not been published and *nobody knows* what appointments have been made, and, in the second place, no section, certainly no part of the west, has been ignored—Depend upon this!

THE
UNITED STATES
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A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

HOMER, N. Y., March 15.—We are having a real epidemic of measles, *Acon.* and *Bry.* are the remedies, otherwise it is quite healthy. I could not do business without THE UNITED STATES MEDICAL INVESTIGATOR.

L. D. EATON.

MEMPHIS, Tenn., March 15.—Scarlet fever prevails to quite an extent in some portions of the city and has proven fatal in a number of cases. The weather has been excessively changable, alternating from hot to cold, from wet to dry. No chance for an epidemic remedy.

L. D. MORSE,

MINNEAPOLIS, Minn., March 11.—Our winter has been very mild. December a very healthy month. January, more sickness; diphtheria in mild form, excepting the croupal which had some fatal cases; the latter part of the month pneumonia prevailed and a severe type of influenza with much hoarseness in adults and capillary bronchitis in infants. February about the same state of health with the appearance of scarlatina in mild form. On the whole the healthiest winter for many years.

W. H. LEONARD.

CHICAGO, March 21.—Have met some cases of laryngismus stridulus, i. e., asthma of miller—not spasmodic croup, as some writers and superficial observers style the disease. These are the first cases for three years—1878. Then *Cuprum* was indicated, and it seems the indicated remedy now. This would suggest that we are entering another carbo-nitrogenoid or epidemic year. According to Rademacher the stationary epidemic constitution, the undercurrent of all the diseases, is changing. The intercurrent epidemics, scarlet fever, hooping cough, etc., will remain hydrogenoid for some time, perhaps.

T. C. D.

LYNN, Mass., March 11.—We have no particular epidemic, but have had scarlet fever, measles, hooping cough, (during twenty years practice I have cured almost all my cases of hooping cough with *Mephitis*,) colds, lung fever. One child eight weeks old had lung fever and one two weeks old had hooping cough, both did well. Also have had many cases of very offensive sore throat, which the doctors who know no better call diphtheria, but very few of them are at all diphtheritic. The remedies given have been as near Homœopathic as my knowledge would allow. I don't see why doctors give *Biniod. of Merc.* when the *Proto.* gives as good results, and if thought necessary, pushed without unpleasant symptoms.

A. M. CUSHING.

OSKALOOSA, Iowa, March 9.—General health here is good and has been during the winter. Many cases of tonsilitis, which were readily amenable to proper treatment. But few cases of diphtheria have occurred in our combined practice. If other physicians had come in contact with diphtheria in the same proportion as Drs. Lucy and Lewis claim, there would have been in this city of five thousand people, all told, fifteen hundred cases of the disease. We will take a rest.

WM. FULLER, Homœopathist.

I. H. WILEY,

E. STAFFORD,

D. A. HURST.

NEW YORK, March 14.—Twenty visits a day is nothing just now. We are here and in Brooklyn busy enough to tire out every mother's son of us. What are the prevailing diseases in New York? you ask. Why, everything. There we have influenza, some call it epizoot, and one of my patients said "if that is the d—d epizoot, then I pity the poor horses." I find *Sticta* or *Eupatorium perf.*, followed by *Calcarea sulph.* doing nicely, and so far had no pneumonia or bronchitis develop itself from it, which has been the case in neglected cases. Measles any quantity, but easily managed by the usual remedies. Scarlatina prevalent and sometimes with such a sharp onset that weakly and scrofulous children succumb in less than forty-eight hours in spite of *Ammon. carb.* or anything else. Small-pox steadily increasing. I rely mostly on *Bapt.* and *Hydrastis*, and suppurative fever is greatly lessened or entirely absent. It is sometimes followed by a sharp pneumonia and the little ones have not the strength to pass the second disease. In fact, even our Allopathic colleagues acknowledge that all

lowering measures are contraindicated, and I fear that among zymotic diseases, typhoid fever will prevail this spring and summer. I see lots of bad, malignant sore throats, but meet only here and there a case of genuine diphtheria. In both I rely on the internal and external use of *Carbolic acid*, and sometimes on *Phytolacca*. S. LILIENTHAL.

DANSVILLE, N. Y., Feb., 28.—We have had less sickness this winter than usual. Now we are having an extensive epidemic of measles, of rather a light type, and following closely on its heels comes hooping cough. I have just finished one case of membranous croup, and now am treating another, of which you shall have a full report soon.

ONE WORD PERSONALLY.

The account Dr. I. Dever gives of his acquaintance with me (see Vol. II., page 330.) is correct with this difference :

Dr. Dever never spoke to me nor I to him, until after he had graduated at Philadelphia and returned to Eaton, Ohio, which he states was in 1866. In 1870, I think it was, the doctor spent two weeks in my house in Indiana, at which time he advised me to give a patient the tincture, and not having that we gave, or I gave, with his advice, the 1st decimal dilution, and *that* is why I wrote of him as I did on page 159, same volume. Same time he professed to be a high dilutionist and declared he kept nothing *colored* in his office. But, doctor, please don't forget "days and dates," and don't taunt *me* with being an Eclectic any more, for I prefer *anything* to Eclecticism, which is just *anything* or *everything* to suit. I. H. DIX.

QUINCY, Mich., March 7.—The strangest and healthiest season in the knowledge of the "oldest inhabitant" here. No epidemic diseases. A few cases of pleuro-pneumonia. *Merc. viv.* has been my best remedy for almost everything this winter, of course not alone, usually following *Acon.*, *Bry.*, or *Nux vom.*

I am intensely interested in the perusal of THE UNITED STATES MEDICAL INVESTIGATOR, and especially in its able articles upon potency and other equally important concomitants of the Homœopathist. An item or two of my own experience may be worth noting concerning *Lachesis*, showing its value in lower potency than 30. My cases both treated with 6th.

CASE I. Called in great haste to see Mrs. F., who was, the messenger said, in spasms. On arriving I found her suffering with an occasional excruciating pain in the stomach, usually followed by vomiting and complete prostration. I was at a loss for a diagnosis. Tried several remedies in succession after the paroxysms; an attendant finally told me that the patient had been stung by a bumble-bee on the back of the head, two or three hours before. Eureka! I gave one drop. *Lach.* 6, the pain, vomiting, nervousness and all subsided almost instantly.

CASE II. Mrs. H., aged fifty-five; full, plethoric habit; seized with dizziness on first rising in the morning and fell to the floor; was perfectly conscious and could sit in a rocking chair or lie in bed without any:

unusual feeling, but dizziness returned on least attempt to move. Five pellets *Lach.* 6, on the tongue, cured the patient so that she was walking around when I left. Left a few doses of *Bell.* 30 to satisfy the patient. Am satisfied that on the potency question "*veritas in mediis res.*"

Z. W. SHEPARD.

COUNCIL BLUFFS, Iowa, March 15.—Diseases have been diphtheria, angina tonsillaris, angina faucium—*Bell.*

Scarlatina (sporadic), one case died of meningitis within twelve hours—pneumogastric nerve paralyzed, capillary venous congestion after death. Another case in the same family, attacked six hours later, died in the same manner on the fourth day. Others did well on *Bell.* I have not had a case of scarlet fever in one of my regular families. *Bell.* has fully protected in some cases, only one child having the disease in the same household.

Now remittent fever in children, calling for *Rhus tox.* 3 to 200.

Rheumatism, muscular, *Bry.*, *Rhus tox.*, 3 to 30; *Merc. sol.* 30; *Arnica* 12 to 200 (upper part of body hot, lower part cold, soreness of flesh—indicated it).

Pneumonia, *Bryonia*, *Phos.* 12 to 200, *Rhus tox.*, *Hyos.* 30, *Stram.* 30, *Sulph.* 200. One case died after a relapse.

Erysipelas, vesicular, phlegmonous, enormous swelling of the subcutaneous cellular tissue; surface blue black; congestion of venous capillaries. *Rhus tox.* 30, at first, followed by *Lachesis* 15.

On the 13th inst. gave *Cuprum aceticum* for a spasmodic cough, worse in morning, accompanied by complete exhaustion, also vomiting of watery mucus. The mother had given *Hepar*, *Bell.*, *Spongia*. On the 14th inst. prescribed it twice: First case, child, croupy, cough during four days and nights, mother had given *Acon.* and *Spongia*, last night paroxysms were ten minutes apart, one powder of *Cup. ac.* 15 quieted. Second case, lady, phthisis pulmonalis; cough dry during day, moist during night and in morning, *Cup. ac.* 15. I am using *Phos.*, *Cuprum*, *Rhus tox.* Convalescence slow.

Weather moist, warm. I infer from an examination of my cases that you are correct in diagnosis of genius epidemicus—hydrogenoid.

WALTER D. STILLMAN.

TYPHOID FEVER.—CANTHARIS, ETC.

Mrs. L., complained of soreness in bowels and stomach; stiffness of the arms and legs; there was much accumulation of flatus; empty eructations, without relief; obstinate constipation; urine scanty; complete loss of appetite; great thirst for water, which was vomited again, as soon as it reached the stomach, with great distress; tongue coated all over with a thick, brown coating, which after seven days cleared off and left the mouth and tongue dry and sticky, with much thirst for cold water. Head was somewhat confused, but mind quite

clear when spoken to. There was exacerbation of fever every night, but always felt better in the morning after sweating. She now complained of nothing but feeling very weak, in fact she was so weak they had to lift her from one bed to another.

I had given *Bry.* 30 without any visible effect. I now gave *Ars.* 30 with no benefit. On the afternoon of the eighth day she complained of increased difficulty in passing water. I decided to give *Canth.* 6. Next morning she told me she felt better, and thought she did not have so much fever in the night. Her pulse was 110, it had ranged between that and 95 all along. The temperature did not seem increased. I was now very anxious, being afraid I was going to loose the case. She now complained of inability to lie on the left side, with palpitation of the heart and great anxiety at night; and on the tenth morning, that a clot of blood came into her mouth and had done so for two or three mornings. I had been reading up *Canth.* in Allen's second volume in connection with my case, my attention being drawn to it from her telling of her feeling better after it two days before, and I noticed the symptoms 325 and 326: "In the morning a clot of blood came into the mouth." I now believed this to be the medicine for my case. I gave it, and was both surprised and delighted next morning by her telling me she had slept well, (she had not slept for several nights,) had no extra fever, no palpitation, and no blood had come up in the mouth. She is now progressing favorably.

I have given no medicine since. I believe it to be a case of typhoid.

Her husband was taken down four days after her and he came out all right under *Bry.* 30, alone. Tongue white; taste bitter; no appetite; thirst moderate; did not complain of anything, looked stupid but roused up when spoken to and seemed quite bright; constipation; temperature rather below the average; very weak.

I think the first case interesting on account of the place *Cantharides* has in it. If you think it worthy of a place in your journal you can put it in.

ALTON, Ill.

W. STORY.

THAT HAY FEVER TREATMENT.

I would like to ask if it were not possible for a fellow to break his leg more than twice before having a relapse of hay fever.

Dr. Th. Meurer, of New Albany, Ind., on page 174, No. 160, challenges a fair trial of his treatment by which every one will be "convinced of the thoroughness and quickness of the cure."

Having a few hay feverites on hand, (in their season,) I am willing to supply him with stock sufficient for the purpose named; and if his treatment be either quick or slow, so that it be *thorough*, I, personally, will not, and my patients shall not, find any fault therewith; but in consideration therefore the doctor shall receive my thanks besides a solid financial benefit.

I would like to ask the doctor why he says, (thus discriminating the sex,) that young men come to his office for "hay fever powders?" And, if the young men are more liable than the aged to the ravages of hay fever? And again, what he means by "incurrent remedies," and if having a specific treatment for this form of disease besides that which he mentions, namely, the therapeutic effect of *Arum mac.* and *Euphorbin of.*, why he does not publish it for the benefits to be derived therefrom by both his brother-in-arms and their patients? Come, doctor, let us hear from you again.

CHICAGO, March 13.

T. D. WILLIAMS.

THE COMING EPIDEMIC.

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

Read before the Chicago Academy of Homœopathic Physicians and Surgeons.

The strange and unusual weather we are having leads many to fear that we will have a summer season of unusual sickness. The best minds in the country are trying to solve the problem, so that they may be able to give the proper advice to the public.

Dr. Woodward writes: "We are, I think, on the eve of an extensive epidemic of unusual severity and fatality. Everything points to it, and men's minds are prepared for it." He quotes Dr. Southwood Smith's observations on the meteorological conditions preceding extensive epidemics (see page 229). Epidemics give unmistakable warnings of their approach. These warnings consist of two events:

1. The sudden outbreak and general spread of some milder epidemic; and
2. The transformation of ordinary diseases into diseases of a new type, more or less resembling the character of the epidemic.

It is a singular fact that both in the middle ages, and in modern times, the lesser epidemic which has generally preceded and pre-announced the coming of the greater, is influenza. This lesser epidemic we have had, and strange as it was, the epidemic of influenza spread from east to west. So it has been since; the attacks of influenza have followed an east storm rather than a western one, as was usual heretofore. This fact I think points to the direction we may expect the coming greater epidemic.

The next question arises: Are the ordinary diseases being transformed into the type of any recognized epidemic? To establish this, extensive observation is necessary. There is no cholera impression upon the ordinary diseases, so far as I have been able to glean from the large number of reports of the prevailing diseases, which have appeared in THE UNITED STATES MEDICAL INVESTIGATOR.

Since the recent epidemic of influenza I have traced in those reports, which come from all parts of the country, evidences of light but wide-spread epidemics of measles and its attendant hooping cough ; mumps and scarlet fever. These latter are now prevailing, and are complicated in some cases with diphtheria. Small-pox has prevailed in certain sections, and so has typhoid fever. But none of these have given a general impress to all the ordinary cases of disease. Of the well-known epidemics there only remain yellow fever, typhus, and plague.

If it was yellow fever, we would hear something of it from the Southern and tropic cities. I do not know that this disease is prevailing at any point just now. Then our eyes are turned eastward instead of south. Of typhus, we have no reports of its prevalence at present, but, as far as my observation and correspondence have reached, there is thus early a wide-spread prevalent tendency to typhoid, which, as you know its name indicates, is typhus-like. This tendency is not, however, strictly typhoid, and the question arises, what is it ?

THE PLAGUE ANTICIPATED.

“ At a recent meeting of the English Society of Medical Officers of Health, a discussion took place upon the prospect of a reappearance of the plague in England and upon the Continent. A paper was read by Mr. Netten Radcliffe, in which he expressed the opinion that the disease which has made its appearance at various times and places in the East since 1853 is, in its symptoms, course, and fatality, identical with the plague. Mr. Radcliffe further believes, that ‘ its increased recent diffusiveness and its manifestation in widely-separated localities suggest, that it is about to enter upon a new period of epidemic activity.’ (See p. 249.) It is hoped that Mr. Radcliffe is unnecessarily alarmed ; but if his opinion is well founded, it is not very pleasant to think of the opportunities for its rapid spread afforded by the great increase of steam communication on land and water.”

The above extract is commented on by Dr. Woodward, as follows :

“ To my mind it is not likely that such men as Dr. Radcliffe would venture such an opinion without good reason for the same. He occupies too high a position before the English world to hazard such a prophesy without sufficient evidence. Have we not corroborative evidences also in our disease forms.”

As was reported in THE UNITED STATES MEDICAL INVESTIGATOR of Feb. 15, 1876, and corroborated by other members of the profession, I have noted an unusual depression of the nervous system, with a marked tendency to inflammation of the mucous surfaces, and especially of the whole glandular system. I never met so many cases of induration and inflammation of the glands of the neck, groin, throat, tracheæ, bowels, etc., in fact, of all parts of the body, accompanied with fever and marked prostration.

There is also a tendency to boils, carbuncles, and eruptions of the skin, which indicate that the lymphatic system is being seriously deranged. These as you know are symptoms quite characteristic of the plague.

The effects above noted are not met in every case, but are found in persons of a phlegmatic temperament—chiefly women and children.

A CAUSE OF EPIDEMICS.

Influenza is ushered in by a sudden change of the temperature and a strong east or northeast wind. This is true of the continental epidemics of this disease, and also of the recent attacks in this country—although I have known it to be ushered in by a northwest wind.

The truth is, I infer, that influenza is chiefly due to a volume of upper air, suddenly forcing its way to the surface. This upper air is charged with a large amount of ozone, which is without doubt an active agent in giving rise to the influenza.* But how does that account for the following and graver epidemic? It will be readily seen that the atmospheric pressure and density will be greatly increased, rain-falls will prevail, to be followed by rapid vegetable growth and decay. But, in addition, this heavy volume of cold air must bring from the north, and to our atmospheric surface, a large amount of cosmic dust. This dust in my estimation is also an important element in producing the subsequent epidemic. Prof. Nordenskiöld, of Stockholm, has found it to be composed of metallic iron, phosphorus, and cobalt (see p. 206). The effects, of these elements upon the system is too well known to you for their repetition here.

Whatever may be the cause, it would seem that we are on the eve of an epidemic that should be carefully studied and skillfully met.

ON AUSCULTATION OF THE ŒSOPHAGUS.

BY LOUIS ELSBERG, M. D., PROFESSOR OF LARYNGOLOGY AND DISEASES OF THE THROAT IN THE UNIVERSITY OF NEW YORK.

An addition has been made to our means of diagnosis in case of disease of the œsophagus, which consists in making the patient go through the process of swallowing, the physician listening to the sounds thereby produced. This method of auscultation of the œsophagus is so easy, and its results so instructive and valuable, that it cannot be made too widely known. It was first introduced less than five years ago by Dr. W. Hamburger, a practitioner in Bohemia, and has proved of incalculable importance to all who use it. But, although exceedingly easy, it requires, as Dr. Morell Mackenzie, in a clinical lecture at the London Hospital, has recently justly said, considerable practice and much patience: "practice, because it is requisite to get the ear well accustomed to the œsophageal sound in health; patience, because in each case of disease it is necessary to apply the stethoscope successively down the whole length of the œsophagus, and to listen attentively at each spot." You know the œsophagus is about 9 inches

* Ozone and Antozone, p. 136.

long, and situated behind the windpipe and in front of the vertebral column partly in the neck and partly in the chest. It extends from the pharynx, on a level with the lower border of the cricoid cartilage, opposite to the 5th cervical vertebra, to the cardiac orifice of the stomach, on a level with the 9th dorsal vertebra. It makes two curvatures to the left side, one at the root of the neck and the other as it passes forward to the opening in the diaphragm. Its diameter is nearly an inch, when fully distended; but in the quiet condition, it is disposed of in rugæ or folds. In order to locate it for the purpose of auscultating it, you must remember that it commences about an inch above the so-called *vertebra prominens* (the 7th cervical), and terminates a little below the level of the lower border of the scapula. You must auscultate it both in the neck and in the thorax: in the neck by means of the stethoscope; in the thorax either with or without the stethoscope, but the sounds are heard more distinctly if the ear be pressed directly against the naked back.

In the neck the *œsophagus* is a little to the left of the trachea, and the stethoscope should be placed upon the left side of the neck.

The patient being ready, direct him to take, and hold in his mouth, a good mouthful of liquid, plain water or fluid a little thickened, such as gruel or arrowroot: apply the stethoscope or ear over the portion of the *œsophagus* to be examined; make a sign to the patient to swallow; and listen.

On the side of the neck, a loud gurgling noise, a metallic "gloo-gloo" sound is heard, the so-called "pharyngeal sound," which is due to the commingling of air with the swallowed liquid, and which is sometimes so loud as to drown every other sound even much lower down. But usually in the whole of the thorax, the true "*œsophageal sound*" becomes audible. This is distinctly the sound of the rapid descent of a small spindle-shaped body of soft consistence. Dr. Hamburger goes further; he describes the sound as characteristic of an egg-shaped body about an inch in length and half an inch in breadth, the small end of the egg directed upward and the large end downward; this is a refinement of perfection to which few will attain, but this refinement is not needed to gain valuable information from the practice of auscultation. I have said that sometimes the pharyngeal sounds is so loud that it obscures every other sound; but, generally, the *œsophageal sound* can be distinctly made out even high up over the *œsophagus*, more plainly, it is true, lower down, say on the left side of the first dorsal vertebra and below. The relative intensity of the pharyngeal over the *œsophageal sound* is diminished by the patient taking a continuous draught of water.

There are four points to which attention is to be directed in clinical auscultation of the *œsophagus*, viz.: the character of the *œsophageal sound*; the rapidity of the descent of the bolus; the direction which the bolus takes; and the shape of the bolus.

I. The character of the *œsophageal sound* is the point most readily appreciated. We may find in a patient, that the sound, at a particular

point, becomes feeble, is modified or stops; while it is distinct enough above that point. This may come from, 1, stricture; 2, impacted foreign body; 3, retention of the bolus in the pouch of a diverticulum; 4, organic dilatation; 5, paralysis, and 6, rupture. I could cite a number of cases from my own practice in which the precise seat of one of the first four of these pathological conditions was revealed by the method of auscultation. I have not met with any case of paralysis confined to a definite portion of the *œsophagus*, nor of rupture.

There may be a grating or friction sound, which indicates roughness of the inner surface of the *œsophagus*, such as might accompany croup, large ulcers with ragged edges, polypous excrescences, etc.

II. The rapidity of descent of the bolus. As the larynx ascends at the commencement of the act of swallowing, it is very easy to ascertain the precise moment of this commencement, by placing the thumb and index finger upon the upper edge of the thyroid cartilage. The time which elapses between the rising upward of the thyroid cartilage and the arrival of the bolus at the portion of the *œsophagus* auscultated can then be determined. We find that in disease the normal rapidity is diminished, but accurate detailed observations are still wanting on this point.

III. The direction which the bolus takes. Instead of passing vertically downward, the bolus may descend in an oblique direction toward the left or the right side, or rise up again. The oblique deviation may be due to aneurism of the aorta or to exostosis of the vertebræ; the mode in which the rising upward or regurgitation takes place, sometimes enables us to distinguish between a spasmodic and an organic stricture; for, in an organic stricture, an appreciable time elapses before the food is forced upward, in spasmodic stricture the regurgitation is instantaneous.

IV. The shape of the bolus. I have stated that Dr. Hamburger goes so far as to describe the precise shape and size of the bolus as revealed by the normal *œsophageal* sound. He also describes alterations of the normal sound indicative of differences in the shape. He says, *f. i.*, that the lower end of the egg-shaped bolus is more and more blunted or truncated in proportion to the feebleness of the muscular contraction of the walls of the *œsophagus*; that in case of stricture at the cardiac orifice, the shape becomes funnel-shaped with the small end downward with frequent regurgitation, and that these deviations from the normal shape can positively be determined by the variation of sounds heard.

Whether this refinement of perception can be acquired or not, it is certain that auscultation of the *œsophagus* is a valuable addition to our means of diagnosis in the diseases of an organ which, until recently, has evaded all efforts at physical examination, except the single one by the bougie or sound.

[From the *Transactions of the American Medical Association*, with the author's compliments.—ED.]

Society Proceedings.

NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

(Continued from page 248.)

FIRST DAY — EVENING SESSION.

BUREAU OF SURGERY.

W. TOD HELMUTH, M. D., CHAIRMAN.

Dr. Vincent read the report of the bureau of surgery.

A case of traumatic epilepsy and paraplegia, cured by *Arnica* 200, R. B. Sullivan, M. D., member of the house staff of the Homœopathic Hospital, Ward's Island, service of H. D. Paine, M. D., visiting physician.

A case of aneurism of the abdominal aorta, by Duncan Macfarland, M. D., member of the house staff of the Homœopathic Hospital, Ward's Island, cured by *Gallic acid* and *Ferri. sub. sulph.*

Dr. J. Ralsey White related the early history of this case, and that it was transferred by him to Dr. Helmuth. Further discussion of the report was participated in by Drs. Allen and Hand.

Dr. Miller claimed the cure was from the pathogenetic effects of the *Gallic acid*.

Dr. Boocock inquired if *Arnica* controls epilepsy, or whether any gentleman had ever administered the remedy for that disease, or knew of its having been given prior to the case reported. No reply.

Dr. Fiske related the successful treatment of several cases of hydrocele cured by hypodermic injection of *Iodine* into the sac. One case of twenty-five years standing was permanently cured by this treatment. He uses the tinct. *Iodine*, U. S. P., injecting one drachm every three or four weeks.

Dr. R. S. Bishop, of Medina, also indorsed the treatment and related cases successfully treated.

Dr. Fiske introduced the Hon. Mr. Surdam, a member of the present legislature, who expressed his interest in Homœopathy, and in the success of Homœopathic institutions of the State.

BUREAU OF VACCINATION.

H. S. HUTCHINS, M. D., CHAIRMAN.

Drs. T. L. Brown, Boocock, Moffat, Vincent, A. R. Wright, Allen, Hand, and Miller, participated in a discussion upon this fruitful subject.

Dr. Carroll Dunham then presented the report of the committee on the president's address.

REORGANIZATION OF OUR INSTITUTE.

The President recommends a memorial to the American Institute of Homœopathy, advising the reorganization of that body and its conversion into a representative body, consisting of one delegate from each congressional district of the United States, with the present members of the Institute constituted a body of permanent members, the Institute to be chartered by the general government, and to have powers and privileges suitable to such a body.

The committee would remark that, as at present constituted, the Institute invites and receives delegates from all Homœopathic societies, institutions and organizations, and is, to that extent, already a representative body.

The President's recommendation contemplates the conversion of the Institute into an organization similar to the American Medical Association, possessing an authoritative voice in the national Legislature, and exercising a powerful influence over the business proceedings of minor societies, and controlling the ethics of the profession.

The committee do not share the president's anticipations of good results from such an organization of the Institute, while they do deprecate evil consequences which they think would ensue.

The American Institute of Homœopathy has devoted almost its whole time and energy to matters of scientific interest. The profession in our country, and especially our foreign colleagues, hold the results of its labors in high regard.

Without any legal authority, it has prepared and adopted a code of medical ethics, consistent and liberal, which has been universally adopted by the profession in the United States, and which, though not enforced by any power possessed by the Institute, commands a more unquestioning and universal obedience from our profession than is paid to the code of the American Medical Association, backed by all the power of that association.

The committee believe that the influence for which the president hopes from a reorganization of the Institute would not necessarily follow from it. Such influences inhere in a body which represents large numbers of constituents. It will come to us just in proportion as our numbers increase, and as, by evidence of culture, of high aims, and of success in our professional careers, and in our institutions we gain the public confidence and command its attention. We cannot by any changes in organization, discount our future numerical superiority. The committee would point to another instance in which, without legal powers, the Institute has exerted a powerful influence. When a bill was introduced into the United States Senate, and favorably received and referred to the committee on commerce, creating a National Board of Health, consisting chiefly of army and navy surgeons, and to which should be confided the control of quarantine, and in all its departments, the Institute, through its committee on legis-

lation, presented a memorial to congress which, by its intrinsic force, and without the aid of any prestige arising from a charter passed by the Institute, at once and forever killed the bill.

The committee deprecate any change which would assimilate the Institute to the American Medical Association. That association is an incubus on the profession. It restricts freedom of thought and action; it binds the profession under the iron yoke of a code of ethics worthy the middle ages, or compels those who *will* be free, to become medical outlaws. It is controlled by intolerable army and ex-army surgeons, who cling to its control like the old man of the sea to Sinbad's neck.

At this moment it is bringing a great pressure to bear on the Allopathic Faculty of the University of Michigan, constraining them to resign, because a Homœopathic school has been formed in that University. Let not members say that we desire the advantages, and would not imitate the abuses of the American Medical Association. Men are very much alike. Power has advantages, but is sure to be abused. Legislation and organization can never compel labor for the advancement of science, which is the legitimate object of the Institute. They only give power for legislation, and this is almost sure to be restrictive and oppressive, and to result in hindrance to freedom of investigation, of opinion, and of action.

The committee, therefore, do not acquiesce in the president's recommendation on this point. Respectfully presented.

CARROLL DUNHAM, } Majority of
T. F. ALLEN, } the Committee.

Dr. Watson being absent.

WEDNESDAY MORNING.

Meeting called to order, President Holden in the chair.

The following officers were duly elected :

PRESIDENT.—Timothy F. Allen, M. D., New York.

VICE-PRESIDENTS.—A. R. Wright, M. D., Buffalo, N. Y.; William Gullick, M. D., Watkins, N. Y.; Henry R. Stiles, M. D., Middletown, N. Y.

RECORDING SECRETARY.—Alfred K. Hills, M. D., New York.

CORRESPONDING SECRETARY.—Lester A. Pratt, M. D., Albany.

TREASURER.—Frank L. Vincent, M. D., Troy, N. Y.

CHAIRMEN OF BUREAUX.

MATERIA MEDICA.—Lorenzo M. Kenyon, M. D., Buffalo, N. Y.

CLINICAL MEDICINE.—William A. Hawley, M. D., Syracuse, N. Y.

SURGERY.—T. Dwight Stow, M. D., Fall River, Mass.

OBSTETRICS.—Everett Hasbrouck, M. D., Brooklyn, N. Y.

GYNÆCOLOGY.—Frank L. Vincent, M. D., Troy, N. Y.

PÆDOLOGY.—R. C. Moffat, M. D., Brooklyn, N. Y.

MENTAL AND NERVOUS DISEASES.—Henry R. Stiles, M. D., Middletown, N. Y.

OPHTHALMOLOGY.—George S. Norton, M. D., New York.

OTOLOGY.—Henry C. Houghton, M. D., New York

LARYNGOLOGY.—E. J. Whitney, M. D., Brooklyn, N. Y.

CLIMATOLOGY.—A. R. Wright, M. D., Buffalo, N. Y.

VACCINATION.—T. L. Brown, M. D., Binghamton, N. Y.

HISTOLOGY.—S. P. Burdick, M. D., New York.

VITAL STATISTICS.—E. M. Kellogg, M. D., New York.

NECROLOGY.—Henry D. Paine, M. D., New York.

PHARMACOLOGY.—H. M. Smith, M. D., New York.

MEDICAL EDUCATION.—John F. Gray, M. D., New York.

MEDICAL SOCIETIES AND INSTITUTIONS.—Alfred K. Hills, M. D., New York.

COMMITTEE ON LEGISLATION.—E. D. Jones, M. D., L. M. Kenyon, F. L. Vincent, M. D., L. M. Pratt, M. D., William Guilick, M. D.

BUREAU OF OPHTHALMOLOGY AND DEPARTMENTS OF OTOLOGY AND LARYNGOLOGY.

Dr. Vincent read a well-arranged essay on "Acute Catarrhal Inflammation of the Middle Ear," by W. P. Fowler, M. D., of Rochester.

Dr. Fowler admits that very many valuable remedies are indicated in the various affections of the ear, but as he has obtained favorable clinical results from only six, he makes mention of no others in his essay: *Aconite*, *Belladonna*, *Chamomilla*, *Hepar sulph.*, *Mercurius sol.*, *Pulsatilla*. In the inflammatory stage of the disease, he recommended the very valuable application first used by Dr. H. C. Houghton, of New York:

R.		
	<i>Tinct. Belladonna</i>	half drachm.
	<i>Glycerine</i>	one drachm.
	<i>Aqua</i>	one ounce.
		Mix.

A few drops of this as warm as can be borne should be poured into the meatus externus occasionally. Upon the subsidence of inflammation the politzer method of inflation may be carefully performed.

Dr. Vincent complimented the author of this paper upon its practical value, referred to the monograph of Dr. C. R. Agnew, of New York, upon otitis, wherein the doctor claims the large majority of cases arise from catching cold; advocates as a preventative, bathing, with subsequent exposure of the skin to the air. The ideas expressed by Dr. Fowler upon this important and painful disease, are worthy of the careful consideration of every Homœopathic physician, and the

familiarizing himself with the ear speculum and the politzer method of inflation is absolutely necessary.

Dr. Brown believed that cleanliness and fresh air was the *sine qua non*, and the violation of these hygienic laws resulted in disease.

Dr. Coburn mentioned cases continuing in good health that hardly ever bathed.

Dr. Boocock reported a case of otitis media, in which *Aconite* in the earlier stages, and *Hydrastis* later, effected a cure, but the remaining deafness was only restored by the politzer inflation.

Dr. Vincent called attention to improved nozzle to the politzer, as suggested by Dr. H. C. Houghton, of New York; being larger, it enabled the operator to more completely close the nostril.

Dr. Moffat considered the subject of bathing as all-important, but advised moderation in practice. Some children are enfeebled by bathing, and should not be bathed oftener than once or twice a week.

The Secretary presented by title a paper by Dr. Wm. N. Guernsey, on Nervous Deafness.

Dr. Vincent read the report of the Department of Laryngology.

A paper on

“ACUTE DISEASES OF THE LARYNX,”

by E. J. Whitney, of Brooklyn. The doctor advocated greater care in the diagnosing of diseases of the larynx; that the physician should accustom himself to the appearances of the healthy larynx; then make himself perfectly familiar with such pathological changes as result from diseased action.

The paper reviewed the symptoms and treatment of sub-acute laryngitis: remedies, *Belladonna*, *Causticum*, *Phosphorus*, *Rumex crispus*.

Acute Laryngitis.—The treatment of this disease, the most formidable of acute affections of the larynx, may be divided into two classes internal and topical; of the former, *Aconite* and *Belladonna* in the earlier stages, and *Hepar sulph.*, *Lachesis*, *Phosphorus*, and *Spongia* (*Iodine*, *Kali bich.*, *Causticum*, *Rumex*, or *Sanguinaria* may be studied), for the control of the cough; the topical treatment is a question of individual experience and opinion. An application the doctor heartily endorses as a most valuable sedative,

R

<i>Tinct. Benzoin</i>	one drachm.
<i>Aqua</i> (at 150 deg. Fahr.).....	one pint.

inhaled for ten minutes.

The paper closes with a description of

CEDEMA OF THE LARYNX

and its treatment, which he divides into three classes: constitutional, local, and surgical. *Apis* and *Arsenicum* are recommended, with *Iodine*, *Bromium* and *Chlorine*. Scarification is strongly urged by Mackenzie's guarded knife, strongly astringent substances, by inhalation, as *Alum*, *Chloride of gold*, *Chloride of zinc*, or *Tannic acid*. “If each and all of these methods fail to give relief, tracheotomy must be resorted to.”

Dr. Vincent referred to an unfinished article by Dr. Whitney, on the "History of the Invention of Laryngoscopy." Referred to the publishing committee.

Dr. Allen thought greater attention should be given to those laryngeal coughs which too frequently wearied the patient and injured the reputation of the physician. He recommended *Rumex crispus*. Special indication, change of temperature, *on going into cold air*. He also recommended *Lachesis*, indicated by sensitiveness of the larynx to palpation.

Dr. Moffat inquired of Dr. Allen as to the ready response he obtained from *Rumex*.

Dr. Allen.—Have given it without any results, but use it in various potencies; sometimes low, in other cases the 200th, in both attenuations secure brilliant results.

Dr. Boocock used *Rumex* only with those quite advanced in years, cough rough and loud; has had better success with *Phosphorus*. Gives *Causticum* with prompt results when slight emissions of urine accompany the cough. Related a case of cancer of os-hyoides placed in the care of Dr. Whitney.

Dr. Dunham regarded *Rumex* as a prompt and efficient remedy. If he failed to secure results, he believed he had mistaken the potency. Characteristics; Cough provoked by change from warm to cool, or cool to warm. Any change in the rhythm of respiration would induce the cough. *Causticum* finds its characteristic indications in the peculiar sensation of inability to effect a deep inspiration; "can't cough deep enough to give relief."

Dr. Brown asks the potency.

Dr. Dunham.—With *Rumex* both high and low; with *Causticum*, the 200th.

Dr. Brown.—What position in life were the patients who were cured by the 200th? Do you not find the higher potencies more efficacious among the wealthy, refined city bred, and the out-door, poorer countrymen requiring the lower attenuations?

Dr. Dunham.—My clientage is quite respectable, thank you. The best results obtained from *Rumex* 200 was on myself when constantly out of doors, and when I was only worth \$300.

Dr. Allen suggested that the careful, slow breathing of *Rumex* was to elevate the temperature of the air before taking it into the lungs.

Dr. Boocock referred to *Lobelia*; indications, feeling as of a band about the chest, with an irresistible desire to cough.

BUREAU OF CLIMATOLOGY.

Dr. Boocock inquired of the Society the proportion of diseases of the lungs near the sea, compared with inland.

President Holden.—The United States census gives a large increase of those residing on the coasts.

Dr. Allen observed that persons with pulmonary troubles among inland residents were markedly benefitted by sea air, while the reverse was equally true.

Dr. Wright.—For this very purpose the American Institute is striving to obtain mortuary reports from various parts of the State. The United States Census reports are unreliable—almost worthless in this particular.

Dr. Moffat inquired what influence the northern winds on Lake Ontario had upon the mortality from consumption?

Dr. Kenyon.—The mortality from consumption is less than in other parts of the State. In the county of Cayuga the deaths from consumption were twenty-five or thirty in excess of Erie county, and the same applies to the remainder of Western and Northern New York.

Dr. Hand stated that in Berkshire county the statistics revealed the fact that one-half the deaths resulted from consumption.

Dr. Dunham believed in the relation of climate to tubercular consumption; that it involved questions more complex than the mere change of climate. By way of illustration he related a case that was transferred from Brooklyn to the southern slopes of the Highlands. Making possible, changes in the mode of life, away from city, away from school, away from friends, permitting regular hours of sleep, exercise on horseback, fresh, clear atmosphere, etc., resulting in complete restoration to health.

Dr. Boocock referred to the large mortality among miners, spoke of the effects of coal-gas as a producer of catarrhal and pulmonary diseases; of the chemical change wrought in coal upon exposure to the air, and that in the mining districts of England the habit of the miner is to store his coal in large quantities under his dwelling.

Dr. Kenyon stated that he meets with cases every week of a catarrhal nature that, leaving Buffalo, find immediate relief by a residence in New York city, and *vice versa*.

Dr. Mitchell confirmed Dr. Wright's assertion that the mortality statistics are never reliable. He believed that pulmonary consumption is the result of inflammation.

BUREAU OF GYNÆCOLOGY.

The secretary read an apologetic letter from the chairman, Dr. A. P. Throop, of New York, regarding the meagreness of his report.

Dr. Vincent read a paper by Sarah J. White, M. D., on "Dysmenorrhœa cured by Electrolysis."

Dr. Palmer recommended *Viburnum opulus*, from 1st to 3d dilutions, in dysmenorrhœa; has had gratifying results succeed the administration of this remedy.

Dr. Allen endorsed the remarks of Dr. Palmer; has used the 1st dilution and had obtained prompt results. Referred to *Viburnum prunifolium*, mother tincture, for threatened miscarriage.

Dr. Fiske had used *Viburnum prunifolium* in ulceration of the os; also in intra-cervical leucorrhœa.

Dr. Allen values *Borax* from the 30th to 200th in chronic metritis and cervicitis; characteristic indications, "dread to go down stairs."

Dr. Boocock referred to *Æsculus* as a valuable remedy for ulceration accompanied by hæmorrhoids.

Dr. Allen inquired what success the members had in the treatment of diseases of the womb by local means. He had remarked the failure of the potency men in curing their cases with internal remedies alone, and the success of those who resorted to local treatment.

Dr. Vincent stated the results of his experience to have been such as to confirm his opinion in favor of local treatment. His rule was first to carefully diagnose the case under consideration, if one attended by any abrasion of the mucous tissue; cleanliness, and the application of the indicated remedy, locally, using *Glycerine* and a solution of *Gum arabic* in equal proportions, as the menstruum secured results that the internal remedy alone did not, and he believed would not accomplish.

Dr. Fiske gave in detail his mode of application; believed that as in pharyngeal catarrh so in cervicitis, cleansing the mucous membrane and applying the remedies to the denuded follicles, curative results would obtain; he usually permitted the cotton pledgets to remain *in situ* three or four days.

Dr. Vincent did not believe in permitting a pledget of cotton to remain so long; was always very careful to exact cleanliness of his patient and practice the same himself. In these cases, always had the patient remove the cotton in twenty-four hours from the time of application, for fear of septæmia.

THE ASYLUM FOR INSANE.

Dr. Holmes offered a resolution to the effect that should vacancies occur in the board of trustees of the Homœopathic asylum for the insane at Middletown, the Governor should be requested to fill such vacancies from residents of Orange county. The motion did not prevail.

Dr. Dunham offered the following resolution:

Resolved, That this society recommend to the Governor as suitable candidates for the position of trustees of the State Homœopathic asylum for the insane, at Middletown, in case vacancies shall occur in the board of trustees, J. J. Mitchell, M. D., of Newburgh, B. R. Chamption, Esq., of Goshen, and Chas. M. Lawrence, M. D., of Port Jervis, Orange county.

Carried.

BUREAU OF OBSTETRICS.

Dr. A. R. Wright read a paper entitled, "Notes on Tedious Labor."

Dr. J. Ralsey White read a paper on "Uterine Paralysis."

Dr. A. R. Wright also presented a paper on "Hyperæsthesia of the Neck of the Uterus."

WEDNESDAY EVENING SESSION.

The report of Dr. H. M. Paine, as chairman of the committee on legislation, was received and ordered to the appropriate committee.

The following letter of resignation as trustee of the Homœopathic asylum for the insane, at Middletown, was read :

ALBANY, N. Y., Feb. 2, 1876.

To Hon. Fletcher Harper, Jr., President of the Board of Trustees of the Asylum at Middletown:

DEAR SIR: I hereby resign the office of Trustee of the State Homœopathic Asylum, at Middletown, to take effect as soon as my successor is appointed and confirmed. Very respectfully yours,
H. M. PAINE.

Also the following letter addressed to the president of the Homœopathic Medical Society of the State of New York :

ALBANY, N. Y., Feb. 2, 1876.

To the President of the Homœopathic State Medical Society:

DEAR SIR: Having never intended to take any action in opposition to the wishes of a majority of the members of the society, and having been appointed to the office of trustee of the asylum in opposition to my wishes and judgment, and feeling that my resignation at this time, while the society is in session, will indicate a purpose on my part not to interfere with the wishes of the society, and to furnish it an opportunity to nominate a suitable successor, I will at once place in the hands of the president of the board of trustees of the asylum a letter addressed to the Governor resigning the office of trustee of the asylum.

I am prompted, also, by a disposition to prepare the way, as far as I can by any act on my part, looking to the omission of any reference to the purpose for which the special meeting held last September was called, and all reference thereto in the published proceedings of the society. Very respectfully,
H. M. PAINE.

Dr. Holmes moved that the censure imposed upon Dr. H. M. Paine by this society be now remitted. Carried.

Dr. Holmes moved that the record of the proceedings against Dr. Paine be expunged from the records of the society. Lost.

Dr. Holmes moved that the record of the proceedings against Dr. Paine be omitted from the *printed* transactions of the society. Lost.

Under Necrological Report the following resolution was adopted :

WHEREAS, Dr. James Cromwell, of Caldwell, Warren county, N. Y., a permanent member of this society, having been removed from our membership by death, therefore

Resolved, That we deplore the loss which this society has sustained, and offer to his family and friends our condolence and sympathy in their bereavement.

Resolved, That A. W. Holden, M. D., be appointed a committee to prepare a memorial of Dr. Cromwell to be published in the next report of the State society.

On motion the society adjourned to the second Tuesday in October, at Buffalo, N. Y.

The members, some sixty in number, then repaired to the executive mansion of his Excellency, Governor Tilden, where they were received most cordially by W. T. Pelton, Esq., Military Secretary, and his genial lady, and by them presented to Governor Tilden. After partaking of a sumptuous spread, and exchanging kindly greetings, the members separated to their various fields of duty, ending one of the most important and enjoyable sessions of the society held in years.

FRANK L. VINCENT, Secretary.

THE MILITARY TRACT HOMŒOPATHIC MEDICAL SOCIETY

Met in Peoria, at city Council room, Tuesday, Dec. 7th, 1875.

The President, Dr. Potter, of Maquon, called the house to order, the attendance of members being good. The minutes of the last meeting were read and, with slight correction, approved.

While awaiting the action of executive committee in arrangement of order of exercises, Dr. Eaton proposed the names of Drs. E. M. Colburn and M. Troyer for honorary membership. They were duly elected. The Council chamber not being obtainable this evening, Dr. Eaton extended an invitation to the society to meet at his residence, if thought desirable to have an evening meeting, whereupon by motion, Dr. Eaton was added to the committee of arrangements.

The committee reported the following

ORDER OF EXERCISES :

Afternoon session.—Reports from Dr. A. H. Potter, of Maquon, obstetrics and surgery.

Essay from Dr. E. Parsons, Kewanee, The influence of the mind on disease and its treatment.

Essay by Dr. G. W. Foote, of Galesburg, Diseases of children—Cholera infantum.

Election of officers for the ensuing year. Reception of new members, and other business.

Evening session.—Report on materia medica, Dr. T. Bacmeister, of Toulon. Subject: Characteristic symptoms.

Report on intermittent fever, Dr. E. Perkins, Peoria.

Early history of Homœopathy in Peoria, by Dr. M. Troyer.

Second day—Forenoon—Essay by Dr. M. M. Eaton, Peoria, on Leucorrhœa.

Essay by Dr. J. M. Kershaw, of St. Louis, entitled, Physical vs. Dynamic Force. (See p. 84, Jan. 15 No.)

MISCELLANEOUS BUSINESS.

Drs. Eaton, Parsons, and Bacmeister were elected a board of censors, when upon motion, the society adjourned until 2 o'clock P. M.

AFTERNOON SESSION.

Upon reassembling at the appointed hour, the President stated he should make no address of the customary character. Such addresses are too common and usually occupy time that might be better employed. Furthermore, his health has been poor for some time past, and with professional cares has left him no time to prepare more than what he purposed submitting to the society in the way of its legitimate business.

OVARIAN TUMORS.

He designed to submit some thoughts and observations on Ovarian Tumors and the cause thereof. The doctor, in his report, advanced the theory that such tumors were the result of ovarian pregnancies. As reasons for this conclusion, he adduced the facts that ovarian tumors usually occur in females who have never conceived in the ordinary acceptation of the term, that they occur before the climacteric period, that in them we find usually a hard substance, together with fluid closely resembling the amniotic fluid, hair, bones and the teeth. In connection with this he noticed different theories of process of conception. He holds that the true action is a dynamic one and that conception may take place without actual contact of the male fecundating principle with the ovule.

He also submitted some cases from obstetrical practice.

Dr. Eaton showed a mass of hair taken from a tumor, which presented the appearance of having been braided.

Dr. Bacmeister — If ovarian tumors are the results of extra-uterine pregnancies we should find some remnants of the fetus proper, which he believes not to have been the case thus far. Moreover, he thinks tumors have occurred after the climacteric age. In ovarian tumors we usually find upon operating that the affected gland or glands are more or less completely disorganized. Yet another objection is the fact that ovarian tumors have been removed by medicinal remedies without any discharge. As to the mode by which impregnation takes place he thinks Dr. Potter may be correct, as we have well-authenticated cases on record of conception occurring without rupture of the hymen.

Dr. Foote — Thinks these points well taken, especially with regard to occurrence of tumors after climacteric.

HEMOPTISIS IN AN INFANT.

Dr. Eaton — Has had a case of hemorrhage apparently from the lungs, of a new-born infant, similar to one reported by Dr. Potter. He does not attempt an explanation of the occurrence.

Dr. Potter — May not the pressure experienced in the course of parturition have ruptured a pulmonary blood-vessel?

Dr. Bacmeister — Such an accident must be due either to a deficiency in the development of the blood-vessels at the time of birth or to a rupture occurring during delivery. Taking into account the physiology of the fetal circulation and its changes at birth inclines to the first view.

Dr. Perrin Johnson, of Peoria, having entered, was invited to participate in the discussions. Dr. Johnson made some remarks coinciding in the view held by Dr. Bacmeister.

PSYCHOLOGY AND PSYCHOLOGICAL MEDICINE.

Dr. Parsons read a paper on Psychology and Psychological Medicine being a continuation of the subject presented at the previous meeting, as a rejoinder to some severe criticisms then offered to his paper. The central idea of the essay is that disease originates in or has for its seat the soul or spirit of the man; that such being the primary disorder, that of the bodily organs or material portions of the human being are but secondary. That pain and abnormal function pertains not to the material tissues as of themselves but only through connection with the soul or spirit. That in the search for cause or remedy of disease we must look beyond the material to the spiritual.

Dr. Vivion—Recognizes a tri-une composition of man—the soul, the spirit, and the body—all of which are necessary to his existence and without all of which the man ceases to be. The body is the medium through or by which the spirit operates and we can only know of it through bodily manifestation. He therefore thinks Dr. Parson's distinctions can be of no use.

Dr. Foote—A great mistake is made in treating *names* instead of diseased conditions.

On motion of Dr. Perkins, the evening session was dispensed with.

ELECTION OF OFFICERS.

On motion of Dr. Miller, the society proceeded to an election of officers for ensuing year, which resulted as follows :

PRESIDENT—Dr. Foote, Galesburg.

VICE PRESIDENT—Dr. Eaton, Peoria.

SECRETARY—Dr. Miller, Abingdon.

TREASURER—Dr. Vivion, Galesburg.

Dr. Bacmeister, moved a vote of thanks be made to Dr. Miller for his labors as secretary in the past history of the society. Unanimously adopted.

Dr. Potter then retired from presidential chair after thanking the members for the courtesy so uniformly extended to him during his occupation thereof.

Society adjourned to 9 A. M. wednesday.

SECOND DAY.

On reassembling the house was called to order by Dr. Potter, chairman, *pro tem*, when Dr. Bacmeister proceeded to read a paper upon Characteristic Symptoms and the Mode of Using Them. The subject being so full of interest to all present, and the writer having stopped short of the full examination of it as first intended, he was requested by the society to continue the subject from this point at next meeting.

Dr. Vivion — Do you consider it proper to *depend* upon characteristic symptoms in prescribing remedies.

Dr. Bacmeister — Yes.

Dr. Eaton — This paper has afforded me much gratification but I wish Dr. Bacmeister would explain how *he* is governed in selecting the characteristic symptoms.

Dr. Bacmeister — Have not come to that yet but will do so in future paper. Will say briefly, however, that I consider as among symptoms of first importance all aggravations with regard to *time*, also all aggravations and ameliorations generally. Connected symptoms are worthy of special attention, kind of pain is important but less so than those characteristics already mentioned. Action upon right or left side is always significant and *peculiar* symptoms have much meaning. Dr. Burt says, you must know what is the matter with your patient. It is always a good way to begin by finding out what is the matter. Yet, in placing too much dependence upon this mode of procedure the physician may be led into error, as Burt himself is.

INTERMITTENT FEVER.

Dr. Perkins read a paper treating upon Intermittent Fever illustrated with cases. In one of these he had had happy effect from the use of *Apis* after *Natrum muriaticum*, which led Dr. Bacmeister to remark that such effect might have been expected since in almost all cases *Apis* seems to supplement the previous action of *Natrum muriaticum*.

Dr. Foote believes nothing is more characteristic of *Capsicum* than manner of approach of chill, coming on the shoulder and down the back.

Dr. Bacmeister — The importance of examining the patient as to symptoms occurring between the paroxysms has been recognized of late. Though the paroxysms afford the most marked indications the symptoms of apyrexia often assist materially in the proper selection of the remedy.

THE CAUSES AND TREATMENT OF LEUCORRHOEA.

Dr. Eaton presented an able and interesting paper upon the cause and treatment of leucorrhœa.

Dr. Vivion — The leading idea of the paper just presented is to dispense with local treatment. Differs upon this point with Dr. Eaton. Drs. Foote, Miller and others, participated in some discussion of this paper when an essay upon Psychological Medicine by Dr. J. M. Kershaw of St. Louis was read by the secretary.

The time for adjournment had so nearly arrived all further discussion must be dispensed with.

The secretary announced the following committee appointments for ensuing year :

MATERIA MEDICA — Drs. Bacmeister, Parsons, Miller.

CLINICAL MEDICINE.— Drs. Perkins, Dickenson, Westfall, Pollock.

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.—Drs. Eaton, Vivion, Merriman, and McCleary.

SURGERY.—Drs. Potter, Eaton, Pratt and Lowry.

ELECTRICITY.—Drs. Parsons, Vivion and Todd.

Dr. Eaton offered the following resolution which was unanimously carried.

Resolved, That the thanks of this society are hereby tendered to the Hon. Mayor and city council of Peoria for the use of the council chamber during this meeting.

On motion of Dr. Bacmeister the thanks of visiting members were returned to the resident physicians for their cordial hospitality and attention.

The Board of Censors recommended for membership M. S. Carr, M. D. of Galesburg, and he was duly elected.

Dr. Carr stated that he would present a paper upon Uterine Fibroid, at the June meeting.

No further business presenting, the Society adjourned to meet in Galesburg, the first Tuesday in June 1876.

J. HARTS MILLER, Secy.

THE ONONDAGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

MERCURIUS AND LYCOPODIUM COMPARED.

Met February 16, to discuss and compare the therapeutic indications of *Merc.* and *Lycopodium*.

The followidg interesting comparisons was given by Dr. H. V. Miller

The following indications are mainly dependent upon derangement of the liver.

In disposition *Mercurius* is irritable, peevish, taciturn, while *Lycopodium* is despondent, melancholy and disposed to weep.

Both have a putrid smell from the mouth, but *Lycopodium* has it especially on waking in the morning.

Lycopodium has a dry and bitter mouth in the morning.

Mercurius, a very heavy, thick, yellow, moist coating on the tongue with thirst, ptyalism with painfully dry throat, and bitter, sweetish, metallic or putrid taste in the mouth.

Lycopodium cures dryness of the mouth and tongue without thirst (see *Nux mosh*), sore raw vesicles on the tip of the tongue, and sour taste of food or bitter taste in the mouth.

Both have tough mucus in the mouth but *Lycopodium* has it in the posterior part of the mouth.

Both cure flatulent distension of the stomach and abdomen attended

with colic. In *Lycopodium* there is temporary relief from the expulsion of flatus—in *Mercurius* from 1 ing down.

Lycopodium is a great remedy for flatulence. It is indicated when a small quantity of food eaten is followed by great distension of the abdomen. There may be a great appetite yet a small quantity of food causes repletion. There is much rumbling of flatulence in the left hypochondrium. There may be much pain in the liver with this flatulency and rumbling.

Mercurius is more suitable for inflammation of the liver. It cures hepatitis with jaundice and with great sensitiveness of the liver. It cures great sensitiveness of the stomach and abdomen when attended with other *Mercurial* symptoms.

Lycopodium is characterized by sensitiveness of the pit of the stomach to touch and to contact of tight clothing. Canine hunger, four o'clock hunger, and a desire for sweet things.

Mercurius by great hunger but no relish for what is eaten. Great hunger after eating (worms). Continuous hunger with great weakness of digestion, and desire for sweet things which disagree.

Lycopodium, pale putrid smelling stools (deficient bile).

Mercurius, greenish, putrid mucous stools. Diarrhoea or dysentery with great tenesmus after stool.

Both have conjunctivitis, *Lycopodium* with lachrymation by day and nocturnal agglutination, *Mercurius* with evening lachrymation. Also swelling of the eyelids, their edges being covered with scurfs and ulcers.

Both have fluent coryza with acrid corrosive nasal discharges.

Lycopodium has swelling of the upper lip. Also soreness of the corners of the mouth (*Arum tig.* and *Nitric acid.*)

Mercurius may have scurfy nostrils.

Both are remedies for toothache but their conditions are opposite. The *Lycopodium* toothache is relieved by the heat of the bed and by warm applications. The *Mercurius* toothache is aggravated by heat and by cold air; in the evening and at night. And the heat of the bed renders it insupportable. And *Mercury* has spongy bleeding and receded gums.

Lycopodium, diphtheria and ulceration of the tonsils, each commencing on the right side. *Mercurius* inflammation of the throat, aggravation of pain from empty swallowing.

Lycopodium, urine foamy (probably albuminous), dark scanty urine (containing blood or an excess of bile or urine), urine slow to start and depositing much brick-dust sediment. *Mercurius* urine turbid and fetid or sour and pungent.

The *Lycopodium* cough is worse from 4 to 6 P. M. In pneumonia an indication is a fan-like motion of the *alæ vasi*. The *Mercurius* cough may be spasmodic and worse at night occurring in double paroxysms. Indicated in pneumonia with stitches in right side through from the scapula. Also salivation and profuse sweat without relief.

Like *Calcerea carb.* both have cold sweaty feet.

In general *Lycopodium* cures drawing and tearing pains worse at night and during rest. Rheumatic pains lumbago worse from the

least motion, (after *Bryonia*). Rheumatism mostly on the right side (*Lachesis* right to left), better in warmth. Sour belching, much flatulence etc. *Mercurius*. Rheumatic pains worse at night with profuse sweat without relief. Great tendency to perspire in rheumatic and catarrhal inflammations. The child's thighs and legs are cold and clammy at night. Great debility with trembling from the least exercise.

Both have sleepiness by day and sleeplessness at night. In *Lycopodium* the sleeplessness is because the mind is too active. In *Mercurius* it is from anxiety, ebullitions etc; and *Mercurius* has perspiration during sleep but it gives no relief. It is sour, offensive, cold, clammy, and it burns the skin. When the perspiration is debilitating it appears only in spots. *Lycopodium* also has clammy night-sweats. Also unrefreshing sleep and crossness when waking.

In typhoid fever *Lycopodium* is oftener indicated than *Mercurius*.

Lycopodium is a remedy for blood-boils and a disposition to boils. *Mercurius* is a less prominent remedy for boils.

Mercurius cures jaundice with the skin dirty yellow, rough and dry. There may be itching over the whole body especially at night when warm in bed. It is indicated when itching eruptions burn after scratching.—*Anacardium* and *Rhus tox.* itching worse after scratching. *Arnica*, when scratching in one place the skin begins to itch in another place.—*Croton tig.* a slight rub allays the itching.—*Dolichos*, intense itching but no rash or swelling.

Lycopodium, general aggravation of complaints from 4 to 8 P. M., afterward everything is better except debility.—*Mercurius*, aggravation in the evening and at night; from the heat of the bed; before falling asleep; during perspiration, and when exercising. Amelioration when lying down on the back and in the morning.

DISCUSSION.

Drs. Hawley and Miller had repeatedly failed to verify the symptom of fan-like motion of the nostrils in pneumonia and other complaints, given as characteristic of *Lycopodium*. Such cases generally proved fatal.

Dr. Hawley with *Mercurius* had cured many cases of toothache, worse at night in bed, with sensation of elongation in the teeth affected from inflammation of periosteum. When he cured toothache, he cured it with a single dose of the appropriate remedy. He never cured it by repeating the remedy. But he sometimes prescribed, to be taken in succession if necessary, a single dose of each of two or more remedies. If the first failed the next was to be taken. He had often used *Mercurius* successfully in quinsy, but when during the act of swallowing there was a sensation of splinters in the throat and a sensation of choking, *Heper* is the remedy.

Dr. Miller had with *Lycopodium* cured several cases of diphtheria in which the exudation appeared first on the right side. But he had cured more of such cases and of diphtheria generally with *Phytolacca* than with and other remedy.

Dr. Hawley found *Mercurius* oftenest indicated in sore throat when

the patient could swallow food and drink with comparative ease, but empty swallowing is very painful, yet the patient is constantly inclined to swallow. The breath is offensive and there may be ulceration in the throat.

Dr. Miller had with *Hepar* relieved bronchitis, with hoarse, rattling cough characterized by a sensation of choking.

Dr. Hawley had always been disappointed with *Mercurius* in the treatment of jaundice and inflammation of the liver. In his experience *Nux vomica* was a better remedy for both of these diseases. *Lycopodium* seldom failed him in any case of disease when there was much brick-dust sediment in the urine. Other remedies have this symptom, but not so prominently. When this symptom occurred he compared the case with *Lycopodium* to ascertain if there were other indications for this remedy. In an incurable case of cancer there was a disagreeable sensation of crawling in the ulcer. Also this brick-dust sediment in the urine. *Lycopodium* completely removed these symptoms though the case ultimately proved fatal.

Dr. Young — *Bryonia* gives a pinkish sediment in the urine. He had often verified this indication of *Bryonia*.

He reported a violent case of mucous dysentery that had continued eight weeks. After evacuation there was great and prolonged tenesmus, such as, when a druggist, he noticed was once produced by a lady taking repeated large doses of calomel. There was also general dropsy. *Mercurius* in three weeks cured both dropsy and dysentery.

In sore mouth he had often used *Mercurius* with success.

Drs. Young and Hawley had, with *Mercurius* cured rheumatism, which was worse at night in bed, with profuse sour sweat without relief.

Dr. Hawley, *Rhus rad.* has the same itching after scratching as *Arnica*.

Adjourned.

PACIFIC HOMŒOPATHIC MEDICAL SOCIETY.

ANNUAL MEETING, HELD IN SAN FRANCISCO, CAL.

This society held its annual meeting November 3d.

During the forenoon session several matters of business were attended to, one of which was the consideration of a bill to be presented to the legislature for the prevention of quackery in the State; and finally a committee of three was appointed on legislation, with power to act as they may deem best for the good of Homœopathy. This committee consisted of Drs. Pease, Albertson, and Selfridge. The society adjourned to meet in the evening, when the following were admitted to membership: Dr. G. H. Jenks, of San Francisco; Dr. D. M. Brown, of Los Angeles, and Dr. W. E. Ledyard, of San Francisco.

An election of officers for the ensuing year resulted as follows:

President, Dr. J. M. Selfridge; Vice-President, Dr. H. H. Ingersol; General Secretary, Dr. G. M. Pease; Treasurer, Dr. J. A. Albertson; Censors, Drs. J. F. Geary, A. Liliencrantz, J. N. Eckel.

The secretary then read a communication from Dr. F. H. Thomas, lately removed to Colorado Springs, Col., in which he gave a description of the place and its surroundings, and the influence of its climate upon asthmatics, reciting several cases and their results.

Dr. Liliencrantz next read a paper entitled

NOTES ON HÆMORRHAGE

during pregnancy. It was listened to with much interest, and called forth some discussion.

Dr. Selfridge related a case where a placenta had been retained five weeks and no decomposition had taken place, and it was finally expelled.

Dr. Geary was once called to a case of slight hæmorrhage, and on introducing the finger it was met by a hard substance which scratched. Upon using the speculum he found a bone protruding from the os, which he removed, and he finally took away, piece by piece, a whole skeleton, all the bones being clean and free from flesh. The hæmorrhage was slight, but ulceration was quite extensive.

Dr. Albertson thought that as soon as the fœtus is gone the membranes act as a foreign body, and should be removed as soon as possible.

Dr. Pease related a case of a post-mortem he once made. The subject, an old maid, had a large tumor of the uterus, as was supposed for a long time before her death. Upon opening the abdomen the uterus appeared nearly as large as a hat. This was cut through and revealed within the cavity an ossified ball, simulating in appearance to a fœtal head. One side was flattened, and the semblance of sutures was tracable. The size of this mass was nearly that of two fists. The walls of the uterus were much thickened.

Dr. Beakley had met with two cases in which balls of hair were found in the uterus.

At this point, as it was getting late, it was voted to hold another session the following evening, and the meeting was accordingly adjourned.

Nov. 4th.—Agreeably to adjournment, the society met at 8 P. M. Dr. Selfridge then presented an illustrated

PAPER UPON INTUSSUSCEPTION,

and exhibited a pathological specimen which called forth the paper.

Dr. Albertson spoke of a case which had been relieved by the use of *Seidlitz powders*; the contents of several white papers were dissolved in water and injected into the bowels, and then the blue papers were administered in the same way, the gases formed by their union forcing through the stricture.

Dr. Geary had never met with a case in his long practice. He thinks there seems to be something occult in this, as in some other diseases,

cases falling to some parties and not to others. He has often noticed that when he had a peculiar case of one kind, he was sure to have another very soon. Diseases seem to run in grooves.

Dr. Selfridge was aware that the treatment spoken of by Dr. Albertson is sometimes followed, but it is a dangerous practice because it cannot be controlled.

Dr. Hughson had a case which he diagnosed as one of intussusception, and the patient got well. There was a discharge of decayed matter, which he supposed to be the affected portion of the intestine, which had sloughed off.

Dr. Pease related a case which was seen by him at an autopsy in which seven feet of the illium had been drawn into the space of ten inches, and just above the point of injury nature had thrown out a fistulous tube, or a new intestine, which had an opening through it for a distance of about four inches, as large as a lead pencil, and which probably would have been a complete new passage had not the patient been tortured and drugged with *Turpentine* and *Oil* until the system could stand it no longer, and life departed before the spontaneous cure could be completed.

Dr. Geary thinks these diseases are not capable of being cured Homœopathically, and that they are mechanical, and must be treated mechanically.

Several members here made remarks bearing somewhat upon the subject, but slightly wandering.

Dr. Selfridge, to return to the subject, would say that from his experience he would place great reliance upon *Nux* in this lesion, and also upon *Lobelia* injection, from its power to relax muscular fibre.

Dr. Hughson presented and read a paper

UPON MORBUS BRIGHTII,

in which he related several cases.

Dr. Albertson asked if he had examined the urine under the microscope?

Dr. Hughson replied that he had done so in some cases.

Dr. Pease reported the case of a man who had Bright's disease, and had been treated for some time by several Allopathic physicians. The quantity of albumen in the urine was about one-third of the whole. He was satisfied that *Arsenicum* was the remedy, and continued it without change. The urine was examined almost daily, and gradually improved until, in three or four months, there was no albumen present, and the dropsical symptoms had disappeared. The urine was also examined under the microscope, and the casts were distinctly observed. After a lapse of two or three years the patient had had no relapse.

Dr. Geary is doubtful if the disease can be cured by any treatment if it is actually seated and a structural change has taken place in the kidney.

Dr. Liliencrantz said that in some puerperal patients albuminuria was present, but it was far from being Bright's disease.

Dr. Selfridge also spoke of post scarlatina albuminuria.

Dr. Albertson, and others, made some remarks upon the subject, and these were followed by the reading of a paper by Dr. Pease upon Vegetable Food for Man. This paper called forth some discussion, and the question was asked if the writer thought it possible for man to return to a strictly vegetable diet. He thought it possible if commenced in infancy.

As it was late, and several papers yet remained unread, it was proposed to publish the transactions and incorporate these papers, and for that purpose Drs. Pease, Albertson, and Ledyard were made a committee on publication, to attend to the matter.

The meeting was well attended throughout, and much interest manifested by all present.

The society adjourned after listening to some remarks by the president elect, who urged the members not to flag in the good work they had begun.

G. M. PEASE, General Secretary.

Obstetrical Department.

PARTURIENT' CONVULSIONS.

BY R. L. HILL, M. D., DUBUQUE, IOWA.

Read before the Western Academy of Homœopathy, Oct. 5, 1875.

Among the many grave disorders met, there is none that deserves more careful attention than that of convulsions of the pregnant or parturient woman. There is no disease which more clearly illustrates the superiority of the *Homœopathic law of cure*. It is not necessary in this paper to give the pathology of the disease, but merely to call attention to the importance of a correct diagnosis of the disease. To do this the cause of the convulsion must be determined. These causes may be enumerated as follows: 1st, irritation of the stomach from indigestible food; 2nd, constipation of the bowels; 3d, irritation of the bladder or rectum; 4th, irritation of the uterus and organs connected therewith. Called to the bedside of a patient in convulsions, our first duty is to protect the sufferer from exposure and personal injury by her violent movements and contortions. Her tongue must be protected from being bitten by her clinched jaws, by inserting some hard substance between the opposite molars at the inception of each paroxysm. Her hair should be loosened, and all constrictions about neck, chest and waist be removed. The temperature should be equalized by cold applications to the head, and warm ones to the feet. All excess of light shut off, and all noise possible should be avoided. The room cleared of all unnecessary attendants. With these arrangements com-

pleted, ascertain the cause of the convulsion. Does it arise from reflex irritation of the uterus? Is it direct pressure from cerebral or spinal engorgement? Does it arise from emotion? Is the stomach engorged with indigestible food? Are the bowels hardened, distended and constipated? Is it an over-distended bladder? These questions are all important, and their correct answer will determine the proper sphere of therapeutic action. Here we must avoid getting excited; no haste; keep cool; "be sure we're right and then go ahead!"

Our materia medica presents a complete armory for every phase of this terrible disease: *Acon.*, *Apis mel.*, *Bell.*, *Bry.*, *Gels.*, *Hyos.*, *Nux v.*, *Puls.*, *Stram.*, and many others. These are the most important. Remove everything that will tend to aggravate the condition of the patient. As to gestation, I believe it should be let alone, except where there is a demand for help independent of the convulsion. This is my rule during pregnancy, also in the ante-partum and post-partum. Having treated the disease at the fifth month, at the full time and after labor, a number of cases, and all successfully. If these ideas confirmed by my experience, will benefit any member of the Academy I will be greatly pleased; and will close this article with the following case, one of the most interesting I ever treated:

On the 18th of May, 1871, called at 4 P. M., to see Mrs. S., aged forty-four years; bilious temperament, found in a violent spasm, resembling epilepsy. Her husband and family were absent from home, and, not having any acquaintance with my patient, I could gain no information as to her history. I immediately had my patient placed in as comfortable a position as possible, and went to work to ascertain the cause of the convulsion. While watching my patient, she came out of one spasm and went into another. Violent movements of the muscles of the face, the eyelids rapidly open and close, the eyeballs turn in every direction, the pupils dilated; twitching of the muscles of the mouth, the mouth drawn to one side, and the tongue protruding. The spasm then extended to the neck, which was bent to one side. Arms trembling, with violent jerking. The legs extended and rigid; respiration very much impeded, consisting apparently of mere irregular sobs—the irregularity increasing until momentary suspension took place. The action of the heart was very irregular: extremities bathed in cold perspiration. The convulsive movements became less frequent, the respiration and action of the heart more normal, and sopor ensued. Prescribed *Belladonna* 3rd. My patient's age, and her youngest child being eighteen years of age, I did not suspect pregnancy, but not being able to ascertain any cause for the disease, made an examination and found her pregnant at about the fifth month. Spasms were coming on every half hour. I mixed ten drops of *Bell.* 3d in six ounces of water, and gave a teaspoonful of the mixture between each spasm, and at eleven o'clock that evening they ceased, and she sank into a comatose condition. Gave the medicine every two hours. I remained with my patient until six o'clock A. M. of the nineteenth; perfectly unconscious of everything, no symptoms of labor. Pulse reduced from 140 per minute to 100, and more regular. Returned to my patient at 4 P. M. Still

unconscious, had involuntary discharge of urine, respiration regular, continued medicine every three hours. My patient remained unconscious until 9 A. M. of the twentieth. Knew nothing of her sickness. Her husband having got home in the meantime, she wonders why he sent for a doctor, did not think she needed one; complains of nothing except headache and feeling very sore, does not object to taking medicine: no change in medicine except a dose only once in four hours. She continued to improve. On the twenty-fourth bowels moved naturally; movements of the child perceptible. No medicine prescribed.

25th. Feeling comfortable, allowed to sit up. No medicine. Discharged.

29th. Called to see my patient, quite nervous yet able to oversee her household affairs. Movements of the child not perceptible. *Bell.* 3d a dose night and morning.

June 23th. My patient rode into town to see me, a distance of four miles. Had no trouble after my call of May 29th. Had only taken a few doses of medicine.

July 5th. Called at 6 A. M. to attend her labor. Everything natural (child dead) of which she was delivered; her labor lasting two hours.

July 7th. Doing well. *Discharged.*

My patient has enjoyed excellent health ever since, not having been confined to her bed one day with sickness since I discharged her, July 7th, 1871.

College Commencements.

MISSOURI HOMŒOPATHIC MEDICAL COLLEGE.

FINAL EXAMINATION IN SURGERY — PROFESSOR E. C. FRANKLIN.

1. Definition of inflammation.
2. The various terms employed to express it.
3. The stages of inflammation, their names, and pathology of each stage.
4. The symptoms of inflammation.
5. Effects, and terminations of inflammation.
6. Treatment of inflammation with reference to each stage.
7. What is pyemia, its diagnosis, pathology and treatment?
8. Give me the varieties of specific syphilitic poison.
9. Which produces marked constitutional effects?
10. Differential diagnosis between urethritis and balanitis.
11. Give me the names of the non-malignant tumors.
12. How many varieties are there of carcinoma?

13. Give the definition of wound, their varieties and characteristics.
14. Give one or two of the leading remedies in each variety.
15. What is a sprain ?
16. Give the diagnosis, pathology and treatment of sprains.
17. Differential diagnosis of sprains and dislocations.
18. Definition of arthritis and of synovitis.
19. Definition of and varieties of ankylosis.
20. Definition of aneurism and pathology, and treatment.
21. What is a dislocation, its varieties and symptoms ?
22. Differential diagnosis of dislocation and fracture.
23. Pathology of dislocation and treatment.
24. Definition of fracture, its varieties and symptoms.
25. Dislocations at the shoulder joint, symptoms of each.
26. Dislocations at the hip-joint, symptoms of each.
27. Differential symptoms of Colles and Barton's fracture.
28. Differential diagnosis of inter- and extra-capsular fracture of femur.
29. Differential diagnosis of hernia varicocele and hydrocele.
30. Differential diagnosis of fracture of the surgical neck of humerus and the two forward dislocations.

FINAL EXAMINATION IN MATERIA MEDICA AND THERAPEUTICS
PROFESSOR J. T. TEMPLE.

1. What are the fundamental principles of Homœopathy ?
2. What do you mean by pathogenesis and therapeutic ?
3. What is the dynamic force ?
4. What do you mean by individualization and how do you apply it in the treatment of diseases ?
5. What is the difference between *Aconite* and *Belladonna* and their action on the brain ?
6. How does *Belladonna* affect the brain directly or indirectly ?
7. How does *Aconite* act on the brain ?
8. What is the analogy between *Aconite* and *Conium* in their toxicological effect ?
9. What poison was used to destroy Socrates ?
10. In giving Homœopathic medicine how often should it be repeated ?
11. In the great therapeutic law of similia, what is your principal guide for its application ?
12. What remedy is called *Panacea lapsorum*, and why is it so called ?
13. What remedy produces secretion from the lacteal glands when they have never before secreted ?
14. What remedy was called by the ancient *Sibus diarum* ?
15. What is the specific or characteristic property of *Antimonium crudum* ?
16. What are the characteristic properties of *Aurum muriaticum* ?
17. Why did the old King Methridates eat *Arsenic* ?
18. What peculiar action has *Arsenic* on the muscles of the lower extremities ?

19. What are the prominent and most important symptoms in poisoning by *Arsenic*?

20. What is the antidote to *Arsenic*?

FINAL EXAMINATION IN THEORY AND PRACTICE.—PROFESSOR PHILIP G. VALENTINE.

I examined the graduating class on all the causes of death herein mentioned (thirty-nine in number) concerning cause, course, and treatment.

MORTUARY REPORT OF ST. LOUIS FOR THE WEEK ENDING SATURDAY, FEB. 12, 1876.

Measles.....	7	Congestion of the brain.....	2
Scarlatina.....	9	Dropsy of heart.....	1
Variola.....	7	Dropsy of the lungs.....	2
Diphtheria.....	5	Heart disease, organic.....	2
Croup, membranous.....	3	Bronchitis.....	4
Erysipelas.....	1	Pneumonitis.....	13
Typhoid fever.....	1	Congestion of the lungs.....	6
Congestive fever.....	1	Edema of the lungs.....	1
Pyæmia.....	3	Catarrh.....	1
Dysentery.....	2	Intussusception of the intestines.....	1
Cerebro-spinal meningitis.....	2	Cirrhosis of the liver.....	1
Cancer.....	2	Premature birth.....	3
Marasmus.....	3	Albuminuria.....	1
Phthisis pulmonalis.....	11	General debility.....	1
Hydrocephalus.....	2	Pistol shot.....	1
Meningitis.....	3	Burned.....	1
Apoplexy.....	2	Uremic poison.....	1
Cerebritis.....	1	Still births.....	6
Convulsions, infantile.....	4	Total.....	124
Paralysis.....	3		
Trismus nascentium.....	2		

In addition to this I further embraced the diseases of the digestive organs peculiar to summer and autumn, also the malarial fevers and all the tubercular contaminations.

W. J. Ward, of Gilman, Iowa, who answered every question propounded, received the silver medal awarded for the chair of theory and practice by Marix, and known as the "Marix Medal."

FINAL EXAMINATION IN OBSTETRICS.—PROFESSOR ALFRED E. REISS.

1. Define the straits of the pelvis and give their planes and axes.
2. Give, also, the different synonyms for the upper and lower pelvis.
3. What influence do the inclined planes of the pelvis have upon the mechanism of labor?
4. Define the floor of the pelvis.
5. Describe Carus' curve.
6. Give the sensible signs of pregnancy.
7. What do you mean by a natural labor?
8. How would you determine that a woman was actually in labor?
9. How many stages has labor?
10. Give the physical signs whereby you could accurately determine in a case of labor, a multipara from a primipara.
11. What do obstetricians mean by the term presentation of the child, and wherein does it differ from position?
12. Is it preferable in labor that the occiput should present towards the anterior or posterior semicircle of the pelvis?

13. Describe the mechanism of labor in the first cranial position.
14. How would you manage a face presentation ?
15. Describe the entire management of an arm and shoulder presentation.
16. Give all the conditions requiring podalic version, or turning.
17. What is the difference between accidental and unavoidable hæmorrhage ? And how would you treat hæmorrhage, accidental or unavoidable ?
18. Describe the forceps and the indications for their use.
19. How would you diagnosticate a case of prolapsus of the navel cord in the first stage of labor ? How would you treat such a case ?
20. What is the most favorable period during labor for making the operation of version ?
21. Why should the bag of waters be preserved from rupture as long as possible in shoulder presentation ?
22. How would you effect this ?
23. What is the colpeuynter or tampon ?
24. Define all the indications for its use in obstetric practice.
25. What is the difference between impacted head, and arrest of the head ?
26. What are the indications for craniotomy ?
27. What are the indications for the Cæsarian section ?
28. What do you understand by abortion ?
29. What is the difference between abortion, miscarriage and premature labor ?
30. What are the symptoms of a threatened abortion, and the indications for treatment ?
31. How would you recognize rigidity of the os uteri ? How would you treat it ?
32. What is the use of the liquor amnii during gestation ?
33. What is its office during labor ?
34. May the bag of waters under any circumstances retard a labor ; if so, state the circumstances and describe the management of such a case ?
35. In a case of labor with either a head or breach presentation, what accidents might arise from an undue quantity of liquor amnii, and a premature rupture of membranes ?
36. What organs must be examined as to their condition, before any obstetric operation ?
37. What do you understand by brow presentation ? What are its dangers, and how can brow presentations be rectified ?

FINAL EXAMINATION IN PHYSIOLOGY—PROFESSOR C. W. SPALDING.

1. Describe stomach digestion and absorption.
2. Intestinal digestion and absorption.
3. Give the composition of the blood.
4. Trace the circulation of the blood ?
5. Give the source and circulation of chyle and lymph.

6. What is the office of the liver? Name its secretions and their functions.

7. Excretions—Give the nature and character of excretory substances and their several channels of exit.

8. Nervous system.

a. The distribution and functions of the fifth pair.

b. The distribution and function of the pneumogastric.

c. The distribution and functions of the sympathetic.

9. Give the origin of the spermatozoa, and the process of impregnation.

10. Describe fetal circulation.

FINAL EXAMINATION IN MENTAL AND NERVOUS DISEASES AND OF THE NEW REMEDIES.—PROFESSOR J. MARTINE KERSHAW.

1. Hydrophobia—causes, prophylaxis, symptoms, and treatment, palliative and curative.

2. Tetanus—causes, varieties, manifestations and treatment, palliative and curative.

3. Insanity—its varieties. Refer to

Perceptual insanity.

Mania.

Intellectual insanity.

General paralysis.

Volitional insanity.

Idiocy and dementia.

Emotional insanity.

4. Define insanity.

5. Define each variety.

6. Define illusion.

7. Define delusion.

8. Define hallucination.

9. Define the forms—tonic and clonic.

10. Define delirium.

11. Epilepsy—causes, varieties, symptoms, treatment.

12. Catelepsy—varieties, causes, treatment.

13. Chorea—causes, symptoms, treatment, palliative and curative.

14. Positions of the body in tetanus. (Refer to opisthotonos, emprosthotonos, pleurosthotonos, and orthotonos).

GIVE USES, ETC., OF

15. *Cimicifuga*.

27. *Eupatorium perfol.*

16. *Caulophyllum*.

28. *Collinsonia*.

17. *Jodium*.

29. *Hydrastis can.*

18. *Aurum*.

30. *Baptisia tinct.*

19. *Veratrum viride*.

31. *Apocynum androsæmifolium*.

20. *Veratrum album*.

32. *Hamamilis Virginica*.

21. *Gelsemium semp.*

33. *Phytolac cadecandra*.

22. *Cactus grand.*

34. *Podophyllum peltatum*.

23. *Hypericum*.

35. *Rumex crispus*.

24. *Ledum*.

36. *Sanguinaria Canadensis*.

25. *Hyoscyamus*.

37. *Sulphur*.

26. *Iris versicolor*.

FINAL EXAMINATION IN GYNÆCOLOGY AND PÆDOLOGY.—PROFESSOR W. C. RICHARDSON.

1. Give the anatomy of the female human pelvis together with the organs of generation.
2. Define menstruation and ovulation.
3. What are the displacements of the womb, their diagnosis and treatment?
4. What is metritis, how many varieties are recognized, how are they diagnosed and treated?
5. Describe the varieties of uterine and ovarian tumors, their diagnosis, pathology, danger and treatment.
6. Give the symptoms, pathology and treatment of peritonitis puerperal and non-puerperal.
7. What are puerperal convulsions, and how should they be treated?
8. Give the differential diagnoses of the exanthematous fevers with the treatment of each.
9. What is croup; its varieties, dangers, pathology and treatment?
10. Give the symptoms, pathology and treatment of diphtheria.
11. What is cholera infantum; what is the pathology and how would you treat it.
12. Define "Summer complaint" and give the treatment of its various symptoms.
13. Give the pathology and treatment of infantile convulsions.

FINAL EXAMINATION IN NATURAL PHILOSOPHY, CHEMISTRY, AND TOXICOLOGY.—E. A. GRIVEAND LECTURER.

NATURAL PHILOSOPHY.

1. What are the general properties of matter?
2. What is mechanical attraction. Capillary attraction?
3. Describe the thermometer, barometer, and their use?
4. What is light, its source and nature?
5. What is polarization?
6. What is heat, give its source and properties? (2). What do you do when you rub a match on a hard substance?
7. Is the boiling point raised or lowered by increased atmospheric pressure?
8. Describe the mode of freezing of lakes and rivers? (2). What is anchor ice?
9. What is electricity, magnetism, galvanism?
10. Describe the electric probe and forceps, and their use?
11. What produces the noise in a thunder storm, and in the discharge of a cannon?

INORGANIC CHEMISTRY.

1. Name the four principal elementary gases?
2. Define chlorine and some of its compound with oxygen?
3. What is bromine, iodine, fluorine?
4. What is sulphur, where found and principal use?

5. What are the properties of water, give its composition by volume ?
6. Name the metals of the alkalies and alkaline earths ?
7. What is ammonia, phosphorus, and carbon ?
8. Name some compounds of iron, lead, copper, antimony and *Arsenic* with oxygen ?
9. Is *Mercury* a solid or a liquid ? (2). What is *Merc. sol. Hahnemanni* ?
10. Name some salts of silver and gold ? (2). How is the chloride of gold obtained ?
11. What compound as CO. CO₂. CY ?

ORGANIC CHEMISTRY.

1. Give the nature of organic bodies ?
2. Describe the amylaceous group, with their derivatives ?
3. What is fermentation, describe the process of bread making ?
4. Name the different alcohols ?
5. What is *Chloroform*, *Chloral hydrate*, *Croton chloral* ?
6. Name some of the principal organic or vegetable alkalies ?
7. Define oils and fats. (2). What is *Glycerine* ?
8. Give the difference between benzal and benzine ?
9. Name some of the organic or vegetable acids ?
10. What is sperm oils ?

TOXICOLOGY.

1. Give tests for *Morphine*, *Strychnia*, *Atropine* and their antidotes ?
2. Name some of the animal poisons ?
3. Give formula for Bibron's antidote and its use ?
4. What is *ASCl₃*, *AS₂O*, *AS₂O₃*, *Paris Green*, *Native realgar*, *Native arpiment*, and their antidotes ?
5. Describe apparatus and mode of testing for *Arsenic* ?
6. What are the antidotes for *Corrosive sublimate*, of lead, antimony, and copper ?
7. How would you treat a case of poisoning by *Prussic acid* ?
8. Describe the use of the stomach pump ?
9. What are the antidotes for vegetable and mineral acids ?
10. What are antidotes for the alkalies ?
11. Give tests for albumen and sugar in urine ?
12. Give two modes of disinfecting a sick-room ?

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

The Twenty-eighth annual commencement took place on the evening of March 9th. The following is the

LIST OF GRADUATES :

George S. Adams, Mass. ; Frank A. Bishop, N. Y. ; George F. Borden, N. Y. ; William F. Bruce, Pa. ; Michael J. Buck, M. D., Pa. ; Francis T. Burck, Md. ; Edmund Chew, N. J. ; Francis D. Coleman,

Me.; William Cunningham, Mich.; Jacob H. Deardorff, Pa.; John W. Dehoff, Md.; Howard L. Diehl, Pa.; S. W. Scott Dinsmore, Pa.; George W. Dungan, Pa.; Frank H. Earle, Pa.; Samuel Eden, Pa.; Albert H. Felch, N. Y.; William E. Fellows, Me.; Jacob F. Frantz, Del.; George G. Gale, Canada; George W. Gardiner, Pa.; Charles B. Gilbert, Me.; Charles H. Glidden, Vt.; William A. Glover, N. J.; Horace G. Griffith, Pa.; Charles H. Hall, Wis.; William E. Hathaway, N. Y.; Jacob A. W. Hetrick, Pa.; Joseph F. Isett, Pa.; Lewis E. Kelley, Iowa; Horace B. Kirkpatrick, N. J.; Charles F. Lane, Mass.; Alfred A. Lovett, O.; C. Franklin Manson, Pa.; Alden E. Martin, Pa.; William H. McGranaghan, Jr., Ky.; Robert W. Miffin, Pa.; William S. Moat, Pa.; William S. Nichols, Minn.; Diego P. Nogueira, So. A.; George F. Parke, N. Y.; Lavergne L. Rockafellow, N. Y.; George W. Saylor, M. D., Pa.; Edgar B. Sharp, N. Y.; William L. Shoemaker, Pa.; Charles H. Smith, Pa.; George W. Smith, Pa.; Linnacus A. Smith, Pa.; Frank S. Swan, N. Y.; Alonzo P. Williamson, Pa.; Harry G. Wiest, Pa.; Robert Wadsworth, N. Y.; John B. Wurtz, Pa.

SPECIAL DEGREE.

Dr. Frederich Bruns, Mass.

HONORARY DEGREE.

Constantine Hering, M. D., Pa.; John F. Gray, M. D., N. Y.; Dr. Joshua Matthew Cowell, New Zealand.

Total, 57.

PRIZES.

First prize, gold medal, awarded to George S. Adams, Mass.; second prize, silver medal, awarded to Francis T. Burck, Md.; third prize, bronze medal, awarded to Frank A. Bishop, N. Y.; Professor Thomas' prize for best dissection, a case of surgical instruments, to Horace G. Griffith, Pa.

CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE.

The commencement exercises were held February 16th. The degree of Doctor of Medicine was conferred upon the following candidates:

Wm. H. Barr, Mrs. A. A. Darby, James D. Easton, C. A. Edgerton, Miss Adeline Eldred, O. E. Pratt, T. E. Robinson, R. L. Spencer, M. A. Todd, W. S. Todd, B. F. Williamson, W. Wohlgemuth, N. Y.; D. B. Stumpf, Ontario; L. G. Van Scoyoc, Pa.; A. F. Turner, N. K. Morris, Wis.; Lewis B. Bartlett, R. L. Boner, Ira W. Disbro, Russell Hathaway, Rudolph Heym, Miss S. A. Henderson, Russell H. Hurlburt, George M. Ireland, John Lafferty, George Lee, J. M. Ricketts, H. C. Royer, Albert Sheldon, H. A. Sherwood, Luther W. Smith, Geo. W. Phinney, Ohio; Arthur Cunningham, Walter Cunningham, J. W. Ferguson, J. B. Judson, C. S. Morely, Mich.; T. F. Johnson, Iowa. Total, 39. Constantine Hering, of Philadelphia, was awarded the honorary degree of Doctor of Medicine.

Surgical Department.

"CONDITIO SINE QUA NON."

IN ORDER TO SOLVE THE HOMŒOPATHIC PROBLEM OF MR. V. GRUZEWSKI AND THE VIEWS OF DRs. PROF. LIPPE, IN PHILADELPHIA, AND SCHUSSLER, IN OLDENBURG.

BY DR. V. GRAUVOGL, SUPERIOR STAFF PHYSICIAN IN MUNICH.

(Continued from page 264.)

Only the inconsolable groundlessness of the Allopathic empiricisms holds fast to such limited forms, and it is therefore not incumbent upon Homœopaths to tread in their footsteps, still practicing local pathology and local therapeutics, never yet any thing permanently good has come to light.

(SCHUSSLER) CALC. PHOS. AND RACHITIS.

We ought to understand and explain our own achievements in our drug provings physiologically. According to them we must consequently say: "Disease is not only nothing *sui generis*, nor confined to a part of the organism, but the entire organism is diseased as often as a change takes place." Thus tumors are to be understood, which seem to exist so isolated, also the fevers too, which simulate something particular, and may follow already upon simple wounds, just as upon each drug proving. But the Allopathic physiologists, Virchow, Ziemssen, etc., have found that e. g., in rachitis, the amount of lime had decreased, consequently lime must be given for curing this malady, and Mr. (colleague) Schussler, also has arrived in that Allopathic current of water with full sails. He also declares like the Allopaths: "Rachitis may be cured by *Calc. phos.*" But so fearfully simple a matter does not terminate yet. Nobody, however, found before me the necessity of dividing our medicines into remedies of *nutrition* and *function* and of adapting the dose to this division. That has now been twisted in a peculiar manner by Dr. Schussler, so that I must protest against the exposition of Schussler, by which also the law of similarity has been sought to evade entirely, as the results of the Homœopathic drug proving, too, have *not* been disregarded in behalf of his elaborate essay; of course a rational action and the feasibility of securing a success remain excluded. It would have been decent, if Dr. Schussler also had reported that the origin of this theory had not been grown in *his* garden. In his shortened therapeutics, it will probably be one shortened by the head, he says, the twelve inorganic substances, occurring in our blood, are building material by their quantity and *functional* remedies by their quantity. As much as I understand of these meta-

physical categories, the quantity merely determines the intensity of the quality; for that reason the remedies of nutrition, or as Schussler expresses himself, the building material cannot accomplish any thing else in a lesser quantity either, than the same with a lesser power.

All means of nutrition are simultaneously means of function, because in the reciprocal action of the substances belonging to the body, every member is active and passive at the same time. Therefore we may speak of substances as *functional* remedies only in so far as they do *not* pertain to the ingredients of the body. Whatever Schussler comprises under the term *functional* remedies, or *function*, is at least indistinct. With function I conceive the capacity of a body of producing an outward change, and not of being fit for compensation of lost elements, but for moving the clock-work wound up by vitality, where also carbonic acid belongs, as we shall see immediately by example, Schussler's assertion to the contrary notwithstanding. Not the change of matter alone functions consist, but also the change of action of the organs, by the participation of physical conditions; the expression of force, its straining power and its becoming free again, elasticity, expansiveness, activity of imbibition; in a word, labor and rest, performance and motion after the law of preservation of force, whereby then again increase or stopping of the respiration and action of the heart arise, and thereupon an increase or decrease of the change of matter and nervous action, which influences the afflux of the decomposable material to the working organs, muscles, nerves, glands, etc. The fatigue, e. g., by carbonic acid, phosphate of potassa, and lactic acid, the removal of noxious elements by the circulation, are all functions; and as all those functions want the nourishing elements for their feasibility, in short, nutrition, this want is a thoroughly mutual one; none can exist without the other; wherefore, Schussler's division in building material and functional remedies remains but a tautology.

Now I should like to know how all that, by a lesser quantity, according to Schussler's rule by the 6th trituration of those twelve substances, is to be accomplished? But some important difference still exists between this building material, although likewise merely a relative one. If there is, namely, the one of these nutritive elements, it needs at least the company of another one for its settlement. Therefore the nutritive substances may be subdivided again in those as such and in their means of adaptation. Practical examples will illustrate directly that this identity combines in itself being and action in the proportion of dependency in such a manner that, e. g., *Silicic acid* should be without value for itself in the organism without simultaneous existence of lime; or *vice versa*, lime gains its value only by combining with an acid existing in the organism. Only elements of which the organism is composed, and that is at least two of them, give with one another building stone and mortar.

Even from a physiological standpoint, although in rachitis there is a lack of lime proven, and before we think of administering it against this disease, we must still at first ask ourselves whereby that lack of lime is produced? Upon this question, I found ten years ago what I

just mentioned, that, e. g., opposite the bases, metals and metalloids, the acids have to take care of their adaptation within the organism, and vice versa. If Dr. Schussler had remembered the fact that e. g., the amount of carbonic acid of the blood is in proportion to its contents of phosphate of potassa, or that already the means of nourishment, which contain the most of phosphoric acid, also carry the most of potassa, such as lentels, beans, peas, he might have brought into account these circumstances in his train of ideas. Where two substances in such a way must hold the balance to themselves, and one or the other is set up in too small a quantity. I don't deem it rational by any means to give both directly together without many regards.

In Homœopathy, too, these articles are prescribed isolated and in their combination, as salts only in case that they have been proven before in the healthy, in order to apply them also afterwards in a rational manner. Dr. Schussler should not be denied the most thankful acknowledgment, if he would submit these substances, vaunted by him after a physiological style as remedies for local processes and affections, to a proving with the healthy, such provings have not been undertaken yet. Dr. Schussler quotes as his healing remedies none but salts, only *Silicea* he leaves stand isolated. He would however say about several of them modestly, e. g., about *Silicea*: It is proper against rachitis, indurations and suppurations of the connective tissue, suppurating lymphatic glands, mastitis, etc. But how does he look upon this "proper" with his physiological spectacles? How does it come that in rachitis, where the bones are losing phosphate of lime, yet the teeth remain unaltered? Could he have answered that sole question to himself, he would certainly have brought his shortened therapeutics in another fashion to the light of the world; for nothing exists, also, according to the real dialectics of Dr. Bahnsen, to which I consent in everything, without its contrast. An Allopath does naturally *not* consider that with *Silicic acid*, of which merely 0.000,12 grammes in 1,000 grammes of healthy bone are contained, anything is to be done in rachitis. We Homœopaths, Dr. Schussler excepted, who has taken his recommendation of *Calcareo phosphorica* against rachitis from the veterinary surgeons, to whom he directs thereby, have about that experiences founded scientifically by the comparative study of the Homœopathic drug provings with physiological results. On the other hand, according to Gorup Besanez, the physiological place of the elements of the body is altogether unknown yet, and a physiological principle is therefore not to be established; consequently we are also informed by an expert of the first rank, not to engage too bold in physiological chemistry. According to Virchow, e. g., and his scholar, Dr. Schussler, chlorosis is said to consist in a diminished formation of cells of the blood, and the latter presumes from that reason the essence of chlorosis is accordingly founded in the fact that the formative functional remedy is not carried to the blood-corpuscles in a sufficient measure, and thence he finds the *Calcareo phosphorica* indicated against chlorosis. But what is formative? Surely not the phosphate of lime? Formative is nevertheless identical with living,

for only life forms the cell out of the elements, and not the elements build the human or animal cells and organs, for the elements are dead without surrounding, and but from both something may grow, the form of which is nowhere found predetermined by the very elements. Who should, besides, ever have radically cured chlorosis and rachitis with *Calcareo phosphorica*? What our professor, Dr. Hausmann, teaches about chlorosis, has a great deal more theoretical sense and practical value. The blood-corpuscles need by far more iron or copper for their formation in many a chlorosis than (the) phosphate of lime, and the iron, according to my experience, for its deposition, the carbonate of potassa; wherefore chlorosis is seldom to be cured with iron alone, unless there is a sufficient quantity of potassa in the blood. Indeed, in most diseases the losses are overbalanced by the gains, where the possibility of adaptation has decreased from elementary reasons; but these reasons are not so easy to be found without the law of similarity, or Dr. Schussler seems to presume. Therefore he also brings forth more and more venturesome hypotheses, as lately in No. 23, Vol. 91, of this paper, the combination of sycosis menti with the salt molecules of the sympathicus branches, that we must wonder how such unfounded matter may find reception in Homœopathic journals. I am, however, far remote from criticising the ideas and labors of Schussler according to their merit; for that purpose they bear too much yet the stamp of a groundless imperfection. I would merely discuss some of the elementary relations, under which nutrition and assimilation take place, in order to speak of the significance of *Silicea* in the bones, in so far, as it seems to me to be an important remedy in enchondroma and rachitis, if not the only one.

If we give in chondroma or enchondroma *Silicea* 30th decimal every two hours, four to five drops daily, its size diminishes by degrees, the patient feels better simultaneously, what their more vivid complexion also indicates. But the reduction of the chondroma is accelerated by administering this remedy in the 10th or 6th decimal dilution every hour, each time four to five drops, and still more rapidly the cure proceeds with the 3d, decimal trituration, three to four times daily a little on the point of a knife, no matter whether in children or adults. But we must be aware of *Silicea* symptoms with that dose, in order to discontinue it instantly, so soon as they arise, and so for one or two weeks. Besides that, in one or two weeks the progress of the cure is already so plain that nobody may be mistaken about it, and if we want to make the experiment of v. Gruzewski, the *Silicea* may then be put aside, to notice in a short time a palpable aggravation, as long as the cure has not progressed yet too far. The employment of the *Silicea* and the pauses therewith are protracted far more, than it usually occurs for instance with *Arnica*.

By curing the chondroma in the manner just stated, which never leaves in the lurch, I have forever wrested it from the knife of surgery and restored to Homœopathic therapeutics. Although that was done ten years since, these tumors are, as ever, cut off by irrational surgeons to-day with the parts, on which they are located

Examinations of the urine of such patients, as are laboring with enchondroma, are not known to me, but as to the rachitis, which, according to my experiences at the sick bed, I am likewise justified on placing with the chondroses. Von Bibra states that we find four times the quantity of lactic acid in the urine of rachitic children, and at the same time five to six times more phosphates than in the normal condition. Herewith it is demonstrated that there is no lack of importation of lime, but too much exportations of these salts. How is this to be united with Schussler's ideas, as he notwithstanding that in rachitis, or as he expresses himself more Allopathically, "against" the same believes to be obliged to import that salt and maintains to expect a healing from this affection, thus asking a labor of Danaides of the organism, instead of considering the causes of this excessive export? And as he intends to supply the defect by the import of that salt, must not he get there in conflict with the ratio of the six trituration, which stands in relation to the quantity of building material being necessary here like a "contradictio in adjecto?" But here as with the chondroma, there is nothing else concerned than the means of adaptation wanting for the deposition of the lime among the nutritive elements of the bone, therefore, according to the above exposition, the *Silicea*. So the practice of life has carried me to the existence of the means of adaptation in therapeutics, which discovery leads to a deep insight into our acting at the bed side. Upon the facts I built up the theory, for it should and can be nothing than the reality brought to consciousness. Dr. Schussler has, according to every thing published till now, taken the contrary way and required of the reality to accommodate to his ideas. It would have been so much more advisable, to have dealt less dogmatically, he would have surely gained more attention. It sounds like pharisaism, which to the results of serious investigation opposes the game of combinations that have nothing less than remained free from faults of assumption. Nor is there any explanation given with fragments and notices, but only by arranging the store of knowledge and putting it under general points of view.

[TO BE CONTINUED.]

CARIES OF THE MASTOID.

BY W. H. WOODYATT, M. D., CHICAGO.

Dotty B., aged eight, of Michigan, when six years old had scarlet fever. During the fever inflammation of the left cornea and middle ear occurred. The cornea was perforated; the iris fell into the wound and adhered; staphylocoma commenced and extended until it involved the entire cornea. Sight was destroyed. The drum head was perforated and a profuse discharge appeared. The inflammatory process extended to the mastoid cells, resulting in caries and perforation of the

bone externally. The opening was situated on a line with the superior wall of the external auditory canal about a quarter of an inch from the auricle.

On Jan. 6, 1875, she presented herself for treatment. The otorrhœa had been continuous and profuse ever since her sickness, coming from the carious opening and external canal. *The mother had been told by the attending physician that nothing could be done for it now, except to keep the discharge washed away and that the child would probably outgrow it.* In following the doctor's advice the mother had been especially attentive to the external parts but had never syringed the inside. This treatment was carried on for over eighteen months. Such advice is so glaringly bad that comment would seem to be unnecessary, and yet the case is not an isolated one. The great importance attaching to suppurative inflammation of the middle ear has yet to be realized by a large number. The disease may terminate by resolution and the patient live, which is the warrant for the altogether too frequent assertion that the child will outgrow the malady. The more frequent course is that the disease becomes chronic and involves neighboring and distant parts in destructive inflammation, and in many instances is the cause of death. To allow the process to go on without any treatment after it has assumed the form presented by this little patient is simply trifling with life. Examination with the speculum in the external canal revealed an exuberant growth of polypus springing from the posterior wall near the margin of the drum head and filling the canal. In trying to determine, by means of a probe, where the growth started, dead bone was struck. The rough, denuded portion seemed to occupy the position of the drum head. The probe passed into the fistula behind the ear to the depth of an inch, grated on the necrosed part, but its exact location could not be determined. The polypus was snared and the base cauterized with *Nitrate of silver*. Water thrown into the canal could then be made to pass out behind, and *vice versa*. As soon as the canal was cleared its bottom was seen to be occupied by a black object which could be seized with the forceps but could not be moved. A *Carbolic acid* wash (dr. i. to oz. vi.) was prescribed, to be injected through the parts thoroughly twice a day, and water was ordered to be used freely with the syringe, to preserve cleanliness, three or six times a day, as the case demanded. Internally *Calc. iod.* 3x was administered, four times a day. During the three months following *Aurum* 6x and *Silicea* 6x were given in the same way and the local treatment continued with the hope that dame nature might succeed in dislodging the sequestrum. Her power in this direction is very great, and some of her feats are almost incredible. In this instance, however, there was no perceptible change. An operation was then advised to attempt the removal of the dead portion by way of the mastoid. Timidity on the part of the parents, lest the operation might take the child's life, led them to continue medication nine months longer. During that time *Calc. carb.*, *Calc. hypo.*, and *Tellurium*, were used.

In January, 1876, they brought the child up for the operation, the

condition remaining the same. The staphyloma in the left eye had increased decidedly during their absence and looked irritable. Enucleation of the eyeball was decided upon at the same time. The patient was etherized and, after making a vertical incision about an inch long parallel to the auricle passing through the sinus, a Brainard drill was used to enlarge the opening in the bone and break down the cancellous structure of the part. The drill was passed upward and inward, extending a little less than an inch. The sequestrum was found to lie horizontally, forming almost a right angle with the canal and an obtuse angle with the mastoid opening. Its position prevented it being seized and withdrawn by such forceps as could be introduced through either opening, and it was deemed wise to leave it at that time after crowding it nearer the anterior wall of the canal by means of the drill in the mastoid. In three days it was removed through the canal.

In four days after the bone was removed the discharge stopped, the opening in the mastoid closed, and the patient was dismissed. The eye was enucleated at the same time. After the operation the child's appetite improved, her strength increased, her weight became greater, spirits were brightened, sleep was sound, and she seemed like another being.

Medical News.

California Homeopathic Medical Society meets in San Francisco, April 12th.

Massachusetts Medical Society will meet April 12th at Boston School of Medicine.

Correction.— March 1st, page 248, first line, ninth word, read excoriating instead of excrutiating.

Illinois State Homœopathic Medical Association meets in Chicago, May 16th, 17th and 18th.

The Northern Indiana Homœopathic Institute will meet in the city of Laporte on the 2d day of May.

The Summer Course of the Hahnemann Medical College of Philadelphia will commence Monday, March 27th, and end June 17th.

Jacksonville, Fla.—I am not the only Homœopath here, there being besides, Dr. P. E. Johnson. Please correct and oblige

Yours truly,
H. R. STOUT.

Lynn County (Iowa) Homœopathic Medical Society.—The next regular meeting will be held at the office of Dr. Hindman, Marion, Ia., April 4, 1876, at 10 o'clock A. M.

Those Examination Papers.—I am very much pleased with the examination papers given to the graduating class from Hahnemann Medical College of Chicago, for 1876, contained in No. 5, Vol. III., of

THE UNITED STATES MEDICAL INVESTIGATOR. I hope other colleges will give us like status of their graduates. The example is worthy of imitation.

Yours for progress,

E. L. ROBERTS.

To Secretaries of Societies.—If you will send us the officers, committees, etc., of your society we will publish them in full in our next issue after they are received. This will save you the trouble and expense of getting out a programme, and you can advise your members of time and place by postal card, and refer to No. — of THE UNITED STATES MEDICAL INVESTIGATOR for complete programme.

That Pessary.—In my article on Uterine Displacements, I neglected to state that my use of the Albert Smith Pessary was different from that intended by the inventor. Thanks to A. G. B. for calling my attention to it. I used it first in the way contemplated by the inventor, but not, as A. G. B. says, "with most excellent results." In cases of long standing where the vagina was distended it would not stay at all, but would come away entirely every time the bowels moved. My present use of it is the result of a more thorough study of the anatomy of the parts and a somewhat extended experience.

GALESBURG, Ill.

M. S. CARR.

Died.

LYNN.—W. D. Lynn, M. D., at Middletown, Ohio, Feb. 28.

JONES.—Charles Arthur, son of Professor Jones, Ann Arbor, Mich., aged seven years, on March 3d, of diphtheria.

SPARKS.—"I lost my little 'Jewel' girl, aged 4 years and 8 months, on the 15th inst., of spinal meningitis (sporadic). She lingered about two weeks, owing, we think, to tubercular deposit on the brain. We had the best council of both schools in the city. All well indicated remedies had not the least effect. Who among us can find the remedy for this malady?"

Yours with a weeping heart,

DECATUR, Ill.

P. B. SPARKS."

Publications Received.

Insanity in its Medico-Legal Relations, by Dr. A. C. Cowperthwait, from J. M. Stoddard & Co., Philadelphia.

A Treatise on Surgery, Its Principles and Practice, by T. Holmes, M. A., from Henry C. Lea, Philadelphia.

Catalogue and Price Current of Munson & Co.'s Western Homœopathic Pharmacy.

Fourth Annual Report of the State Board of Health of Minnesota, per Dr. W. H. Leonard, Minneapolis, Minn., who is one of the board.

New Books.—The following new medical works are announced by D. Appleton & Co.:

Bartholow's Treatise on Therapeutics.

Contributions to Reparative Surgery.

Acne; its Pathology, Etiology, Prognosis, and Treatment. By L. Duncan Bulkely, A. M., M. D., New York Hospital. A monograph of about seventy pages, illustrated, founded on an analysis of two hundred cases of various forms of acne.

Lectures on Orthopædic Surgery and Diseases of the Joints, delivered at Bellevue Hospital Medical College during the winter session of 1874-5, by Lewis A. Sayre, M. D.

Flint's Text-Book of Human Physiology.

The Puerperal Diseases, by Fordyce Barker, M. D., second edition.

Office of
The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

[Consolidation of the *United States Medical and Surgical Journal*, (Quarterly, \$4.00),
Vol. X. with the *MEDICAL INVESTIGATOR* (Monthly, \$3.00),
Vol. XII; Commencing January, 1875.]

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T. C. DUNCAN, M. D., Editor.

F. DUNCAN, M. D., Business Manager.

67. Washington St., Chicago, April 1, 1876.

READ all of the advertisements carefully.

THANKS for prompt renewals of subscriptions.

NINE DOLLARS will pay for the years 1875 and 1876, by a new subscriber.

THE ROMANCE OF A POOR YOUNG DOCTOR is the title of an original poem to appear in the mag number of the *Cincinnati Medical Advance*. It is by the editor and written for medical readers.

FOR SALE.—Full set, ten volumes, of the New York State Homœopathic Transactions, good as new, cost \$10, price \$8; Hamilton's Clinical Electro-Therapeutics, new, cost \$2, price \$1 50; Bayes' Applied Homœopathy, new, price \$2; Ruddock's Clinical Directory, \$1.

BACK VOLUMES.—We can furnish a few volumes of 1872 and 1873 for \$2.00 each. A few complete volumes of 1874 can be had for \$3.00. The year 1875, for \$4.00; it contains portraits of Drs. Shipman, Dake, and Parker, with biographical sketch of each, also many very valuable articles.

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REMOVALS.

Dr. H. A. Brooks has settled in Dartford, Wis.

Dr. Chas. H. Boulson, from LaSalle to Ottawa, Ill.

Dr. G. W. Williams, from Vermontville to Concord, Mich.

Dr. G. W. Powell, from Union City, Ind., to Huntsville, Ala.

Dr. Mary E. Hughes, from 400 West Randolph street to 809 Wabash avenue, Chicago.

THE OFFERS.—In answer to inquiries we will say that we have secured a few more books and are again able to open those tempting offers.

\$7. will secure Gilchrist's Surgical Diseases (\$3 50), and this journal for one year. (If book is to be sent by mail, 32c should be added for postage.)

\$10. will secure Ludlam's Diseases of Women (\$7 00), and this journal for one year. (If book is to be sent by mail, 50c. should be added for postage.)

\$8.50 will secure Hoyne's Materia Medica Cards (\$5 00), and this journal for one year.

\$6.50 will secure Shipman's Family Guide (\$2 00), and this journal for one year.

\$9. will secure Volumes I. and II. (\$5 00, the year 1875), and the year 1876 of this journal.

\$7. will secure any volume of the MEDICAL INVESTIGATOR (\$3 00), since January 1872, and this journal for one year.

When you think of buying any books or subscribing for any journals always write to us and ascertain at what price we can furnish them to you, before you buy. Remit by P. O. money order, draft, or registered letter.

EXCHANGE DEPARTMENT.—We have now opened an Exchange Book Department through which we shall try to furnish any book wanted, old or new. Send us a list of books that you want to procure and we will try to fill the bill, when complete will advise you with price and send as you direct. Remittance must be sent with shipping directions or else package will be sent C. O. D.

THE
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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

SAN FRANCISCO, March 13.—Lung and throat affections plenty, with a number of diphtheritic tendencies. This month so far is more healthy. Have had a great amount of rain this winter. *Hepar* and *Bell.* have been prominent remedies; *Rhus* but little used. For the diphtheritic cases *Lyc.* and *Lach.*, both high, have worked well in my hands, though *Merc. biniod.* 2x has been used in cases not seeming to call for the others.

G. M. PEASE.

TERRE HAUTE, Ind., March 26.—A few cases of small-pox, with an occasional cases of pneumonia and bronchial troubles commencing with influenza, have been the most serious diseases with us, but all have yielded to our usual remedies. Nothing new in pathology or symptomatology, therefore we have had no occasion for new remedies.

THE UNITED STATES MEDICAL INVESTIGATOR is a very welcome visitor, and you may consider me a life subscriber. W. MOORE.

MARSHALL, Mich., March 20 — Measles in abundance. A number of cases proving fatal from retrocession of the rash where parents have

undertaken to do their own doctoring. In the majority of the cases the eruption has been tardy in making its appearance. *Acon.*, *Bell.*, or *Ars.*, have been chiefly relied upon by me, and with success.

I have met with a number of cases of anasarca the past winter. One case that was given up to die, by two good physicians, is now well; *Apoc.* 100, *Apis* 1 to 3, and *Ars.* 3, did the work. E. L. ROBERTS.

COUNCIL BLUFFS, Iowa, March 23.—We are having some catarrhal fevers, *Rhus tox.* Pneumonias and bronchial congestions, *Phos.*, *Cuprum ac.*, *Hepar sulph.* Rheumatism, inflammatory, *Rhus tox.*; convalescence tardy—weather changable—difficult to select the remedy. In all my scarlet fever cases, except two, I have used daily baths and frequent sponging, with the abdominal compress. The effect was to reduce the heat, bring out the eruption, and so far, I believe, prevent nephritis. *Bell.* was the indicated remedy.

WALTER D. STILLMAN.

WINTERSET, Iowa, March 20.—We have had quite a run of the measles. In general it has been mild, although several cases have died under Old School treatment.

The nerve centres seemed to receive the force of the disease. Convulsions was threatened in several cases, in which I used *Verat vir.* with prompt relief, and scarcely any other remedy was needed. When practicing in Indiana, a number of years ago, convulsions were quite frequent among children in the onset of malarial fevers. *Verat. vir.* never failed to relieve in my hands. I observed a great similarity between the threatened convulsions of measles and those of malarial fevers.

D. HUTCHINSON.

ALEDO, Ill., March 21.—It is generally healthy here now excepting occasional cases of pneumonia and influenza. *Bapt.*, *Bell.*, *Phos.*, *Ipecac.*, *Ars. iod.*, *Merc. bij.*, and *Phyto.* are most frequently prescribed. In answer to the question, "What do you do for diphtheritic croup?" I would say that *Bromium* 200 has given satisfaction in all of my cases where the croupy cough indicated extension of the disease to the larynx. One case thus treated afterward took a relapse in which the same remedy proved insufficient, but *Apis* brought relief.

Had the cases related by Hugh Ross, on page 253, assumed the diphtheritic form? No symptom is mentioned which indicates it.

T. J. MERRYMAN.

ATLANTIC, Iowa, March 22.—EDITOR UNITED STATES MEDICAL INVESTIGATOR: Your reports from the field of practice I deem of the greatest importance. Last summer I saw an article written by T. C. Duncan, of Chicago, on cholera infantum, in which, in his judgment, sour remedies were required. I endeavored to try them and treated a large number of cases of cholera infantum and did not lose a case during the season, while I believe every other physician in town lost from ten to thirty each, and had it not been for that article I might have been in the same boat.

This winter we have had hooping cough which readily yielded to

Cuprum and *Hepar sulph.* Have had some diphtheria which has yielded to *Hepar* or *Lachesis*. Colds here have been relieved quickly by *Bry.* and *Hepar sulph.*, in fact *Hepar* and *Bry.* seem to be called for in most all forms of diseases here. I have had several cases of acute rheumatism, *Bry.* and *Rhus* were called for and relieved at once. By the way, I am using for chronic cases of rheumatism *Caulophyllum* 1 and *Phytolacca* 1, in fifteen drop doses, alternately, four times a day, with splendid success.

B. A. WILDER.

DENVER, March 21.—For two months past there has been an unusual amount of sickness in this city. Typhoid pneumonia and bronchial and laryngeal affections have been the prevailing diseases, though scarlatina anginosa has been met with quite frequently in our rounds. This prevalence of disease of the respiratory organs is something rather anomalous for Denver and can only be accounted for by the extreme warm weather, alternating with cold nights, we have had for several months past. *Phosphorous*, *Bryonia*, *Verat. vir.*, and *Bromine*, have responded well to the first named disease, while *Kali bich.*, *Ant. tart.* and *Lobelia* had to be resorted to in addition to those remedies, in bronchial and laryngeal complications. For the past twenty years I have used locally a hot linseed poultice in catarrhal affections of the bronchi with the happiest results, and cannot but strongly recommend its use.

The influx of invalids has already commenced—rather early this year. And here I might add, in answer to numerous inquiries, both from physicians and others, as to the proper time for coming to Colorado, that March and April are the only two unpleasant months in the year (though thus far March has been delightful). From the 1st of May until the end of the year is the best time for invalids to come.

M. MAYER MARIX.

LYONS FARMS, N. J., March 27.—Affections of the respiratory tract form the greater number of ailments at present, associated with more or less general soreness; pains in bones; or tendency to metastasis to head (congestive headache,) or bowels (enteritis,) previous to total recovery. Characteristics are mainly those calling for *Bryonia*. In one patient, enteritoid symptoms were more prominent after the chest trouble was relieved. Bowels were constipated for six day in all, from the inception of the disease, but in common with all else connected with the case, yielded under four days medicinal treatment without other interference.

Have noticed an additional indication for *Rhus* in a patient recovered from pneumonia of a year since. It is this: A painful sense of *drawing* or tension *between* the scapulæ, the uneasy sensation extending forward to the front part of the chest. Have found a chill as of *cold water poured over parts*, a key-note indication for this remedy.

An exanthem has made its appearance here, which I am satisfied must be rotheln. The eruption is confined to the face, neck and back; spots small and *numerous* but isolated, with slight elevations here and there, and attended with some itching. There is not much fever, but

considerable restlessness at night, with cough on falling asleep, worse before midnight.
J. E. WINANS.

UNITED STATES, March, 1876.—The following will give an idea of the chief prevailing diseases and deaths in the principal cities:

MORTALITY PER 1000 INHABITANTS, ANNUALLY, FROM ALL CAUSES AND CERTAIN SPECIAL CAUSES.

POPULATION AND REGISTRATION AT MOST RECENT ESTIMATES AND DATES.	Deaths under 5 years.		Per 1000.	By Violence.												
	Total number of deaths from all causes.	Per 1000.		Small-Pox.	Diphtheria.	Scarlatina.	Measles.	Croup.	Whooping Cough.	Typhoid Fever.	Typhus Fever.	Puerperal Diseases.	Diarrhoeal Diseases.	Consumption.	Lung Diseases other than Consumption.	
New York, 1,000,000—4 weeks ending Feb. 26	1134	29.48	74	69	138	73	50	55	49	20	1	22	30	345	431	
Philadelphia, 800,000—4 weeks ending Feb. 26	504	13.73	23.56	35	33	58	35	2	57	13	27	1	6	12	271	153
Brooklyn, 500,000—4 weeks ending Feb. 26	458	9.90	24.06	14	73	89	33	21	59	20	2	4	7	3	131	153
St. Louis, 450,000—4 weeks ending Feb. 26	257	4.72	13.63	15	28	15	21	17	6	6	4	7	8	50	101	70
Chicago, 430,000—4 weeks ending Feb. 26	301	5.53	17.47	22	2	29	40	1	18	12	13	4	8	73	91	70
Baltimore, 350,000—4 weeks ending Feb. 26	278	5.33	19.79	12	2	9	69	2	15	2	6	2	3	73	61	76
Boston, 342,000—4 weeks ending Feb. 26	260	6.80	26.19	17	80	63	13	10	3	1	4	113	113	78	78	86
Cincinnati, 282,000—2 weeks ending Feb. 19	165	3.18	31.50	8	110	3	1	9	3	3	4	1	4	66	53	53
San Francisco, 230,000—month of Jan.	111	4.05	21.13	33	16	4	4	4	1	17	1	1	1	29	38	38
New Orleans, 210,000—month of Feb.	182	4.60	26.28	19	25	5	29	1	5	2	6	2	14	60	65	65
Washington, 160,000—4 weeks ending Feb. 26	126	3.91	24.45	4	10	3	1	9	5	4	2	1	2	28	28	28
Pittsburgh, 140,000—month ending March 4	86	1.87	17.36	13	2	7	1	6	1	5	4	2	1	2	22	22
Newark, 128,000—2 months ending Feb. 26	289	6.18	29.42	27	2	113	11	1	29	4	7	2	17	61	61	61
Providence, 100,675—month of Feb.	45	1.25	14.89	1	6	6	6	3	3	3	4	1	20	10	15	6
Milwaukee, 91,000—month of Feb.	53	1.22	14.49	5	9	12	1	6	2	2	4	1	20	10	15	6
Richmond, 72,500—4 weeks ending Feb. 26	30	9.57	13.17	4	8	12	1	6	4	4	2	3	13	13	13	14
Rochester, 81,864—month of Feb.	52	1.05	21.00	3	1	11	6	3	4	1	1	6	1	13	14	14
New Haven, 60,000—month of Feb.	49	1.15	26.22	3	1	6	3	4	1	1	1	1	1	13	14	14
Charleston, 57,000—4 weeks ending Feb. 26	24	3.90	0.36	4	1	1	1	1	1	1	1	1	1	1	1	1
Toledo, 50,000—month of Feb.	15	60	18.00	3	23	45	15	0	2	1	1	1	1	1	1	1
Mobile, 40,000—month of Feb.	23	4.5	15.00	2	25	53	25	51	1	1	1	1	1	1	1	1
Dayton, 38,000—month of Feb.	25	4.3	18.42	1	2	3	3	5	1	12	4	2	2	4	4	4
Nashville, 27,000—4 weeks ending Feb. 26	105	2.82	15.47	12	13	43	18	42	4	1	1	1	1	1	1	1
Wheeling, 28,000—month of Feb.	34	7.9	24.30	1	13	5	1	1	1	1	1	1	1	1	1	1
Buffalo, 29,000—2 months ending Feb. 26	26	71	21.30	8	2	20	21	8	1	1	1	1	1	1	1	1
Paterason, 30,000—month of Feb.	8	32	20.51	8	1	1	1	1	1	1	1	1	1	1	1	1
Mobile, 40,000—month of Jan.	2	1	12.89	1	1	1	1	1	1	1	1	1	1	1	1	1
Petersburg, 10,000—month ending Feb. 26	2	1	12.89	1	1	1	1	1	1	1	1	1	1	1	1	1
Savannah, 8,400—month of Feb.	2	1	12.89	1	1	1	1	1	1	1	1	1	1	1	1	1
Seminol, 7,500—month of Feb.	2	1	12.89	1	1	1	1	1	1	1	1	1	1	1	1	1
Oakland, Cal., 25,000—Year 1875.	127	3.81	35.32	14	7	9	3	4	3	17	6	51	51	51	51	51

—Sanitarian for April, 1876.

RICHMOND, Ind., March 16.—EDITOR UNITED STATES MEDICAL INVESTIGATOR: I appreciate your desire to furnish your subscribers with semi-monthly food of the most practical character, the most available for good at the bed-side, and at the same time easy of comprehension, but whether I can fill these requisites or not the sequel will show.

In the first place, then, I will state that our fall and winter have been distinctively marked by ever varying vicissitudes; such as, fog, mist, rain, frost, snow, and sleet. Sunshine interspersed with clouds, mostly stratus, cirrus, or cumulous. Rarely a day cloudless. Stratus clouds have strenuously prevailed, and have been weeping freely on all occasions, particularly upon the Sabbath. Sleights were at a ruinous discount, while rubbers, umbrellas and water-proofs were standard commodities. The barometer too, was decidedly hypochondriacal, being *down*-hearted and fickle; while its twin-sister, the thermometer, has played all sorts of capers from zero to the tropics, not resting any where but for a very few hours at a time, thus leaving her household in constant disorder. And, as it was with these inseparables, so was it with humanity. Sudden colds, such as croup, coughs, angina faucium, influenza, bronchitis, pneumonia, neuralgia, erysipelas, ophthalmia, rheumatism, tonsillitis, chillblains and gatherings of all sorts and sizes. Many cases of sickness, such as acute coryza, pneumonia, typhoid fever, puerperal fever, and even measles, manifested *cerebro-spinal fever* symptoms; while the idiopathic spinal fever but rarely presented itself. So with diphtheria, it rarely, if at all, showed its cloven foot, independent of some other malady. These two diseases are fast becoming parasitical, in this locality at least, and no doubt will eventually cease to be idiopathic diseases. Since their first appearance, some sixteen years ago, when they presented themselves as despots, they made but few real compromises, save with Homeopathy; and even to it, they yielded reluctantly. But from that time to the present, they have been constantly changing tactics, by becoming more and more dependent upon their surroundings, and less and less independent.

A WORD UPON MEASLES.

If we have had any one thing more prevalent than another, for the past six months, it has been measles. They presented themselves for our careful consideration about the last week in August, and took their final leave about the 1st of February. I made the acquaintance of 142 guests, with whom they had taken up board for a week or ten days. They were very singular intruders, as they laid heavy burdens upon their guests, often bringing in hives and cerebro-spinal symptoms, in order to overcome their guests for the time being. They held high carnival for a season, and then left, as it were, in disgust. The visitations were made in this wise: The guest felt weak in the limbs, with some aching; eyes weak and mattering; tongue coated first white, then a dirty yellow; inordinate thirst, with complete loss of appetite, soon followed. Nausea, vomiting and purging were the associates, or concomitants of the chill and fever, which precede and accompany the eruption. Occasionally clonic spasms have preceded the rash; usually the rash has been anti-dated at least twenty-four hours by a very positive, inflammatory, and persistingly continuing fever and extending through the prevalence of the eruption, with gradually abating force. All guests, both old and young, suffered greatly from a dry, rough

straining cough, ushered in apparently as an effect of a sudden cold, but was really the van-guard of the approaching disease, and continued with more or less violence throughout the entire affection. The eruption generally made its appearance in the mouth first, then upon the chest and rest of the body, and finally upon the extremities on the third and fourth days from the first manifestation of indisposition. Some guests, however, were uncomfortably ill for a week or more previous to the full eruption; while others would break out freely, without any evident premonitions whatever. Headache; nose-bleed; inflamed eyes, tonsils and fauces; soreness of trachæ, bronchia and stomach, were all present. Urine high colored and usually scanty. Thus I have given you most of the symptoms of our epidemic measles, save the exanthem itself. And to this peculiar feature of the disease, I more particularly desire to call your attention, and through you, that of the profession. To the unaided eye the rash looked like very large measles, unusually rough, caused by minute central hard points. The maculæ, or measles proper, varied in size from an eighth to a half inch in diameter, very slightly raised above the healthy surface, of an irregular, rounded shape, and in the midst of this, was a firm, hard point, lighter colored than the measles itself. Under the microscope the measles looked to be made up of a number of pætechiæ, or miliary rash, intimately conjoined together, presenting a jagged or serrated edge; and near the centre of this congeries of inflamed follicles stood out in bas-relief, a beautiful little pointed vesicle, containing a minute portion of a drop of vitiated serum, seeking vent, by upheaving the cuticle from its base, and finally rupturing it freely, to the great relief of the suffering guest. Most of this minute vesicular eruption entirely disappeared in the course of twenty-four hours, leaving a little crypt, which still continued to itch until the loss was repaired. There was a great deal of itching and stinging accompanying this fine eruption, which gradually disappeared after the rupture of the vesicle. This vesicular rash came with the measles, and in very many cases, hives also came at the same time. The measles proper lasted from five to eight days, but the pointed vesicles and hives entirely disappeared in about twenty-four hours after the measles were fully out.

Aconite and *Apis* covered the whole ground of treatment. *Puls.* *Ipecac.* *Bry.*, *Ars.*, *Bell.*, or *Merc.*, were rarely needed.

Thirty cases had had the measles before; twenty-three adults and seven children. Seventeen of the adults and thirty-one children had more or less cerebro-spinal symptoms. No deaths; though some ngered, but finally recovered. What was this disease? Was it measles with rotheln added? I think so. I understand some physicians have mistaken it for small-pox. One physician of our city, was so misled; and went so far, as to "flag" the house, for twenty-four hours. The little vesicle in the middle of the measles is calculated to mislead, for truly it is a new feature entirely. I have often seen "hives," (not urticaria, with its wheals, flea-bites, bee-stings, bed-bug bites, or clustered pustules, non-coalescing,) with large welts or rolls, or circumscribed thickening of the common integuments, without dis-

coloration unless rubbed, dispersed over the whole body, but never before saw an epidemic of measles, thus vesiculated, for each *measle*, though made up of many very minute maculæ, perfectly coalescing, or most intimately continuous, and not simply contiguous, or in bare juxtaposition had but one, and only one vesicle, howsoever small or large the measles might have been. In the course of twenty-four hours after the appearance of the eruptions the vesicular character passed off, and from that time onward the disease was purely measles in every particular. It had none of the characteristic of urticaria, save the itching and stinging, and probably the hard, pointed vesicle though it was not pustular, and passed off irrespective of the measles. Neither did the epidemic resemble small-pox, as the vesicle run its course in twenty-four hours, having disturbed the cuticle simply, and the follicle over which it was situated. While a dozen follicular glands might have been inflamed only one of the cluster vesiculated. I might carry these differentiations still farther, but I forbear. Others no doubt have observed the same things. Whooping cough has also been prevalent with us, but in its onset was very materially modified by *Aconite*, and when the whooping started in I found *Mercurius sol.* the best remedy; as most cases would have three slight *stops* in the spasm of coughing before rest was procured. *Bell.* in cases where the eyes became inflamed and nose bleed followed, with more or less pain in the orbital plates. *Ipecac* where the food was ejected soon after eating.

Pneumonia was also prevalent, marked with a great deal of pleuritic pain, and much bloody sputa. The fever ran very high, particularly towards night at which time more or less pain coursed from the dorsal region up and down the spine, radiating into the head, shoulders and chest. *Acon.*, *Bry.*, *Apis*, *Phos.*, *Tart. em.* were the remedies. *Aconite* always relieved the direct inflammatory action. In pneumonia it is surely greatly preferable to either *Verat. vir.* or *Gels.*; *Bry.* and *Apis* then controlled the pains, sputa and difficulty of breathing. *Phos.* did good work where the patient seemed weak with rather feeble pulse, marked by occasional sighs and inability to use the lung, not from pain, but apparently from weakness and fullness. *Tart. em.* was but seldom called for, save in a few cases where the quantity of mucopurulent material to be raised seemed greater than the capacity for relief, with weak and compressible pulse.

Croup was the disease, however, which gave us the most anxiety in its various phases. Catarrhal or spasmodic croup is cured by *Aconite* in ninety-nine times out of a hundred. I have such confidence in the curative effects of *Aconite* in inflammatory or spasmodic croup, that I frequently prescribe it without seeing the patient, by requesting the family to report in a few hours if not decidedly relieved. But what was formally known as membranous croup, now mostly *diphtheroid croup*, consisting of a pseudo membranous exudation deposited upon the mucous membranes of the larynx, pharynx, trachea and often upon the bronchia, and in a few instances even up the posterior nares to the external *alæ-nasi*, is the dread of all classes of physicians. I treated five cases a year ago and lost two in one family within twenty-

four hours of each other. They took cold, after scarlatina maligna, while desquamating, and died from a very profuse exudation, upon the entire mucous membranes of the respiratory organs.

This past winter I treated six cases and lost none. Four were idiopathic, and the other two were the results of cold after measles. *Ammonium caust.* cured three of the cases, which manifested the following symptoms, viz : Very hoarse, almost amounting to aphonia; low, guttural, husky cough, with occasional smothered whoop, followed by suffocative spells, with great anguish. Irritable, weak, fretful, moaning when in sleep, tossing about, refusing favors from all save mothers, moved spasmodically as if vexed, breathed hurriedly, labored and anxious. Now add to this a feeble, wiry pulse, running one hundred and twenty to one hundred and forty per minute, with respirations forty to fifty in the same time; and a tripe-colored exudation spread continuously over the whole throat and mouth, and you have a picture of diphtheroid, or membranous croup which is cured [this year — Ed.] by *Ammon. caust.* One case was cured by *Lachesis*. This was marked by a singular, dark, spotted, swelled-like appearance, resembling a case of a young man I once saw several years ago, who was bitten by a rattle snake, and suddenly turned dark purple and spotted over the whole person: breathing short, hurried, sonorous, with rattling of mucus, as though the epiglottis was floating up and down suddenly. Child cries out suddenly after even very short naps; is not irascible when thoroughly waked, but seems slow to be made to understand. To this add a soft, quick pulse, and a yellowish-gray continuous exudation over the greater part of the inferior and posterior fauces, smelling like rotten Dutch cheese, and you have such a case of membranous croup as beautifully yielded to *Lachesis*.

The other two cases were marked with a shrill croup cough, occasionally whistling and wheezing; rough, hoarse sound of voice, with difficulty of breathing, as though the lungs were stuffed with cotton. The throat looked purple, with numerous patches of all sorts of shapes, little and large, of greenish-yellow exudations all over the fauces, tongue, cheeks, and gums, smelling like decayed meat. These cases yielded to *Kali bich.*

I feel satisfied from my experience with *Kali bich.*, that its sphere of action does not extend to a continuous pseudo-membrane, but exclusively to isolated foci, or patches. And no doubt the many failures with *Kali* have arisen from the want of differentiation. I have been told more than once, by physicians, that *Kali* was a failure in their hands; while to me it has been a great God-send, where the above symptoms were present.

We are now having *scarlatina simplex*, of a mild form, and easily managed. *Aconite*, *Stramonium*, *Apis*, and *Belladonna* have thus far been the remedies. Nine cases have been taken through nicely within the last two weeks, and my tenth case came under care to-day. Desquamation is light, as the fever was light. Tonsils swelled some, which yielded to *Bell*; as they were bright red, and not purple or spot-

ted, calling for *Mercurius*. If complications arise, I will report symptoms and remedies.

We have just been passing through one of the most severe greetings that old Boreas could condescend to give us. Never to my knowledge did my barometer sink lower, or cut up more antics, than it deigned to do last Friday (March 17th). We had some blow, but a very heavy rain, and much fine hail. We, however, felt secure, as out of one hundred and forty-three destructive storms which have spread their havoc around us in the last twenty-six years, none have harmed our vicinity in the least.

O. P. BAER.

CONSULTATION CASES.

WHAT WILL CURE ?

Anna P—, aged nine years, slim, delicate child, sallow complexion, blue eyes and light hair. Two years ago had mumps the swelling has never entirely disappeared but within the last six months has gradually increased in size until now we have the swelling about the size of a ducks egg, smooth, oblong and hard. Her tonsils are also enlarged but smooth and of the normal color, no trouble from these however. Two weeks ago she had measles when the tumor became very small and almost disappeared.

We have prescribed *Bromine*, *Baryta carb*, *Badiago*, *Mercurius*, and several other remedies both high and low potencies with little or no apparent effect.

What remedy shall we use, what potency, and how often shall we give it ?

SAN JOSE, Cal.

E. S. BREYFOGLE:

CASE FOR HELP.

Mr. A. F., aged twenty-two, light hair, blue eyes, fair complexion, came to my office March 1st, 1876, accompanied by a friend and gave me the following history of his case.

Has been under Allopathic treatment for eight or nine years, was last treated by Dr. Corley, of Prairie Bird, this county, and has been rapidly growing weaker and worse under his treatment. Has always had cold, damp feet; gets out of breath when going up stairs or ascending an eminence. Has at times a constrictive feeling around the chest; feels as if his head had been doubled over his chest. At intervals of two weeks and one or two days has attacks of drowsiness, which will continue from one to three days when he will fall into a lethargic sleep (breathing not stertorous,) losing all consciousness; respiration becomes laborious, *quick*, accompanied by great dyspnoea. Pulsations of heart becoming audible and visible to bystanders; radial

pulse remains unaltered; cannot be aroused at first, but after an hour or two can be, but will fall back into the same condition immediately — has to be aroused two or three times before he comes to himself. Attacks lasts from two to five hours, the latter being the rule lately. Dreams a great deal; wakes from his dreams in a fright, when blood will spurt from his mouth. A sudden emotion, or great exertion hastens the attacks. Stool every other day when in general health; entire constipation during the entire stage of the attack from first to last. Urine high colored and very scant. Appetite always capricious.

Any suggestions thankfully received.

What is it, and what is the remedy?

SHELBYVILLE, Ill.

D. WINTER.

SCARLET FEVER IN LOUISVILLE, KY.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: The prominence given to the recent discussion over scarlet fever, in the *Courier-Journal*, requires some explanation from me. Having found that *Bell.* was the indicated remedy in this disease, we advised (in private practice,) our patients to make use of its prophylactic virtues. In due course of time, however, there appeared in the *Courier-Journal*, a long article on scarlet fever from one of our most prominent physicians, L. P. Yandell, *Professor of Materia Medica in the University*, in which the treatment of scarlet fever was detailed at length, the use of cold water externally recommended, and great stress laid upon the therapeutic indications of the body thermometer. He also took occasion to ridicule the action of *Bell.* in this disease. I answered this by showing the difference in the mortuary report between the schools. Also took ground against the "cold water treatment" and the use of the thermometer as a *therapeutic agent*. Quite a lively discussion followed between Drs. Yandell, Rodgers, Yandell, Sr., and myself. As to the result I will quote from the *American Medical Weekly*, an *Allopathic* journal of recognized ability, published in this city.

"It is to be hoped that this is to be the last of this matter; a matter not only most deplorable, but deeply to be regretted by all who have a proper appreciation for the respect due the medical profession; and however comical and amusing the contest has been, all must witness with regret the odium and ridicule cast upon the profession through a few helpless members of it, who, brandishing their lances against a confessedly weak enemy, are yet, by such opponents, easily vanquished and driven with ridicule from their chosen field. The pen is evidently not the weapon with which the physicians above named, are to achieve reputation or maintain for themselves a proper respect. Homœopathic pellets, weak as they are, it seems are yet at times strong enough for all practical purposes; illustrating in a general way enough of the truth of the Homœopathic law, *similia similibus curanter*."

It were well if all physicians who violate the code and customs of their profession, by seeking popular notoriety in the columns of the secular press, could meet with a similar reception. In this instance

they have been made ridiculous, and have done excellent service to Homœopathy and its advocates.

The Homœopaths of Louisville should make up a purse and present to those who have done one for them such excellent service."

As for the gratuitous "puff" given me in *The Advance*, I did not consider it of importance to reply, as Dr. Wilson, the editor, knew from the first who "Homœopath" was.

Success is the true test of merit. My partner, Dr. R. W. Pearce, and myself have treated over *eighty cases of scarlet fever, with but one death.* We have used *Bell., Apis, Bry., and Ipecac,* as indicated. We have at present *eight cases under treatment,* we are giving them, generally, *Bell. and Apis.* Can any one show a better report from any other treatment? If so, we will gladly adopt it.

LOUISVILLE, Ky.

WM. L. BREYFOGLE.

KEY-NOTES, ATMOSPHERIC INFLUENCE AND DRUG AFFINITIES.

I do wish creditable authors would strenuously advocate and urge due regard for the importance of "key-notes," atmospheric influences and drug affinities in selection of remedies and treatment of diseases. For in many respects our much respected periodicals, are empirical in their character. Physicians becoming elated over their success in treatment of certain cases report success and give an outline of procedure, engrossing in use very many remedies. Now this is too much of a shot-gun practice, and evinces no degree of science, but to the contrary has a tendency to befog the enquiring mind, and retard the progressive development of the truth and beauty of our much respected Homœopathy. In such cases the honor of the cure is not so much due to the wisdom of the physician as to the patient endurance of poor nature and the accidental hitting upon some remedial agency. This is too much like the Chinese calling in of several medical men and getting all their prescriptions swallows them entire hoping something would hit the case. Or as an Allopath told me a few days ago of his mixing and giving all the emenagogues within his knowledge to compel the return of absent menstruation. He said he was determined some or all of them should compel nature to yield. But shame on intelligence thus playing on ignorance when truth and wisdom is within reach.

My daily experience teaches me the necessity for respecting these prime facts of modern development, viz., key notes, atmospheric influence, and drug affinities.

In many cases after diagnosis I find perhaps several drugs or remedies covering more or less of the prominent symptoms and quite often exactly alike in their action upon those symptoms. Now what shall I do? Is there any atmospheric influence on the disease, or is there any

aggravation or appeasing influence from position, diet, disposition of individual or surrounding circumstances? If so, I gather these facts and face my key-notes of the several remedies and soon find the one of the several that covers the case and apply the balm but to meet with success. Oftimes have I selected my remedy covering the prominent symptoms and regardless of the above important feature and found my remedy fruitless, my hopes blasted and my faith in symptomatology weakened, and had it not been for the accidental dropping of a word from the patient to the effect that certain circumstances aggravated or appeased the disease I should have failed entirely.

I had one case of a cough that baffled my efforts treating on general principles for several months, in which I used many of our best remedies and no effect from them whatever. The case seemed to be determined to run into consumption, when after the patient an intelligent lady despaired of all hope and I myself discouraged I made bold to enquire more particularly as to the hour of the cough and how often it returned, on this I selected my remedy and giving it for two successive evenings from six o'clock to nine there was no more cough. Give us more key-note characteristics, drug affinities and atmospheric influences.

LITCHFIELD, Minn.

L. P. FOSTER.

BELL. LUMBAGO.

Having had the following experience with *Bell.*, and thinking it might be of service to the profession, I send it :

CASE I. Mr. R., drives a miller's wagon, called on me and complained of pain in hip and down back part of thigh, also along crest of ilium, passing up the back as far as the lower rib. Pain in hip and thigh on left side, the other on both sides, which prevented his bending to the right or the left, which was very trying to him as he had to carry sacks of flour, etc. I gave him three pellets of *Bell. 30*. This was a half-mile from his place of business, and he told me next day that before he got there the pain was all gone. I would also mention that he was unable to sit in his wagon for any length of time on account of becoming so stiff with cramps.

I think from this case that symptoms 1882 and 2025 ought to be starred in Allen, Vol. II., pages 110 and 114.

CASE II. A man who had pains just like Case I., and had been confined to his bed for three weeks. I gave him eight pellets of *Bell. 30* and told him to dissolve in half a tumbler of water, a teaspoonful every two hours. The pain ceased three hours after first dose. The next day he got out of bed himself and set up for three hours. The fourth day after, the man came to my office but did not need any more medicine.

I must now confess I am indebted to Allen's *Materia Medica* for this experience. Having read them but a few hours (that is, the symptoms to which I refer,) before. The symptom which ought to be starred in this case is 1855, Allen, Vol., II., *Bell*. I was a little enthusiastic on *materia medica*, now I am more so.

ALTON, Ill.

W. STORY.

Anatomical Department.

THE UTERINE MUCOUS MEMBRANE.

BY H. P. COLE, M. D., CHICAGO, ILL. TRANSLATED FROM AN ARTICLE WRITTEN BY DR. H. KUNDRADT, FIRST ASSISTANT TO PROF. ROKTANSKI, OF VIENNA.

Read before the Illinois Homœopathic Medical Association.

The mucous membrane of the uterus presents, on account of the abundant cell development in the underlying cellular tissue, and the deficiency of membranous tissue, a peculiar appearance. In the virgin uterus, before menstruation has occurred, it appears—after the removal of a thin, transparent mucus that covers it—as a delicate, smooth tissue, of a gray or reddish-gray color, resting directly on the muscular layer. It is a little more than one millimeter thick, gradually becoming thinner at the openings of the fallopian tubes and at the sides. On a cross section a system of white lines may be seen, which open upon the surface. These are the glands.

These glands are tubular, and when cut across are round or oval. They are often divided below the centre. Their course is seldom or never straight. In the upper half they resemble the ducts of the sebaceous glands in the skin. At the bottom they are curved or bent on reaching the muscular layer, and often lie parallel to the muscular fibres; rarely do they project between these fibres. The distance of these glands from each other is not the same in their entire length. On account of their dividing below, they must of necessity be closer together there. Moreover, they are smaller as they approach the surface.

I have labored in vain to find the lining membrane of these glands; they seem to be mere tubes lined by ciliated epithelium. The cells and nuclei appear granular; at the surface they are polyhedral. The cilia can only be seen in very fresh specimens and under favorable circumstances.

The underlying cellular tissue, in which the glands lie, is composed, in the virgin uterus, almost entirely of spindle-shaped, or round cells,

the substance of which is so delicate that even in hardened preparations they seem as if composed of shapeless masses containing nuclei. Deeper in this tissue the cells in the vicinity of the glands and blood-vessels are mostly spindle-shaped, or ribbon-like, and lie parallel to the glands and vessels; whereas, near the surface, the round cells predominate.

In fresh preparations a fine network of delicate fibres may be found between the cells. In the deep portion these fibres are thicker, closer together, and nearly parallel; while at the surface they are more irregular, as would appear from the shape of the cells.

I have never been able to find muscular fibres in this tissue. The connective tissue of the mucous membrane is tender between the muscular fibres, and binds the mucous and muscular layers together. The gland cells gradually merge into the cells of the mucous surface. This is the appearance of the normal mucous membrane from the time of full development until the climacteric period. Before and after this it is very different.

In the undeveloped uterus of childhood, or in one in which development has been delayed, and on account of the hour-glass shape resembles that of a child, we find a membrane whose tissue, notwithstanding its more delicate structure, is composed almost entirely of round cells, and irregularly shaped. Only around the vessels and near the surface are the spindle-shaped cells to be found.

All these elements, as well as the ciliated epithelium of the surface, are much finer and more delicate than those in the fully-developed uterus. The main difference between the developed and the undeveloped uterus, is in the glands.

With children of three or four years, when the membrane is from three-tenths to five-tenths of a millimetre in thickness, the glands are seen as small, rounded depressions in groups of three, that have a common opening. Very little change takes place from this time until about the tenth year, when in the now rapidly-developing uterus the membrane has acquired a thickness of from seven-tenths to eight-tenths of a millimetre, we see the gland as a tube 25-100 of a millimetre in diameter, and deeper than before.

By maidens of twelve or thirteen years, especially in this climate, the membrane, which is not more than 0.7 or 0.8 of a millimetre thick, contains glands that are slightly curved at the bottom, while the upper portion is still straight.

The variety of the nationality of Vienna, and the consideration that many of the uteri came from persons who died of tuberculosis, caries, coxitis, etc., leaves us no *positive* information in regard to time of development. I can only say, therefore, that the development of the glands commences in the first year of life in the form of tubular depressions in the epithelial surface, and these depressions gradually deepen toward puberty, and just before that time increase rapidly in depth and size.

After the climacteric period the membrane begins to atrophy, the submucous tissue becomes thicker, more fibrous and homogenous, the

cells become smaller and denser; the glands become narrower, and a part of them disappear entirely, or are changed into cysts. Thus the membrane becomes thinner, denser, and more fibrous and glossy.

DURING AND AFTER MENSTRUATION.

Synchronous with the discovery of the freshly-bursting or yellow cell containing the graafian follicle from the swelling and hyperæmia of the uterus and its appendages, one finds the membrane in a very different condition from that just described. It is from three to six millimetres thick, very spongy, soft, and jelly-like, is puffy, and covered with ridges like the rugæ of the stomach, and secretes an opaque or bloody mucus.

In many places it is finely injected, and often, as in cases of sudden death that was not caused by hæmorrhage, it is of a dark-red color.

In this condition the fuller development of the membrane in the middle of the anterior and posterior walls and fundus, and the shading off toward the fallopian tubes, and sides, and cervix is more clearly run. In this condition the mouths of the glands are distinctly seen.

The microscopic changes are the following: The stroma appears in the upper half, and especially in the upper third, more cellular and spongy, and thereby overrides the mouths of the glands so that funnel shaped depressions are formed leading to the glands.

The abundant cell development consists of an accumulation of round cells, much larger than natural.

The tumefaction and accumulation of cells occur only in the surface; deeper in the tissue there is much less change, and around the fundus of the glands the tissue is nearly normal. The glands are, therefore, with the exception of their fundus, twice, or even four times, their natural size; yet they appear at the openings of the normal size, or even narrower. They have, as the cross-cut preparations show, acquired an increased length, greater than the thickness of the membrane, and this condition is accommodated by their being curved and bent in their course. We see, therefore, in the middle layers, openings one above the other, separated by narrow strips of tissue. The bloodvessels are also dilated and filled with blood, even to those that are so small that they are only seen as small red points by the microscope. I could observe no new growth of bloodvessels, but in the underlying cellular tissue, and in the cells of the glands, I saw these appearances that are recognized in other tissues, and under other circumstances, as cell divisions.

That these described conditions belong to and are a part of menstruation cannot be doubted, as we find them with the generally-recognized condition, viz.: ovulation and flow of blood. Still, the relation of the two conditions is not determined. *A priori*, it cannot be determined that these changes in the mucous membrane come and go as rapidly as the flow of blood. The anatomical experience would not be in harmony with such an idea. In the case of two girls who died suddenly just before the menstrual period, the membrane was already thickened and cellular—two and a half to three millimetres thick. It other

cases, where the flow had stopped a few days before the death, and where well-developed follicles were found, the same condition existed of more or less thickening, but not as high a grade as existed during the flow.

It is therefore to be presumed that before the time of the menstruation the membrane gradually becomes thicker and softer, reaches the highest grade at the time of the flow, and then gradually atrophies.

From this it would appear that one seldom finds a normal condition of the membrane, and that the period of rest is shorter than has been supposed.

During the flow, and until the return to the normal condition, the cells have a cloudy appearance and are mixed with fat cells, although there is no fatty degeneration of the surrounding tissue. This occurs not only in the cells of the inter-glandular tissue, but in the vessels, and the cells of the glands, and at the surface.

In the whitish mucus that is more or less mixed with blood from the uterus, we find many exfoliated epithelial cells.

That these conditions appear before, and continue after the flow, is certain. The only question is, what relation do they bear to it? To this question the anatomical discoveries give no answer. My opinion is that the changes in the cells occur independent of the flow, and indeed, they are the cause of the flow. The reasons for this opinion are the following :

1. We see that with the hyperæmia of the impregnated uterus there is no flow of blood ; we therefore conclude that hyperæmia alone will not produce a menstrual flow.

2. There are other changes, physiological, in the mucous membrane where fatty degeneration is found ; that is in the uterus at full term, and often even before this time, when hæmorrhage and ovulation occur.

3. Extravasations of blood are never found in the mucous membrane during menstruation. The hæmorrhage is from the surface, and the fatty degeneration is principally from the surface.

It therefore seems to me that the changes in the elements, thickening and breaking down, according to the amount of the menstrual hyperæmia and tumefaction, occurs and leads to the rupture of the bloodvessels and flow of blood. That by this means much of the glandular, as well as the surface epithelium, dies and is thrown off, is self-evident ; still, I do not agree with the assertion that the epithelial surface is entirely destroyed. To the time of their retrograde metamorphosis, the epithelium certainly remains.

In regard to the question, what relation the flow bears to ovulation : They occur together, or are, as the opinion is quite prevalent that the hæmorrhage occurs in connection with, or at the same time as ovulation, and that the menstrual hyperæmia of the generative organs brings on the bursting of the graffian follicle, and the flow. And as difficult as it is to think that impregnation can occur in a bleeding and

partially destroyed membrane, still it is believed that the ovum that is to be impregnated was discharged during the last flow.

Lovenhorst recently made observations, and clinically proved that the ovum to be impregnated was not discharged at the last menstrual period, but at a subsequent time when the flow would have appeared, but was prevented by the conception.

From comparison of the changes in the mucous membrane before menstruation, with those where the ovum is in the first stages of development, we find a quantitative, and not a qualitative difference, an indication or a proof that the thickening and tumefaction of the membrane during menstruation is only a preparation for a future conception. During the flow we find that the membrane has already commenced a retrograde metamorphosis.

A theory that in spite of this condition, a conception would occur, and that an already degenerated tissue would change and become tumefied as before, is hardly plausible. It is easier to believe that ovulation precedes the hæmorrhage, and when impregnation occurs the hæmorrhage does not follow.

This condition is especially adapted to those cases where the uterine cavity is dilated from previous pregnancy. In the normal condition this is not of as much importance, as the walls are almost in contact.

Bischoff gives as a cause of lack of conception, a dilated uterine cavity, and a deficient development of the mucous membrane at the time of menstruation.

Among the changes in the mucous membrane during menstruation, there is none more interesting than membranous dysmenorrhœa. The exfoliation of large flakes of membrane shows how deep the degeneration has extended, there being not only a rapid degeneration but a separation of a large surface as a decidua menstrualis.

Sanitary Department.

TRUE VALUE OF SANITARY MEASURES.

BY LUCIUS D. MORSE, M. D., MEMPHIS, TENN.

Read before the Western Academy of Homœopathy, Oct. 5, 1875.

It is only in the last few years that general attention has been directed to the importance of sanitary reforms. Much has already been accomplished, and greater advances will be made in the future. Health, morals, intellectual activity, comfort—in one word, civilization itself is intimately connected with this movement. Questions of sewerage, ventilation, water supply, cleanliness, generally are occupy-

ing the attention of private individuals, societies, corporations and legislative bodies. Communities are becoming careful and circumspect, where before they were simply indifferent or apathetic. Hygiene has become a deity of the first order in our modern society, and finds hosts of votaries.

It is not at all singular that, with this magnification of sanitary science, eager reformers in this field should, perhaps, go a trifle too far, and often make assertions and draw conclusions hardly warranted by the facts. Give to the subject its fullest weight of importance, for it is really one of the gravest with which modern thought and ingenuity have to deal; but at the same time let us not go beyond proper bounds. Not every epidemic arises from want of cleanliness, or lack of ventilation, as some narrow minds would have us believe. Not every special case of illness can be traced to a stagnant pool, a damp cellar, or a defective sewer. Some people ascribe everything in the way of disease to violation of sanitary laws. This sort of cant has become exceedingly popular. The newspapers have taken it up on every hand and the maledictions periodically visited upon the heads of unfortunate street commissioners, boards of health, and corporate authorities generally, are fearful to contemplate. These functionaries probably deserve, in the majority of cases, all the scolding they receive, so that not much harm is done in that direction, but a positive injury is brought about by this flippancy and assurance in discussing questions as though they were definitely settled, when, really, they are very far from solution. It is a very easy thing to say the cholera visits a city or town because the streets and alleys are filthy; very easy to ascribe an epidemic of yellow fever to neglect of duty on the part of officials, who are supposed to have the care of public health in their hands; very easy, when dysentery prevails, to cry out that the water sources are contaminated. This direct connection of cause and effect is very satisfying to most minds. We all like to understand the reason of things. Many never question these broad assertions regarding the origin and propagation of disease. They are satisfied to believe that filth breeds epidemics, or, at all events, exercises a tremendous influence in their propagation.

The writer, with all due deference, begs to say that he has had considerable experience with cholera, yellow fever, and other diseases in epidemic form, and, with his attention especially directed to this subject, has yet to discover any connection between the amount of so-called filth in a given locality and the virulence of these visitations. He has repeatedly observed, however, that those portions of a city which, according to those ardent sanitary disciples, ought to be most severely scourged, have often been lightly affected, sometimes escaped almost entirely; while, on the other hand, the high, dry, well-ventilated, well-drained quarters have suffered most severely. Notably has this been the case in cholera epidemics, over which, it is claimed by these penetrating sanitary gentlemen, filth has so much influence. Why unwholesome food, lack of proper clothing, etc., have never claimed the attention of these astute philosophers, is a question that

awaits answer. It is the opinion of the writer that the important factor in the causation, or propagation of epidemics is not filth; that so-called filth has, in fact, very little to do with the matter. He has been strengthened in this opinion by the observations of many experienced physicians and laymen with whom he has personally discussed the subject. The causes of epidemics lie deeper than most students of disease suspect. Doubtless their origin will be found in new, occult, and hidden influences, which science may be long in revealing, and over which, at last, the human race may be able to exercise very little control.

What, then, is the true value of sanitary science? Its importance is really far greater than some of its disciples claim, even if we divorce it from the filth theory of epidemic disease.

If you wish to raise an individual to the highest perfection of physical health, what do you do? You give him plenty of fresh air, plenty of wholesome food and pure water, plenty of sunshine and exercise. You surround him, in a word, with the best sanitary conditions you can command; and you say to yourself, and most truly, "if anything can accomplish my aim this will do it." But it's a matter of time. Changes in the constitution are wrought comparatively slowly; so you continue this regime through weeks, and months, and years. By and by you will have initiated your individual into a condition of strength and vigor most favorable to the resistance of disease-producing influences. You have, too, a being able to think and to act. Now what you do here with an individual, sanitary science proposes to teach you to accomplish with an entire community. You must have the same fresh air, the same pure water, the same wholesome food, the same sunshine, just as in the case of the individual. Take a community surrounded by all these favorable circumstances, conducive to healthy growth and development, and what might not be expected in the way of strength, enterprise, activity, and intellectual force? The best sanitarians were the old Greeks; their regulations produced a race of men and women unequalled in the world's history.

No condition, or set of conditions, which human ingenuity can produce, will ever put an end to epidemic diseases. Those which now exist may disappear, but others will take their places. The subtle telluric, solar, lunar, and planetary influences will continue to modify the action of the vital force in the future as in the past.

In conclusion, then, let us take in the full scope of sanitary science and hygiene. Let us understand that it inculcates more than periodical sweeping of the streets, whitewashing, and spasmodic scattering of disinfectants, so-called, upon every occasion of a cholera or yellow fever scare. Its true mission is the elevating of the race, through improved surroundings, to a higher plane of physical, intellectual—may I add, moral vigor.

Children's Diseases.

DISEASES OF CHILDREN.

SOME OF THEIR HYGIENIC AND CURATIVE RELATIONS.

BY D. A. COLTON, M. D., CHICAGO, ILL.

Read before the Illinois Homœopathic Medical Association.

It is in the diseases of children that we many times recognize the same expressions in kind, but minor in degree, that we observe in those of adult life; and they are to be described in a similar manner.

Students who see a large book entitled, "Diseases of Children," are apt to be impressed with the idea that the diseased expressions there spoken of, though quite like those observed in the adult, nevertheless arise from different causes, and are to be quite differently treated. That a difference in degree implies somewhat the same as is implied by a difference in kind, is very true so far as a distinctive difference between disease producing forces is concerned; but to recognize the origin and nature of this difference, is to be able to hold nine points out of ten in the direction of cure. He who accepts the fact that the child, many times, is to be treated in a manner quite similar to the adult, is likely to be much more comprehensive in his judgment and correct in his conclusions, than he who takes an opposite view of the matter.

NOURISHMENT OF THE SICK.

We find in this changable atmosphere that children and adults waste rapidly under disease, and that we succeed much better by keeping the matter of nourishment constantly and practically in view. And not only this, but also the idea of making the selections of aliment with reference to their being more and more nourishing, rather than less so. If cow's milk is rejected in aropy form, it is a pretty clear indication for something more substantial and more like the aliment used in adult life. The parent's habits with reference to diet will frequently give us very satisfactory hints in this direction. Symptomatology, if I may use the word, is just as clear in regard to the nourishment of children, as their medication.

BATHING

Is subject to about the same relative consideration as nourishment, namely, to observe that that which is best administered is best. We have learned that in adult life it is only well to bathe in a manner that conduces to the comfort of the bather. It is neither more nor less with

children. And I consider that this matter with them requires as much judgment, and as much careful observation as any one thing that pertains to their rearing. It should always be conducted so as to leave no coldness of the surface, or chilliness of the system. But, says one, there are children so delicate you cannot give them a bath without coldness of the surface. If this is the case, and it continues any time. I would say, don't bathe with water at all; use grease, oil, cod-liver oil, to clean the surface, and keep the respiratory and perspiratory processes up to the healthy standard. A child, however delicate, can usually be bathed something as a delicate and feeble adult individual can be, a little at a time. And, if not with clear water, or soap and water, it generally can be with the addition of *Arnica*, *Hamamelis*, or the like, when the skin is irritable; or salt, mustard, or something else stimulating, when the surface requires a stimulant; and in this way we can help the youngster on. The time is not far distant when the condition and requirements of the skin will be attended to with as much care, and in accordance with as well understood indications, as the mucous surfaces, the blood, or the nervous system. And also, that the emanations from that surface will be as clear indicators of the line of both external and internal treatment as any other expressions within the range of symptomatology.

This will probably be when electro-chemical tests, and the observations of the eye, of touch, and of smell, shall support each other, and point, through the condition, to the means of cure. When I say this, I say nothing invidious to symptomatology in its broadest or most concrete sense; but, the contrary, that we may take every indication of disease as a symptom of it, and that any new discoveries in reference to the morbid action, or the excretions, that may concern the skin, should in no way be lost sight of in the consideration of the means of cure.

SLEEP.

With children this matter should be attended to with the greatest care. The child must sleep, not upon soothing syrup or Godfrey's cordial, but upon simple nature. And if nature, both simply and in a natural way, does not call, for it must be aided with as much interest and assiduity as we would attend to an open wound. For without sleep the child will have what is worse than an *open* wound, one shut up within the cranial cavity, and in danger of getting beyond the reach of medicine or surgery.

There are children now-a-days, as probably always before, that have large brains and delicate physical organizations, that are inclined to be wakeful, and to have but troubled sleep. This is rationally accounted for by every medical man, and layman as to that matter. There is a want of proper balance. The brain is proportionally too large for the delicate body, and calls for more than its share of blood. Hence there is a constant tendency to increase this disproportion, unless proper efforts are made to bring about an equilibrium. One thing, in order for this, is to induce sleep in the way nature designed it to be induced.

Proper exercise in the open air is very desirable in this direction ; but many children will not come down to a state of rest on this alone, or this and medication. The child's excitable and excited brain will not come down unless the mother or nurse bring it down and hold it there by systematic, habitual and persistent efforts. This must be done at the proper time during the day ; for such children must have rest in the day-time as well as in the night. And as for the night, the quieting down effort must be made early. It cannot be put off till it is late, with the hope or expectation of a better tendency to sleep. It is quietness that is first wanted, and then repose. Even quietness alone has a certain amount of recuperation in it. Ladies and gentlemen, the cardinal idea to be entertained with reference to such children, is quietness of the brain and increased muscular, physical and vital power.

EXERCISE

in the open air is too well known and too well emphasized by all, for me to add anything in regard to it. However, I say a word bearing in the same direction of which I have just spoken, namely, of the disproportion between different parts of the organization of children. This is generally manifested by the brain being relatively too large and active, and consequently taking more than its share of the vital current, the blood, and in this manner being constantly on the eve of congestion or inflammation of its membranes, if not of its substance. Passive or active exercise in the open air is one of the best means to counteract this, and bring the brain and body into harmony and health.

A NEW WORK ON THE DISEASES OF INFANCY AND CHILDHOOD.

There is a growing feeling that the Homœopathic profession need a new work on Diseases of Children—one elaborate, scientific and up to date. It is no small undertaking, however, to go over the whole field of the development and diseases of infancy and childhood, and giving the hygienic, dietetic and remedial management and indications ; also clearing up many etiological, physiological, pathological and therapeutical points now involved in doubt or obscurity. These, together with questions of the influence of climates, seasons, weathers, nationalities, etc., present such a labyrinth that few have the courage, even if they have the ability and time to attempt the proper practical elaboration of such a work.

For several years the study of children and their diseases has occupied much of my time and thought and my relations to the Foundlings' Home have given me rare facilities for investigating many of the unexplored fields of this department of medical science. And since having been appointed the second time chairman of the Bureau of Pædology, in the American Institute of Homœopathy, I have con-

cluded with much reluctance to accede to the urgent request of friends and attempt the preparation of such a work on diseases of children as the status of Homœopathy and the exigencies of the times demand. To collect all the literature and experience for such a work much co-operation is necessary. Of this I am already assured from various quarters, and I now especially ask the active assistance of the whole Homœopathic profession in all countries.

I. We shall first take up for investigation diseases of the alimentary tract. Diseases of the bowels are best studied during their prevalence. Special note should be taken of any peculiarities and anomalies in various children and especially of the effect of the various kinds of diet and management in different countries. Indications for the remedies should be carefully noted. The diseases of this tract differ in different localities and countries, and in different constitutions and temperaments, all of which should be carefully noted. The different forms of diarrhœa should be studied in the light of their causes, i. e., diarrhœa from indigestion, from teething, from heat, from cold, from atrophy of lymphatics, from hypertrophy of lymphatics, from the bile acids, from the various forms of food, from disturbance in the mother, etc., etc.

II. Diseases of the respiratory tract will next be considered. Such questions as croup *vs.* diphtheria, capillary bronchitis *vs.* pneumonia, atelectasis *vs.* paralysis, cardiac insufficiency *vs.* rheumatism infantum, diphtheritic croup, etc., should receive special attention and call out general observation and experience. Stress should be laid on management and remedy indications.

III. Diseases of the nervous system will next receive attention. The development of the sympathetic, cerebro-spinal and brain proper; the relations of each and their disease bearings merit most careful study. How and why the brain develops we should know. Monthly measurements of infants heads should be made; noting also the temperaments and peculiarities of the parents; the relations between the growth and development of brain and body; the proper amount of sleep needed in each case, climate, nation and constitution; the amount and kind of activity needed to develop a healthy brain and a healthy body; how percocity, hydrocephalus, imbecility, etc., may be prevented and cured; the relation between constipation and hydrocephalus, diarrhœa and hydrocephaloid, cerebro-spinal meningitis and peripheral spots; cerebral pressure and intussusception; effusion and cough; cerebral activity and gastric anomalies; the demands of a large sympathetic, spinal or cerebral system for harmony and health or disharmony and disease tendency, etc., etc., merit special study and attention. The import of mental and nervous symptoms in the diseases of children and in the selection of the remedies, is a study peculiarly Homœopathic, and one yet in its infancy.

IV. The dependence of the abdominal, thoracic and cranial viscera upon each other is an interesting study. Diseases and peculiarities of the circulatory system will be studied in relation to the lymphatic system, skin, and mucous membrane. The transitions that these pass

through from birth up, is responsible for more disease-expressions than we are aware of. The ebb and flow of the circulation in the various parts of the body, and in various constitutions, at various times and under various circumstances incident to the great functional activity of child-life, has a wonderful effect upon development. Many a case of hypertrophy of heart, aneurism, varix, malformation of various organs, congestive tendencies, etc., may be traced to the strain on this system.

V. The lymphatic system, the connecting link between the capillaries and glands, is one that stands out prominent in child-life. Many a case of skin disease is clearly tracable to obstruction of this scavenger system. The diseases of this re-absorbent system are many, and the varied effects they manifest upon other organs casts on all an obscurity that is most confusing. It is peculiarly the disease-carrier system, and is perhaps the one least understood.

VI. The glands, from the thymus to the liver, spleen, or supra-renal capsules, demand more study, and their diseases (developmental, functional, or structural) more careful elucidation. They are best studied during the changes going on in the circulatory apparatus, lymphatics, and during the development of the body.

VII. The skin is a peculiar organ. Its functions and diseases are best studied during the transition of child-life. From military rash (red gum) up to eczema, there are many points that need elucidation.

VIII. The genito-urinary organs are closely related in function to the skin. The dependence of the one upon the other, and upon the lungs, and intestines, forms an interesting quadrilateral study, whether viewed from a physiological, pathological, or remedial standpoint.

IX. The eruptive fevers are not as fully elaborated as many suppose. This was most evident in the consideration of scarlet fever by the American Institute. Any new observation will be very acceptable. The new disease, rotheln, needs more attention than it has received.

Remedy effects upon children form a separate field of inquiry. It is an astonishing fact that nearly all the indications for remedies are clinical, and as these are being left out of the *Cyclopædia of Materia Medica*, therefore the greater the necessity for their preservation in a work on diseases peculiar to children. Any new or verified indications, or any new provings, should be sent in, and if not adapted to the work they will be published in *THE UNITED STATES MEDICAL INVESTIGATOR*, so that all will be benefitted at once.

X. The study of constitutional diseases and peculiarities, bring up the whole subject of hereditary. The diseases, and disease tendencies that are, or may be, inherited during foetal life from the conditions and customs of the mother, make this one of the most interesting chapters of medical study. The effect of different foods, habits, and climates upon the development of different parts of the body, demands more general attention than it has received. The food question is a broad one, and many give it up in despair. I am satisfied that many diseases and disease tendencies are due to the habit of prescribing a

uniform food for a variety of constitutions, of varied habits, in a variety of climates.

Hereditary habits must have a bearing on the food question. An Irish child may be made healthy and strong by allowing potatoes, early; while an American one will thrive better on raw beef; and a German one still better if allowed now and then cabbage in the form of "saur kraut." Nationalities inherit from their countries and customs a preponderance of the different elements of the body that must be consulted or disease tendencies are the result. While this is true, the food that would develop a healthy body in the moist climate of Great Britain, for example, would not prove the best for the mountains of Switzerland, the sands of Asia, or prairies or plains of America. In some sections the possibility of raising a healthy child is very great indeed. In no country is such a diversity of people and climates to be found as in the United States, and therefore our facilities for studying children's diseases are unsurpassed. This, with the fact that the mass of children are in the hands of the Homœopathic profession, justifies the conclusion that we certainly owe it to ourselves and posterity to get up a work on Diseases of Infancy and Childhood, more comprehensive and scientific than anything yet published.

To collect data for such an encyclopædia will need extensive correspondence and co-operation. Expecting this, the labor of editing will be gladly undertaken.

Yours fraternally,

67 WASHINGTON ST., CHICAGO.

T. C. DUNCAN.

AN INTERESTING CASE OF HYDROCEPHALUS INTERNUS.

BY DR. M. A. FEUR, MILWAUKEE, WIS.

Read before the Wisconsin Homœopathic Medical Society.

Out of the many cases of sickness which came under my treatment during my residence in Milwaukee, I will try to give a description of one, which may be, as I believe, of some interest to a professional body, especially as the patient was treated by different Allopathic physicians, and finally given up as incurable; but this patient has been completely restored by Homœopathy to perfect health.

Every young practitioner will, no doubt, work with some timidity or aversion, and with but little hope on a disease, about which Allopathic colleagues have made the diagnosis that the patient suffered with atrophy of the brain, and that there existed no physician who can cure such a disease. It was, at least, so with me when I was invited to an examination of this case.

HISTORY AND SYMPTOMS.

The patient, a little beautiful boy four years of age, was, up to this time (May 16, 1872), treated by Allopathic physicians, who confessed to the parents, as they afterwards told me, that the beginning and course

of the disease was of an entirely new character to them. After a closer description of its details, I found reason for the conviction that the disease, at its first setting in, which took place before, nearly two months, must have been severe inflammation of the brain, lately complicated with spinal affection (meningitis cerebro spinalis).

There were present the following symptoms: The patient was lying almost on his back, the head was contracted backward, the body was fallen away, especially the lower extremities; the abdomen was like a little tray or bowl, as if it were dried to the backbone; skin dark, dirty, yellowish color; the legs were useless, and without any sense of feeling; the countenance of the patient showed a mournful melancholy appearance; the eyes were turned downwards and looked obliquely; the pupils were dilated so that no iris was visible, and no reaction or conception of light or darkness were observed; the poor patient was entirely blind; his lingual organs were paralyzed; he could not speak a single sentence; for two weeks, up to this time, all food has been vomited, but the bowels were closed; there appeared no evacuation without enema; the urine frequently passed involuntarily; the patient has fallen into a kind of sopor with half opened eyes, sometimes crying out loud and clasping his head, and was almost without consciousness. The fontanelles of the cranium I found wide open, and the head somewhat unproportionately enlarged; respiration was short and suppressed, somewhat interrupted by a hard, dry coughing. Auscultation and percussion gave no symptoms of abnormality of the organs of the thorax. Patient could not raise himself up from the bed without help or support; by raising him he was not able to stand on his legs; he had not the least power to move them; by this experiment he also showed an inclination for vomiting. Pulse made one hundred and thirty beats in a minute; the temperature of the skin was not very extreme, except the head; the soles of the feet and the palmer surfaces of the hands felt dry and cold like parchment, and were entirely senseless; the tongue was coated with a dirty black slime; breath very fetid.

ANALYSIS AND DIAGNOSIS.

After having made these observations and examinations, I believed it to be my duty to say to the parents, that under the circumstances I could not give them much hope of a cure, but that I would try to do my best to soften his pains, etc. Then I went to counsel with myself. Considering all these symptoms, it was hard to find the causal-rexus of the disease with any precision. The rise of the present symptoms of the disease I declared to myself as follows: Without doubt there was at the first of the sickness (cerebro-spinal meningitis) in the organs of the brain a state of irritation, to this new pain the heat of the head, the giddiness, and especially the inclination to repeated vomiting, and the continuing constipation of the bowels; the membranes of the brain participated in this state of irritation, and consequently gave way to an effusion of watery liquid, or lymph, into the caverns of the brain, [and arachnoid — ED.] necessarily causing a pres-

sure upon the respective nerves and ganglions, and in the further course also the stupidity of the mind, the want of memory or remembrance, the dilatation of the pupils, the entirely wanting faculty of sight, and that of the will power, and loss of function of the lower extremities, the anæsthesia of the legs, and the paralysis of the lingual organs. Besides these indications, I was driven to the conviction that during the state of spasmodic contraction of the neck there must have been caused a defective nutrition of the brain, consequently creating a poverty of the blood, a want of the red corpuscles (hæmatin), and an increased quantum of serous ingredient of the same in the vessels of that organ. The reason for this argument I believe to be found in the paleness of the lips and face, and the totally relaxed countenance of the patient. The disease could therefore be nothing else than a *hydrocephalus internus*.

TREATMENT AND SUCCESS.

Now arises the question, what [could] be the true homoion in this case? My first conclusion was that there ought to be administered a remedy which had the power to abort the exudation of serum, and which at the same time should be qualified to give a powerful innervation to the paralyzed organs. As such a most convenient remedy I considered the mineral of *Cal. phos.*; but having at that time no preparation or trituration of this remedy in my pocket case, I resolved to administer instead of this, *Calc. carb.* 9th and *Phos.* 9th, with the advice to give alternately every two hours, one or two teaspoonfuls from this medicine. If anybody had told me at that time that I had found in this remedy the true similia for the whole disease, I would have had a little doubt in their assertion, but it was so. Already at the nineteenth of May, the fourth day of my treatment of the patient, I could testify the following result or change of condition: The countenance of the patient was quite another one, the melancholy, mournful physiognomy had entirely disappeared and had given place to a more living and cheerful look; the vomiting stopped on the second day of my medication; the patient revealed more sensibility, mentioned his necessities, had a desire to eat something, his tongue showed a clear red color; there appeared at the first time one normal stool without enema; the abdomen was of a more full form, evidently that there had again begun the work of chymification. The pupils manifested a remarkable reaction against light and darkness, but still the patient could not see anything; the paralysis of the tongue and the lower extremities was the same; the temperature of the skin was normal; the pulse made only one hundred beats in a minute; the sleep was good, and the eyes closed during it. This was indeed an unexpected indication for recovery, although I scarcely could make myself believe its possibility. But not enough; after the passing of another four days, there was visible a further step to restoration. The recollection of the patient was fully returned; he began to speak, though very slow, and in broken sentences; he manifested a remembrance of actions and objects done and seen before his sickness; his appetite

was very good, and all other functions were in a most convenient condition, yet the blindness of the patient did not retract till now, although there was remarkable an important faculty of reaction of the pupils. But already on the twenty-fifth of May, the ninth day of my treatment, I was welcomed by the parents of the patient with the joyful publication that the boy could see again, and a nearer research and examination of him convinced me that the child could see again indeed, although only in a distance between two and three feet, not nearer, and not further. If an object was brought nearer to him and he tried to take hold of it, he always missed to meet with it. On the end of that month, May 31st, the roundness and musculature of the body was evidently much improved; the fontanelles of the cranium were closed; the head showed again its normal shape; the sight was so far improved that the child could see everything, and already, in a shorter distance than before of about one foot; the anæsthesia, or deprivation of the sense of feeling in the legs had disappeared, but not so the lameness; he could move them and stand on them for a short time, yet could not take a single step. But finally, in time of a fortnight, on the thirteenth day of June, this last debility was also gone. The patient on this day came to meet me, for the first time walking without aid, though still a little tottering and shaking. His sight was now restored to its full and normal power; also the faculty of speaking, as well as his intellectual powers, etc. In time of a month the last weakness of the legs had also entirely disappeared, the little boy could walk and jump like any other child of his age, just as he could before his disease. He was totally and radically cured, and all this had been done with *Cal. carb.* and *Phos.* in the 9th decimal dilution, which I gave from the beginning to the end of the disease, except in one short, insignificant interval of fever in the last days of convalescence, caused from overloading of the stomach by taking too fat and bitter chocolate, which soon was stilled by *Aconite*, *Nux vom.*, and *Ag. magnet.*

The patient is alive still now, and in the best condition of health since that time. All the prophecies of my Allopathic colleagues, that the patient, if not dying, would afterwards not be able to speak, and remain an idiot for his life-time, etc., etc., missed—to the fortune of the patient and his parents—to become fulfilled. Is this cure not to be regarded as a triumph which Homœopathy celebrated over Allopathy? I leave the question for everybody to answer for himself.

[HYDROCEPHALUS AND HYDROCEPHALOID are the subjects chosen by the Bureau of Pædology for consideration at the next regular meeting of the American Institute in 1877. Cases or interesting facts may be sent to any member of the bureau, viz.: Drs. T. C. Duncan, Chicago; N. R. Morse, Salem, Mass.; C. W. Sonnenschmidt, Washington; L. M. Kenyon, Buffalo; G. H. Wilson, West Meridian, Ct.; J. H. Jenny, Kansas City, Mo.; H. V. Miller, Syracuse, N. Y.; W. N. S. Griswold, San Francisco; M. M. L. Reed, Jacksonville, Ill.; C. D. Crank, Cincinnati.—ED.]

Society Proceedings.

MINNESOTA STATE HOMŒOPATHIC INSTITUTE.

The Ninth annual meeting of the above named Institute was held in the city of Minneapolis, June 1st and 2nd, 1875.

There was a large delegation present.

The President, Dr. Hatch, in the chair.

Drs. May, Grannis, Richter and Wagoner, were elected members.

Dr. C. G. Higbee, chairman of the bureau on surgery, reported several interesting cases from practice; and mentioned the subcutaneous injection of *Carbolic acid* in erysipelas.

The above cases were duly discussed by several of the members.

Dr. Dornberg read an interesting paper upon cerebral diseases of children, calling particular attention to the use of *Atropine* in such cases where *Bell.* failed to help. He also read a paper on Diabetes Milletus, which was listened to with marked attention throughout.

Dr. Weigman from the bureau of obstetrics read a paper on Monstrosities, illustrated by cases from practice.

The above papers were closely criticised and discussed at considerable length.

The President's annual address was delivered at the evening session. It contained an analysis of the two prominent schools of medicine, Homœopathy vs. Allopathy, and closed by defining pure Homœopathy, and urging members to practice the same. It also referred to the duties of the profession to the public, and *vice versa*.

A vote of thanks was unanimously tendered to Dr. Hatch for his highly entertaining and instructive address.

SECOND DAY.

The society reconvened at 9 A. M. as per adjournment.

Dr. Nelson, chairman of the bureau on diseases of the eye and ear read a paper on Catarrh Ophthalmia, minutely describing the disease, and its appropriate treatment.

Dr. Flanders, chairman of clinical medicine, referred to the Epidemic of Diphtheria which prevailed very extensively in this city during the past winter; and mentioned *Apis mel.* 200 as one of the most important remedies used. Also spoke of a case now under treatment of obscure vision rapidly improving under the use of *Phos.* 70,000 one dose.

Dr. Leonard chairman of the bureau on climatology made an interesting report.

Resolutions of respect upon the death of Professor Saal, of Cincin-

nati, Ohio, an esteemed honorary member of this Institute, were offered.

It was voted to change the time of the annual meeting from the first Tuesday in June, to the third Tuesday of May, in each year. So as not to conflict with the meeting of the American Institute.

A resolution to except as members only graduates of accredited medical Colleges met with hearty support and was unanimously adopted.

A life size painting of our immortal master *Samuel Hahnemann* belonging to Dr. Flanders was placed in the hall, and seemed to shed a healthy Homœopathic influence over the meeting.

The following officers and bureaux were elected for the ensuing year :

PRESIDENT—A. L. Dornberg, M. D., Mankato.

VICE-PRESIDENTS—D. F. Roberts, M. D., Owatonna. and T. A. Pierce, M. D., Winona.

SECRETARY AND TREASURER—G. T. Flanders, M. D., Minneapolis.

CORRESPONDING SECRETARY—C. D. Williams, M. D., St. Paul.

CENSORS—Drs. A. E. Higbee, J. T. Alley, Z. B. Nichols.

BUREAUX AND COMMITTEES.

MATERIA MEDICA—Drs. Hatch, Hall, and Williams.

CLINICAL MEDICINE—Drs. Schell, Wedelstaedt, and Righter.

SURGERY—Drs. C. G. Higbee, Leonard, Nelson.

OBSTETRICS—Drs. Weigman, A. E. Higbee, Walthers.

DISEASES OF WOMEN—Drs. Roberts, Nichols, Goodwin.

DISEASES OF CHILDREN—Drs. Pierce, Alley, Silliman.

DISEASES OF URINARY ORGANS—Drs. Leonard, Wheat, Grannis.

DISEASES OF EYE AND EAR—Drs. Nelson, Hatch, Berlin.

CONTAGION—Drs. May, Richter, Waugh.

MICROSCOPY—Drs. Saunders, Whiteman, Brooks.

CLIMATOLOGY—Drs. Leonard, Weber, Wagoner.

PUBLISHING COMMITTEE—Drs. Flanders, Goodwin, Wedelstaedt.

EXECUTIVE COMMITTEE—Drs. Williams, Righter.

HOMŒOPATHIC PHARMACY—Drs. Hatch, C. G. Higbee, Flanders.

PSYCHOLOGICAL MEDICINE—Drs. Leonard, Williams, Goodwin.

After transacting some miscellaneous business, the Institute adjourned, to meet the third Tuesday in May, 1876, at St. Paul.

GEO. T. FLANDERS, Secy.

CEDAR VALLEY HOMŒOPATHIC MEDICAL SOCIETY

Met at the office of Dr. J. H. Crippen, in Waterloo, Iowa, on Thursday, October 28th, with President Bell in the chair. Minutes of last meeting read and approved.

Board of censors submitted a report recommending the following named physicians for membership :

Dr. E. A. Guilbert, of Dubuque ; Dr. A. M. Tuttle, of Clear Lake, Dr. Z. Z. Bryant, of Sumner ; Dr. Z. A. Bryant, of Waverly ; Dr. Edward Brewer, of Independence ; Dr. J. W. Davis, of Lansing ; Dr. E. Jackson, of Epworth ; Dr. S. Mills Fowler, of Dubuque ; Dr. S. B. Olney, of Ft. Dodge ; Dr. S. H. Guilbert, of Dubuque ; Dr. T. E. Triem, of Laport City ; Dr. C. H. Cogswell, of Clinton ; Dr. Geo. E. Cogswell, of Cedar Rapids.

Report was accepted, and each of the above named physicians were elected as members of the society.

Dr. E. A. Guilbert, of Dubuque, offered the following resolution :

Resolved. That the name of this society be changed to The North-eastern Iowa Homœopathic Medical Society ; and that the territory occupied be that part of the state of Iowa bounded by the Central Railroad of Iowa on the west, the Northwestern Railroad on the south, the Mississippi river on the east, and the state line on the north.

After an animated discussion the resolution was unanimously adopted.

On motion the Constitution and By-Laws of the State Homœopathic Medical Society of Iowa was adopted for the government of this society, with some slight amendments.

The new society then elected the following named officers for the ensuing year :

PRESIDENT.—J. S. Bell, M. D., of Cedar Falls.

VICE-PRESIDENT.—J. W. Davis, M. D., of Lansing.

SECRETARY.—J. A. Burt, M. D., of Waterloo.

TREASURDR.—W. K. Flatt, M. D., of Vinton.

CENSORS.—S. B. Olney, M. D., of Ft. Dodge ; J. H. Crippen, M. D., of Waterloo ; E. Brewer, M. D., of Independence ; W. H. Pettitt, M. D., of Cedar Falls ; S. B. Williams, M. D., of Waterloo.

The president appointed the following bureaus and committees to report at the next meeting :

MATERIA MEDICA AND PROVINGS.—Drs. Z. A. Bryant, J. A. Burt, and Edward Brewer.

CLINICAL MEDICINE.—Drs. Z. Z. Bryant, J. H. Crippen, and J. W. Davis.

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.—DRS. W. K. Flatt, S. B. Williams, and E. Jackson.

SURGERY.—DRS. A. M. Tuttle, W. H. Pettitt, and S. B. Olney.

ANATOMY, PHYSIOLOGY AND HYGIENE.—DRS. S. H. Guilbert, A. M. Tuttle, and T. E. Triem.

MEDICAL EDUCATION.—DR. E. A. Guilbert.

MEDICAL ELECTRICITY.—DR. S. MILLS FOWLER.

ORATOR FOR NEXT MEETING.—DR. J. W. DAVIS, of Lansing.

The society adjourned to meet at Cedar Rapids, on December 22.

J. A. BURT, Secy.

RHODE ISLAND HOMŒOPATHIC SOCIETY.

The Quarterly meeting of the Rhode Island Homœopathic Society was held on evening of July 23d at the office of Drs. Barrows & Wilcox, Providence, and was called to order at eight o'clock by the President, Dr. Barrows.

Upon recommendation of the Board of Censors, Dr. Samuel R. Mowry, of Centredale, Miss Lucy A. Babcock, M. D., of Westerly, and Mrs. C. A. Mathews, M. D., of Providence, were elected members of the society.

Bills to the amount of \$65.50 were ordered paid from the Society's funds.

Dr. W. B. Greene, of Providence, then read an interesting paper, reviewing briefly and concisely the history of gynæcology. Before entering directly upon the sketch, however, the essayist called the attention of the society to what he considered a bad practice on the part of Homœopathists of calling in practitioners of the Old School of medicine in difficult cases with which the latter may be more familiar than themselves, for the purpose of receiving their advice and assistance. The physicians of the old school do not call in Homœopathists in such cases, and it is to be regretted that the latter have to call upon them. The remedy for this evil is for each physician of our school to make some disease a specialty in study and practice, in connection with general practice; then when one has a difficult case, he can call to his assistance, if necessary, the physician who makes cases of the same class a specialty.

Dr. G. B. Peck, Jr., presented a paper on "The General Principles of the Relationship of Remedies," promising upon a future occasion to show their application and its results. After citing the fact that the chief defect in the therapeutic system of the Old School, is its want of adequate discrimination between the various members of any given class of remedies, and noting the diligent investigations of members of that school as the presage of an early association of all educated physicians

upon a true, scientific platform, he endeavored to show that the new school suffers from an extreme isolation — in fact an entire want of classification of its remedies. Such a classification is necessary to its progress, and even to its existence. The domain of law is boundless, and blind adhesion to any one principle is unscientific. The perfection of medical science, no less than chemical and physical sciences, requires a complete knowledge of the inherent properties of matter. A more or less intimate connection between any two substances in one particular, necessitates corresponding relationships in others; and the more numerous or fundamental the grounds of this relationship, the more perfect and complete the correspondence. No real progress can be made as long as all inorganic substances are treated as equals. The essayist strengthened the positions taken by numerous illustrations from chemistry and mineralogy.

The President read a paper, the subject of which was, "The value of high potencies." The value of a medicine is to be arrived at, he claimed, only by study and continued experiments, and no amount of philosophy or mathematical reasoning can furnish any rule establishing the fact that a given medicine of a given potency can cure any disease. Experiment is what is necessary, and this he claimed had shown how valuable in practice are high potencies.

The papers read during the evening were then ordered placed on file.

It was voted to hold the August meeting at the residence of Dr. E. B. Knight.

After an informal discussion upon various medical topics, the meeting adjourned.

WESTCHESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The Twelfth annual meeting of this society was held at the house of Dr. Flagg, Yonkers, N. Y., on the 26th of January.

Diphtheria, which has been epidemic in the river towns since August, was the main subject under discussion.

Dr. T. C. Elmendorf, of Port Cheter, was unanimously chosen a member.

The following are the officers for 1876:

Dr. H. C. Jones, Mt. Vernon, president; Dr. S. M. Griffin, Cold Springs, vice-president; Dr. E. C. Howe, Yonkers, secretary and treasurer; Drs. W. A. Ely, of White Plains, E. V. Brown, and T. C. Fanning, of Tarrytown, censors; Drs. Flagg, Beakley and Griffin, delegates to the state society; Dr. Flagg, delegate to American Institute of Homœopathy; Dr. Fanning, alternate.

A rich and substantial dinner closed the session.

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

ANNUAL MEETING, CHICAGO, MAY 16TH, 17TH AND 18TH.

The special subjects are here given as far as learned. We hope to have the complete list in our next issue.

CLINICAL MEDICINE.—J. S. Mitchell, M. D., Chicago; L. Pratt, M. D., Wheaton; J. Keck, M. D., Chicago; F. H. Van Liew, M. D., Meningitis, a case; R. B. Johnson, M. D., Morrison.

OBSTETRICS.—G. A. Hall, M. D., Chicago; S. P. Cole, M. D., Chicago; C. N. Dorion, M. D., Chicago; Mrs. L. C. Purington, M. D., Chicago; T. Baemeister, M. D., Toulon.

DISEASES OF WOMEN.—R. Ludlam, M. D., Chicago; G. D. Beebe, M. D., Chicago, The Surgical Remedies for Prolapse involving uterus, bladder, vagina or rectum, with illustrations; M. B. Campbell, M. D., Joliet; Mrs. A. P. Ketchum, M. D., Chicago.

DISEASES OF CHILDREN.—T. C. Duncan, M. D., Chicago, The Effects of the Genius Epidemicus on Children; S. P. Hedges, M. D., Chicago, Report from Half-Orphan Asylum; E. M. P. Ludlam, M. D., Chicago; W. R. McLaren, M. D., Oak Park; J. P. Mills, M. D., Chicago, Report from Foundlings' Home; D. A. Colton, M. D., Chicago, Report from Half Orphan Asylum.

SURGERY.—W. Danforth, M. D., Chicago; A. G. Beebe, M. D., Chicago; Charles Adams, M. D., Chicago; E. Parsons, M. D., Kewanee, Influence of the Mind over Surgical as well as other Diseases; J. A. Vincent, M. D., Springfield.

OPHTHALMOLOGY.—W. H. Woodyatt, M. D., Chicago; S. J. Ricker, M. D., Aurora; E. W. Beebe, M. D., Evansville, Wis.

ANATOMY.—E. H. Pratt, M. D., Wheaton; C. H. Adams, M. D., Aurora; Thomas Eckles, M. D., Sterling.

PHYSIOLOGY.—R. N. Foster, M. D., Chicago; C. B. Gatchell, M. D., Chicago; J. Harts Miller, M. D., Abingdon.

PATHOLOGY.—A. W. Woodward, M. D., Chicago, Epidemic Constitutions; I. Landridge, M. D., Chicago; S. Bishop, M. D., Moline; W. C. Sturteant, M. D., Morris.

HISTOLOGY.—H. P. Cole, M. D., Chicago; H. R. Stout, M. D., Chicago; S. J. Bumstead, M. D., Pekin.

HYGIENE.—L. Dodge, M. D., Chicago, Hygienic Preventive Medicine; E. Spork, M. D., Chicago, Moto-Therapeutics; Helen J. Underwood, M. D., Chicago; M. S. Carr, M. D., Galesburg.

MATERIA MEDICA.—T. S. Hoyne, M. D., Chicago, Therapeutic Uses of *Aconite*; W. J. Hawkes, M. D., Chicago, Characteristics; W. H. Burt, M. D., Chicago; T. J. Merriman, M. D., Aledo, *Apis mel.* in Intermittents; H. B. Fellows, M. D., Chicago; G. W. Foote, M. D., Galesburg; A. E. Ballard, M. D., Chicago.

ELECTRICITY.—R. N. Tooker, M. D., Chicago, Progress in Electricity; N. F. Cooke, M. D., Chicago; W. S. Johnson, M. D., Hyde Park.

CLIMATOLOGY.—R. S. Brigham, M. D., Cairo; H. P. Gatchell, M. D., Kenosha; T. J. Merryman, M. D., Aledo, Report.

PSYCHOLOGY.—O. H. Mann, M. D., Evanston; C. D. Fairbanks, M. D., Englewood; S. E. Trott, M. D., Wilmington.

CHEMISTRY AND PHARMACY.—H. N. Small, M. D., Chicago; J. J. Gasser, M. D., Blue Island; T. D. Williams, M. D., Chicago, Chemistry of our Materia Medica.

MEDICAL JURISPRUDENCE.—J. R. Kippax, M. D., Maywood.

MEDICAL EDUCATION.—J. S. Mitchell, M. D., Chicago.

STATISTICS.—T. S. Hoyne, M. D., Chicago.

MEDICAL LITERATURE.—Frank Duncan, M. D., Chicago, Publications of the Year.

PROVINGS.—E. M. Hale, M. D., Chicago, The Importance of having a Department of Provings in our Homœopathic Colleges; J. E. Gilman, M. D., Chicago; Mrs. M. A. Skidmore, M. D., Polo; N. B. Delamater, M. D., Chicago, Proving of Electricity; L. Bedford, M. D., Chicago.

LEGISLATION.—J. A. Vincent, M. D., Springfield; G. W. Foote, M. D., Galesburg; E. M. McAfee, M. D., Mt. Carroll; G. D. Beebe, M. D., Chicago; D. S. Smith, M. D., Chicago; T. C. Duncan, M. D., Chicago.

ARRANGEMENTS.—T. S. Hoyne, M. D.; J. S. Mitchell, M. D.; S. P. Hedges, M. D.; A. W. Woodward, M. D.; J. W. Streeter, M. D.

WESTERN ACADEMY OF HOMŒOPATHY.

The Third anniversary and second regular session of the Western Academy of Homœopathy will be held at Galesburg, Ill., June 6, 1876. Members will send titles of papers to the general secretary as soon as possible, that they may be published with the general circular to be issued in a short time. Any information in regard to the Academy may be obtained by addressing J. Martine Kershaw, general secretary, St. Louis.

Please note the following resolution unanimously adopted at the last meeting :

Resolved, That it is the sense of this meeting, that the society known as the Western Academy of Homœopathy, is, in intention and fact, a society embracing the entire western country, and organized for the benefit of all practitioners of Homœopathy throughout the great west.

Surgical Department.

GALLSTONE — ADVICE WANTED.

I beg leave again to present a case for counsel in your columns; not that I despair of curing, but the nature of the case is so painful, and I find so little said upon the subject in our medical works, that I desire immediate advice, or the experience of others, for the relief of my patient.

My patient, a woman of thirty-three years, is troubled with gallstones. She is a woman of large frame, a highly nervous temperament; has had very little sickness in her life; her employment for many years, till the past two years, has been sedentary, and her greatest trouble has been constipation; stools brown, and large, hard lumps. Also complains of quite a dull aching in right hypochondria, with pain through chest to shoulder blade; same side, with a sensation of fullness and oppression, usually a short time previous to the engagement of gallstones in the ductus choledochus. Ten or twelve years ago suffered with same trouble, as she supposes, though nothing was said of gallstones by the physician, a Homœopathist. Moving into a soft water district she was free from this trouble until coming to this place, and now, for eighteen months has had several passages of this kind, causing the most intense suffering, with vomiting and threatened local inflammation. The only relief I have obtained during the paroxysms has been from the use of Kidder's electric battery. The past three months my patient has used soft water; later, none but graham bread, acid fruits to some extent, no pastry.

I have given *Podophyllum* low, *China*, 6, the latter seeming to relieve the oppressed fullness in region of liver very markedly. Between the two last paroxysms, the longest interval since the renewal of this difficulty, I gave *Chelidonium maj.*, low at first, and often, afterwards the 200th, daily doses for a time, then omitting and again repeating. The patient tried doses of *Sweet oil*, but could not retain it on the stomach. Gallstones were washed from the fœces, appearing irregular, pearly white exteriorly and brown within. No analysis of them was made.

From the above diet marked improvement has taken place in the stools.

Advice on this case will be gratefully received.

Our winter has been very warm. Bad colds have prevailed, some diphtheria, and later, in February and to present date, many cases of so-called scarlatina, though very mild and more like rash, yielding, however, to *Bell.*; the colds to *Merc. sol.* and *cyan.*

LINCOLN, Neb.

I. J. BUMSTEAD.

“CONDITIO SINE QUA NON.”

IN ORDER TO SOLVE THE HOMŒOPATHIC PROBLEM OF MR. V. GRUZEWSKI AND THE VIEWS OF DRs. LIPPE, IN PHILADELPHIA, AND SCHUSSLER, IN OLDENBURG.

BY DR. V. GRAUVOGL, SUPERIOR STAFF PHYSICIAN IN MUNICII.

(Continued from page 342.)

Now I must proceed to show that my former discovery, relative to the means of adaptation has been lately confirmed also by physiology. It abstracted from its experiments the so-called law of imbibition, and explained it in this way: “That the living tissues, cells, take up substances in themselves only then, if their vital energy is debilitated.” The living cell allows substances to enter itself only when they primarily reduce its vitality. By the more or less lively intercourse which is established between the external liquid and the contents of the cells, the elements injurious to cell life having accumulated by increased activity within the cells, such as acids, wearing elements, get out of these, whereby the vital energies of the tissues, cells, is raised again, but simultaneously, too, the reception of liquids ceases. So we see the vital energy of the cells and tissues constantly fluctuate up and down, and if a stand-still occurs, then disease is produced. Imbibition and diffusion disclose the reason why the inorganic substances are so peculiarly distributed. In the blood serum, lymphatic current, in the bile, we see almost exclusively salts of soda, but in the tissues, cells, blood corpuscles, and in all organs we find the salts of potassa prevalent. The reason is, therefore, that the tissues are possessed of an active tendency to receive salts of potassa, and retain them just as the earth does. Soda salts, on the other hand, are held in the tissues just as little as in the earth. What is called here active power of reaction, I have styled power of adaptation, and that is quite another field than that of *Schussler's nutritive and functional* substances. On this standpoint Dr. Schussler could not have maintained that *Sulphur*, and *Phosphorus* are useless in a functional point of view, and many other things either. From this standpoint we comprehend the simplicity of the laws and the infinite variety, in which they are active in the organism, either by physiological, pathological, or therapeutical process. In the adduced examples there is consequently no more the position of nutritive and functional remedies concerned, no more a cellular therapy, but as I demonstrated ten years ago, merely a molecular therapy, as also the molecular interstices of the cellular integuments demonstrated, which transmit the intercourse between protoplasm and the liquids outside the cells. From all that, it follows that the Siren physiology has decoyed Mr. Dr. Schussler from his former scope as a Homœopath, and after he had overshadowed her, gave him birth instead of nothing but a disgusting mole. What for besides the decrepit cellular pathology of Virchow also yet a still-born cellular therapeutics? A convolution of Homœopathic, Allopathic and physiological chips of thought without any originality, without any guarantee for a secured suc-

cess? So Mr. Dr. Schussler has taken a most perilous step backwards, not for a greater honor to us, whether for his glory will be shown. He has arrived unconsciously on the field, on which he ought to know that it does not by any means abide other than Homœopathic doses, affording altogether the most splendid evidences for Homœopathy. When I discovered it, it did not come to my mind to proclaim directly some new therapeutics, perhaps a prolonged one, being analagous to the shortened one; but I was well conscious to myself that old Homœopathy would verily remain now, and new explanatory arguments for its doctrines alter nothing of it, but only confirm them.

THUJA ON THE CONNECTIVE TISSUES.

The examples quoted as yet by Mr. v. Gruzenski, however, have a great deal of lead yet hanging on their feet, for we don't always have persons with wounds and operations, rachitis and chondromas at disposal for an immediate after-proving. Although he only referred to two examples, I must therefore give one more to those above mentioned, which everybody may prove yet on himself, and any time afterwards.

If we take *Thuja* 30, two to four times a day, each time at four or five drops, one notices in fourteen days or two to three weeks, seldom later, that the nails on his hands and feet are much softer to be cut than before, so much so that every person, even not being informed about it, yet will be surprised thereby. This softening after the use of *Thuja* extends alike to the tendonous organs, what at first shows itself on the joints of the fingers and hands, which may become so loose in tender ladies, that these parts grow movable in all directions in the most singular manner, and such proving persons then are not a little concerned about the preservation of the firmness of the fist. The softening of these organs of connective tissue follows not quicker after the use of the 6th or 3d decimal attenuation, and lower attenuations seem to afford still less. Yet that is certainly very individual. For the rest in all experiments of this kind, we never ought to commence any lower than with the 30th decimal potency, a rule which also should be observed in therapeutics, or we frequently deprive ourselves of the most beautiful success. A decree is fortunately not admissible in Homœopathy, else the scale of dose would have been limited already once to the 3d and 6th potencies, and with it a blaming retrogression have been taken. On myself, I observed with the 30th and 3d decimal dilutions no other symptom at all than that softening of the nails, but as well in the 30th as in the 3d. If, then, nothing more is taken, the nails oftentimes grow hard already after twenty-four hours again as before, oftentimes, indeed, much later. The tissues of the nail, too, consists of connective tissue with enclosed horn tissue, and the specific action of *Thuja* on the elements of connective tissue surely spreads quite a new insight into the known comprehensive sphere of action of *Thuja* on the healthy and sick. The query that I put to myself thereupon was, how this interesting result of proving was also to be utilized practically? The ample answer, which practice imparted

to me upon that, is totally new, and I shall therefore come back upon it. I must add but this, that there are men who possess a remarkable tolerance toward *Thuja*. Particularly I found such a man at the end of his forty years of life, who, although a forester in a mountainous district, never got tired, and never had been sick yet; and that for many persons the scale of dose instead of downwards, on the contrary the upward one appears to be indicated and alone useful and efficient.

Now I see the task proposed to me regarding the experiment of Gruzewski solved, but would urgently ask the colleagues to make after provings with *Arnica*, *Silicea* and *Thuja* in the directions stated, and that, wherever it is possible, with the employment of all applicable methods of examination.

ARGENTUM AND GREEN STOOLS.

Ad vorim of the foregoing exposition, I may deal a slap to a fly that has stung me:

By the kindness of some colleague in Wisconsin, I learned that Dr. Lippe, of Philadelphia, in THE UNITED STATES MEDICAL INVESTIGATOR, published in Chicago, March 15, 1875, showed temper about the fact established by physics that *Copper* in a finely divided condition absorbs ozone and the consequences inferred by me therefrom. He also deemed it necessary to occupy himself with the falsehood I had asserted in my text-book of Homœopathy, § 198, that *Copper* rejuvenates the blood, and the lack of ozone causes senility; by which assertion I was to have annihilated the above-mentioned sentence of Hahnemann. This imputation refutes itself by the perusal of that paragraph. Regardless from that, also, the Homœopathic indication for this remedy has nothing to do at all with the attempt of explaining the effect of the *Copper*, and remains perfectly untouched by it. Therefore it may be left to the liberty of every one to adjust to himself the Homœopathic indications according to the drug-provings in a physiological way, too, and all such experiments must be designated even as progress of Homœopathy, because they admit a comparison, which is to be rectified by practice. Prof. Dr. Lippe, however, has been aiming more at Prof. Dr. Lilienthal, who was guilty of similar experiments, whereupon Lippe replies: "Here, for the first time do we learn that remedies administered Homœopathically, i. e., under the law of similars; have a physiological action. In our innocence we always held that the dynamic action was attributed to drugs (remedies) when administered Homœopathically. In our ignorance we were still believing in Hahnemann's teachings." Namely, Dr. Lippe had given utterance on *Argentum nitricum*, and Dr. Lilienthal explains to himself the efficiency of this medicine by physiological-pathological deductions, asking: "Is it wrong, when we study the case from another aspect, and consider the decomposition of food as the cause of the green stools, with flatulency upward and downward? We know that in the irritative diarrhœa of dentition, and especially during hot weather, the whole nutritive apparatus, including the ganglionic nerve centres, become

affected, sanguinification must be impaired, and an imperfect blood changes the action of the brain and spinal cord; hence the convulsions as well as the stupor." Thereupon Dr. Lippe responds: "The learned professor is at perfect liberty to study the case from another aspect, and we indulge in the liberty to finish the results of his deep studies, which, as a logical sequence would be this: Therefore the irritative diarrhoea of dentition, and especially during hot weather, will find a specific in *Argentum nitricum*! We shall continue to *individualize*, and from past clinical experience we know that there are a variety of green stools caused in different children during hot weather from the decomposition of food, or congestion of the brain. We know how, under the various conditions of green discharges, to cure them Homœopathically with *Aloes*, or *Apis*, or *Argentum nitricum*, or *China*, or *Chamomilla*, or *Elatarium*, or *Merc. viv.*, or *Podophyllum*, or *Pulsatilla*, or *Sulphur*, etc. And finally, we may be permitted to declare boldly that the attempt to put Homœopathy into the physiological liver is a mockery, a delusion and a snare." So! What have we learned now?

(TO BE CONTINUED.)

Materia Medica Department.

ACCIDENTAL PROVING OF *COLLINSONIA CANADENSIS*.

BY M. M. DOWLE, M. D., BEARDSTOWN, ILL.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: The following proving communicated to me by one of our most careful and observing colleagues, is so suggestive and significant that it opens a wider sphere for *Collinsonia* than we had supposed. It is to be hoped that some one will verify the proving. E. M. HALE, M. D.

(The powdered *Collinsonia canadensis* was obtained in an original package of two and a half pounds, of Merrell & Co., St. Louis, Mo.)

Wednesday, January 19th, 5:30 P. M.— While putting up a couple of tablespoonfuls of the powder in a paper intending to use *pro forma*, as given in Hale's New Homœopathic Proving, at page 128, edition 1864, I took first a small pinch between my fingers, which, seeming inert or without taste, I took again and again to learn positively if it were inert or not. I think I must have swallowed a teaspoonful and a half of the powder. It had the innocent looks and slightly the taste of *Licorice* powder.

I immediately visited a lady patient six blocks from my office, where I remained perhaps twenty minutes; but during this time I thought nothing of the medicine which I had taken down at the office. Ten

minutes later, while partaking of warm mashed potatoes and hot sweetened milk, at supper, I first experienced a warmth in my lips, and simultaneously a tensive, pressive headache at the point of emergence of the supra-orbital nerve of the left side. Pressed with thumb over the spot to relieve the aching. Presently, say perhaps ten minutes later, headache was no longer noticed, only an increasing warmth spreading along the internal mucous surfaces of the upper and lower lips; the sense of warmth was deepening rapidly into a feeling of largeness of the parts, attended with a sensation as if the parts were occupied with innumerable needles which were darting back and forth.

The face, as the cheeks, the forehead, and also all the hairy parts of the under chin, from ear to ear, and thence reflected down almost to breast bone, seemed to feel the same numbness or needle-like darting to-and-fro sensation. Strangely enough the tongue did not share the same sensations. (There was a *Caustic* sensation in the fauces which induced some coughing and spitting when the powder was first swallowed, but there was no universal burning in the throat-pit or gullet at any time afterward.) While the inner surface of the lips, as well as the whole buccal mucous cavity were experiencing an intensity of excitement, the face seemed to grow broader and broader, making the prover feel, in humerous phrase, as if he had a touch of the "big-head." The mind partook of the sense of pleasurable exhilaration.

Next, the entire right fore-arm, from the elbow to the tips of all the fingers, felt the sense of numbness, a weary heaviness; then the left arm and its fingers. The balls of the two thumbs were very numb; they were worse than the fingers. Rested my head at supper table on my left hand. Felt a sense of nausea, and thought I must vomit. Wife advised a walk in open air. While out some little time, wife sent out my oldest son, a lad, to ask how I felt. I answered, no better. Lips seemed growing larger all the while, and mouth seemed to stand open like a huge cat-fish's; lips dry; no flow of saliva at any time during the proving.

Lay down on bed with coat and boots off, with a blanket as covering; lay there from five to ten minutes; mouth tingling and burning; lips "enlarging;" face flushing and pricking, and whole head seeming to take on "growing" dimensions; both arms, from elbows to finger tips, "fast asleep," and hands feeling as broad and heavy again as they naturally were. Wanted to lie with head high, to get more air; suddenly, low down in left lung, felt a gurgling, followed by an immediate desire to cough, which I restrained, because just three weeks from this date the prover had a slight attack of hæmoptysis coming from that side, which was checked with *Trillin*. Uneasy; got up in stocking-feet and shirt sleeves, and sat near stove. Was, if possible, growing worse. Wife again suggested a walk out-doors. Was not frightened, only I thought I would be unable to attend to professional work if called while in this equivocal condition. Head seemed to grow bigger while straining to get boots on; went to front door, and staggered against the large elm tree near the step. While closing shutters felt sick and faint, and re-entered house. At no time there did not seem to be any

striking departure from a natural breathing; the breathing and the pulse *did* vary, however, while lying down: the pulse under the finger would withdraw like a thread, and then return with more volume. This condition of the pulse was noticed while lying on my left side, recently affected as stated, and got up to avoid, if possible, a return of that trouble. Hot things taken into the mouth and swallowed, seemed at all times to intensify the effects of the medicine. Had I taken the medicine by mistake, in the dark, I would have compared the sensations experienced to those of *Aconite*; it seems the analogue of *Aurum triphyllum* also. To antidote the *Collinsonia* action I employed *Chloride of sodium*; the *Spirits of camphor* containing *Laudanum* was used by olfaction, but the mucous membrane of the nostrils as far within as this volatile stimulant penetrated, seemed only to resent its presence by inducing an unwelcome aggravation of the existing local troubles. *Nux vomica* was the antidote. The face returned to a feeling of naturalness with each dose; the *Collinsonia* effects seemed to pass away like a vapor or aura from above downwards; it was *felt* to move; the sensations of relief being first felt in the forehead; then the cheeks lost their grotesque unbecomingness, or largeness; next the lips parted with their pungent glow, while the two arms, down to their finger-tips, were next severally alike bettered. However, the balls of the thumbs persisted in their numbness, the right feeling somewhat unnatural even the next day. To restore the thumbs and fingers to their right feeling, I slapped my outspread hands at the time across and around my sides, as the wood-chopper does when his hands are numb with cold.

These toxic sensations lasted fully three hours, say from 6 o'clock P. M. to 9 o'clock P. M. Feeling "well" at this latter hour, I visited a lady patient a block from my dwelling. In the cool, open air, walking, my feet and limbs felt strangely light, like a deer's, and as though I could run very fast if chased. I seemed to lose the sense of physical or personal identity, as far as the lower extremities were concerned. Returning home after an absence of perhaps ten minutes, I now felt for the first time a strong glow in the bowels from the umbilicus clear down to the toes. A sense of increasing largeness and numbness was felt from hip to hip; while the right thigh was thus affected, the left was skipped; the calves of both legs seemed elephantine, and "fast asleep." I sat still and sipped *Nux vomica*. The dynamic antidotal effect which this agent has over the *Collinsonia* poison in the system, was decided, and it was felt to be like removing a swaddling cloth that embarrassed nervous action by its tightness and weight. I took a teaspoonful of a solution of twenty drops of the 1st attenuation of *Nux vomica* in twenty teaspoonfuls of water, every few minutes. Urinated several times, and had a stool during proving, the latter being in the form of balls, or lumpy agglomeration. The above is a faithful transcript of my physical sensations while under *Collinsonia*, taken down forty hours after their happening. It is a matter of regret now that the prover had not pen or pencil in hand so as to have autographed his sensations correctly at the time of their occurrence.

Medico-Legal Department.

UNITED LEGISLATIVE ACTION.

DEAR MR. EDITOR: Success in legislation requires unity of action. The opponents of our school go solidly united in every attempt to defeat us. Our number being smaller the greater the necessity exists for unity, unremitting vigilance and untiring industry. How much we may disagree amongst ourselves we should renounce personal feeling or interest and act promptly and in unison, whenever the science which we profess and practice is endangered by the skillful maneuvering of our opponents.

The committee is composed of members living at great distances from each other, and the only opportunity to meet occurs once a year, at the annual meeting of the American Institute of Homœopathy. With a view to organize a powerful and working legislative committee I have submitted the plan enclosed, to each member of the committee; and as the majority have manifested their approval, I propose to appoint sub-committees in every state and territory. But not being acquainted with the Homœopathic practitioners of every state and territory, I find the task quite a difficult one. The state societies have legislative committees and these might act as sub-committees of the committee on legislation of the American Institute of Homœopathy.

Would you publish this in your valuable paper and suggest the propriety of such united action among these various committees through the committee on legislation of the American Institute of Homœopathy? Our committee would then be able at every annual meeting of American Institute of Homœopathy, to give a full report of the legislation regarding Homœopathy in every part of the country during the year.

With respect, yours, etc.,

WASHINGTON, D. C.

T. S. VERDI, Chairman.

THE UNITED PLAN.

1. Every state and territory of the United States shall have, if practicable, a representation as a sub-committee of the committee on legislation.
2. The chairman of the committee on legislation shall appoint sub-committees in the states and territories not represented by the present committee on legislation.
3. The state and territorial sub-committees shall have power to

appoint such sub-committees as in their judgement are necessary to further the interests of the Homœopathic school in their state or territory.

4. When a sub-committee of the committee on legislation appoint an other sub-committee it shall so inform the chairman of the committee on legislation without delay.

All papers and reports arising from this organization, or a copy the same, shall be forwarded, without loss of time, to the chairman of the committee on legislation.

It shall be the duty of the members of the committee on legislation, or any sub-committee on legislation, to procure all bills, or measures proposed, presented to, or passed by their respective legislatures or local governments bearing upon medical legislation, or such legislation as may affect the interests of the Homœopathic school.

It shall be their duty also to organize in such a manner as to defeat any bill which may be thought to be detrimental to the interests of the Homœopathic school.

It shall be their duty also to propose and insist upon such legislation, as, on a principle of equity, will place the Homœopathic school on the same legal status as all other schools of medicine.

It shall be their duty also to demand and insist upon an equitable share of appointments of medical officers for public institutions.

It shall also be their duty, whenever the opportunity presents itself, to so influence United States senators and representatives as to prevent legislation in congress detrimental to the school of Homœopathy.

Any action taken by members of committees or sub-committees on these several duties shall be recorded and forwarded to the chairman of the legislative committee without delay.

LEGAL DIPLOMAS.

Is a diploma issued by a medical college *legal* when signed by one or more of the faculty *who have not examined applicant* for graduation?

DECATUR, Ill.

L. P. JAMES.

ANSWER.

Most assuredly it is. A college charter is a sacred document, and a diploma having the college seal and signatures of its officers and members of the faculty, is an instrument so valid that no power on earth, other than that which granted the charter, can go behind it, and inquire into the status of the individual receiving the degree.

Fraud only, in obtaining it, can vitiate it.

CHICAGO.

J. R. KIPPAX.

Medical News.

Correction.—April 1st, page 338, last line, fourth word “quantity” vs. quality; page 339, sixteenth line from top, “functions consists, vs. consists of functions.”

Report of the New York Ophthalmic Hospital for the month ending March 31, 1876: Number of prescriptions, 2,814; number of new patients, 381; number of patients resident in the hospital, 34; average daily attendance, 104; largest daily attendance, 162.

The remains of a Mastodon have been discovered at Lesle, Broome county, N. Y. The portions so far found are, a piece of tusk 7 feet 3 inches long, and another piece 2 feet long; a humerus, 38 inches long; one rib 49 inches long, and twenty-one shorter ribs; the Atlas, 10x17 inches, and several of the caudal vertebrae.

The Influence of Death on Sickness.—It is found by experience that for each annual death there are at least two cases of severe sickness, and that whatever causes influence the one order of events influence the other, too, in the same proportion. A diminution of the year's deaths means, therefore, a better chance of good health to the survivors.—*Homœopathic World.*

New York College Alumni Society.—After the commencement exercises of the New York Homœopathic Medical College, the graduating class of 1876 formed an Alumni Society. E. H. Linnell, of Norwich, Conn., being elected president, and E. B. Squir, of Syracuse, N. Y., as secretary. It is designed to have annual meetings of this society at such places as the majority of the members may desire, and in order to, further this object, and to ascertain the location of each member, they are requested to send their addresses to the secretary of the society, E. B. Squir, M. D., 51 Warren street, Syracuse, N. Y.

A Correction.—I fear your “forms have been pied,” for they have made me to prophesy, which, when I pretend to do, you may stone me for a false one. But as I did not assume that role, please stone “the devil” (printers), for interpolating the last sentence of page 254 of March 15th issue. I admit having whispered something similar to the editor, forgetting that walls have ears, probably that accounts for it, but as you know there was no “copy” for the same, please clear me from responsibility for this utterance. A. W. WOODWARD.

[We assume all responsibility. See pp. 304-5.—ED.]

Encalyptus Globulus as a Sanitarian.—The experiment of planting this tree in the unhealthy Campagna of Rome, with the object of destroying the influence of the miasmatic exhalations from the ground, has been tried for several years, particularly in the locality of the Monastery of St. Paul Trois Fontaines, where a priest named Gildas has had the plants under cultivation. In some communications addressed to the Societe d'Acclimation de Paris, M. Gildas states that the trees have thriven, and that he believes they have given indications of their power in arresting disease, though as yet they are not sufficiently numerous to produce much effect.—*The Sanitarian.*

New Book.—Micro-Photographs in Histology, Normal and Pathological. By Carl Seiler, M. D., in conjunction with J. Gibbons Hunt, M. D., and Joseph G. Richardson, M. D. Philadelphia: J. H. Coates & Co.; numbers, 60 cents; \$6 per year, twelve numbers a year. No. 1 will be issued about April 1st.

This publication is intended to replace the microscope, as far as is possible, for those physicians who have neither opportunity nor leisure to make observations with the instrument for themselves; and also to furnish microscopists, for comparison, correct representations of typical specimens in the domain of normal and pathological histology.

Died.

GALLUP.—Died at Duxbury, Mass., March 15, 1876, very suddenly, Mr. George Gallup, of Bangor, Me., aged 39 years.

He has filled important stations as a telegraph manager in Illinois, St. Paul, Minn., in 1263, and in New York City; for the last eight years at the Atlantic cable at Isle of Cape Breton, Nova Scotia, as managing agent, and since last July at the landing of the French cable, at Duxbury, Mass., in the same capacity. He has been considered as one of the first-class of operators in this country, as his position would indicate.

Publications Received.

Homœopathy in the Light of Common Sense and Modern Science. By D. Dyce Brown, M. A., M. D., second edition, pp. 34. London: Longmans & Co.

The first part is devoted to illustrations of the common sense of Homœopathy. Try the remedy on the healthy and you will see that it produces a disturbance of some part of the organism; when such a condition exists, give the remedy, "Can anything be simpler or more in harmony with common sense than this?" In the second part the double action of remedies are given and illustrated by some of the more common remedies, i. e., *Digitalis* produces irregular pulse and fainting, in large doses, is now, in small doses the recognized remedy in such cases.

A New Society.—Being desirous of informing the Homœopathic medical fraternity what we have done to advance the science of our school in this county, (Jackson,) I send you a list of our officers and the object of the society, which is, to construct out of the scattered members of our profession of this county, an organization, and through this organization to secure concert of action and the prevalence of wise and prudent councils. We elected the following officers:

President, Dr. J. B. Tuttle, of Jackson; first vice-president, Dr. L. M. Jones, of Brooklyn; second vice-president, Dr. L. C. Reynolds, of Jackson; secretary and treasurer, Dr. Phil. Porter, of Jackson; censors, Drs. W. H. Gibson, of Jackson, L. T. Van Horn, of Homer, N. J. DePuy, of Parma, Wm. J. Calvert, of Jackson, J. E. Jewett, of Jackson.

We hold another meeting April 18th, to discuss "Symptoms." We muster about twenty strong, by taking in two or three physicians non-residents of this county.

JACKSON, Mich.

PHIL. PORTER, Secretary.

Society Sessions.

The Pacific Homœopathic Medical Society meets in San Francisco, May 3d.

Montgomery County (Ohio) Homœopathic Medical Society meets May 3d.

The Indiana Institute of Homœopathy meets in Indianapolis, May 9th.

Texas Homœopathic Medical Association meets in Galveston, May 10th.

New Hampshire Homœopathic Medical Society meets in Concord, May 13th.

The Homœopathic State Medical Society of Kentucky meets in Louisville, May 2d.

The Homœopathic Medical Society of the State of Michigan meets in Detroit, May 16th.

Nebraska State Homœopathic Medical Association meets in Omaha, May 16th. *All* are cordially invited to attend. At present there are but few Homœopathic physicians in Nebraska, and in order to make our meeting a success it is quite necessary that all are present, so it is to be hoped that each one will make unusual endeavors to be on hand. We particularly invite our brethren of western Iowa to unite with us. The following are the officers and committees for the present year :

President, Dr. O. S. Wood ; vice-presidents, Dr. W. D. Stillman and Dr. H. S. Knowles ; secretary, Dr. A. C. Cowperthwait ; provisional secretary, Dr. L. J. Bumstead ; treasurer, Dr. Emlen Lewis.

Obstetrics, Drs. Lewis, May, and Robinson ; materia medica, Drs. Cowperthwait, Knowles, and Burr ; clinical medicine, Drs. Bumstead, Stillman, and Wright ; surgery, Drs. Wood and Carley ; hygiene, Drs. Knowles, Smith, and Hurlbut.

The Michigan University Position.—In common with the Homœopathic profession generally, the writer feels gratified at the stand taken by the regents of the Michigan University, and is willing to accept the half loaf when full justice cannot at once be obtained, and would not like to be considered as belonging to the fractions or fault-finding class, no matter how honest they may be (and their honesty is not questioned) in pressing the rightful claims of our school to a more fair and equitable arrangement, by which our students would have equal and exact justice.

Dr. Rynd, no doubt, considers that he holds, and we are willing to concede to him, very liberal views, yet would like to know what he means by "rational medicine." As Homœopathy is the cause of all this fuss, as he terms it, the necessary inference is, that Homœopathy is irrational or the opposite of rational medicine. The definition of irrational, according to Webster, is, "without reason ; in a manner contrary to reason ; void of reason or understanding ; absurdly," etc., etc. In this view of the case, for one, we fail to see wherein the article to *The Peninsula Journal of Medicine*, from which you quote in the February 15th number of *THE UNITED STATES MEDICAL INVESTIGATOR*, is very complimentary to Homœopathy, or wherein it contains those essential virtues which the doctor sincerely hopes soon to be made apparent by the dawn of a better day, when charity, which vaunteth not itself, is not puffed up, etc., etc. Looking upon Dr. Rynd and his associates, the regents, in the true light in which they stand, as the servants of the people, the *whole* people of the State of Michigan, a large proportion of whom are believers in and adherents of Homœopathy, there can be no excuse for even this gratuitous fling, except perhaps in the light that he wishes to smooth the turbid minds of those belonging to the school of contraries, and we fail to see excusableness even in that light. Perhaps a generous view of the matter would be the conclusion that the doctor did not fully consider his words, and really meant no reflection upon Homœopathy. We will allow that we are a little sensitive in such matters, which is quite natural after so long and severe a goading we have received from their hands ; in the absence of proof to the contrary we will accept it in that light, and only ask the doctor to do better next time.

BUFFALO, March 1.

JOHN F. WAGE.

Office of
The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

[Consolidation of the *United States Medical and Surgical Journal*, (Quarterly, \$4.00), Vol. X. with the *MEDICAL INVESTIGATOR* (Monthly, \$3.00), Vol. XII; Commencing January, 1875.]

Two Volumes a Year. — Terms: \$5.00 a Year, Payable in Advance.

T. C. DUNCAN, M. D., Editor.

F. DUNCAN, M. D., Business Manager.

67 Washington St., Chicago, April 15, 1876.

WANTED.—Jan. 1st number, 1876; 25c. will be paid. Send to B., care this office.

WANTED.—Nos. 4, 5 and 7, Vol. VII., 1870, *MEDICAL INVESTIGATOR*; 25 cents each will be paid. Address, A., care this office.

FOR SALE.—Very complete office outfit and practice. Population, 14,000; five railroads; growing town. Address, Box 975 Hannibal, Mo.

FOR SALE.—Full set, ten volumes, of the New York State Homœopathic Transactions, good as new, cost \$10, price \$8; Hamilton's Clinical Electro-Therapeutics, new, cost \$2, price \$1.50; Bayes' Applied Homœopathy, new, price \$2; Ruddock's Clinical Directory, \$1.

BIND YOUR JOURNALS.—Emerson's Binder we can supply, stamped with name suited for this journal, for 40 cents; without backs, 20 cents. Keep the numbers all together for ready reference. We can furnish these binders for any journal the same size as *THE INVESTIGATOR*, with the name of the journal that they are for printed on the back, for the above prices.

FOR SALE for \$1,500. \$1,050 cash, \$200 on the 1st of September, 1876, and \$250 the 1st of September, 1877. I will dispose of my residence (now, my practice, medicine, and books, and medicine case. Residence on one of the principal streets in Charleston, the county seat of Coles county, with a population of 3,500. Business, this the third year, will no doubt run to \$2000 cash. Reason for selling, a change of climate on account of asthma. Address, Geo. P. Sarchet, Charleston, Ill.

REMOVALS.

- Dr. C. A. Weirick has located at Sheffield, Ill.
- Dr. E. C. Gaffeny has located at Wyoming, Ill.
- Dr. C. H. Adams, from Aurora to Sandwich, Ill.
- Dr. W. H. Loomis has located in Barrington, Ill.
- Dr. N. H. Haviland, from Spencertown to Fulton, N. Y.
- Dr. G. W. Powell, from Huntsville, Ala., to Auburn, Ind.
- Dr. H. A. Worley, from Davenport, Iowa, to Omaha, Neb.
- Dr. A. L. Macomber, from Cassopolis to Three Rivers, Mich.
- Dr. John A. Vandenberg, from South Holland, Ill., to Omaha, Neb.
- Dr. C. H. Vilas, from 112 Randolph to 56 Washington street, Chicago.
- Dr. Moses T. Runnels has formed a copartnership with his brother, Dr. O. S. Runnels, at Indianapolis, Ind.
- Dr. L. H. Ordway, from Warren, Ill., to Hot Springs, Ark., where he has formed a copartnership with Dr. J. B. Brooks.

THE OFFERS.—In answer to inquiries we will say that we have secured a few more books and are again able to open those tempting offers.

\$7. will secure Gilchrist's Surgical Diseases (\$3 50), and this journal for one year. (If book is to be sent by mail, 32c should be added for postage.)

\$10. will secure Ludlam's Diseases of Women (\$7 00), and this journal for one year. (If book is to be sent by mail, 50c. should be added for postage.)

\$8.50 will secure Hoyne's Materia Medica Cards (\$5 00), and this journal for one year.

\$6.50 will secure Shipman's Family Guide (\$2 00), and this journal for one year.

\$9. will secure Volumes I. and II. (\$5 00, the year 1875), and the year 1876 of this journal.

\$7. will secure any volume of the *MEDICAL INVESTIGATOR* (\$3 00), since January 1872, and this journal for one year.

When you think of buying any books or subscribing for any journals always write to us and ascertain at what price we can furnish them to you, before you buy.—Remit by P. O. money order, draft, or registered letter.

EXCHANGE DEPARTMENT.—We have now opened an Exchange Book Department through which we shall try to furnish any book wanted, old or new. Send us a list of books that you want to procure and we will try to fill the bill, when complete will advise you with price and send as you direct. Remittance must be sent with shipping directions or else package will be sent C. O. D.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. III., No. 9. — MAY 1, 1876. — Whole No. 165.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

MILFORD, Conn., April 6.—Have a great deal of typhoid pneumonia just now, also a rousing epidemic of measles, which has followed close upon the heels of hooping-cough and scarlet rash, *Bry.* 2000 seems to meet almost every case.
E. R. GREGORY.

GRINNELL, Iowa, April 3.—The prevailing diseases here thus far this winter have been diphtheria, pneumonia, and catarrhal affections. The principal treatment in diphtheria has been *Merc. iod.*, and *Phyto*. The treatment mostly called for in pneumonia has been *Acon.*, *Bry.*, and *Phos.*, in a few cases *Sulph.* has been the chief remedy.
R. H. HARRIS.

FRANKLIN, Ohio, April 6.—The measles have been epidemic in town and country during the past two or three months. Many adults have suffered from them. They have been more severe than usual. Many cases assuming a typhoid character. The usual remedies *Acon.*, *Puls.*,

Bry., and *Bell.*, have answered. Severe colds, pneumonias, etc., have also been quite prevalent. Weather has been very variable.

G. S. FOSTER.

NEBRASKA CITY, Neb., April 7.—Very little sickness the past month in this immediate locality. A few miles west of us (twenty miles) there has raged an epidemic of what some has termed diphtheria, others scarlet fever. A large majority of cases proved fatal under Allopathic treatment. The Homœopathic physicians were much more successful. The same epidemic showed itself here in a mild form. I considered it genuine diphtheria, with the accompanying rash; lost no cases; used *Merc. sol.*, mostly, sometimes *Bell.*, and in a few cases *Apis* where there was an œdematous swelling of the eyelids, and no thirst. I am now having, and in fact, have all winter had more or less of throat troubles; probably similar to those reported as diphtheria. I don't think such cases are diphtheria, yet if not diphtheria, what are they? I am not able to answer. They are certainly no form of ulceration, but on the contrary a membranous patch forms on the throat, of a whitish grey color which may be detached leaving a denuded surface. The tongue is coated, the breath foul, the eyes sparkling, and the system greatly prostrated. All my cases of which I have had many, have fully recovered in a very few days. When physicians report hundreds of cases of diphtheria, in a single season cured by a single remedy, I with many others am very much inclined to be skeptical.

Such cases badly treated or neglected often become more malignant in form, and such being the case, is it not well enough for the public good, to call it diphtheria? And though not malignant is it not diphtheritic in its nature? Of course I do not refer to the cases of ulcerated sore throat, which are plainly such, and which are of more or less common occurrence.

A. C. COWPERTHWAIT.

HINTS ON THE PLAGUE COMING.

Regarding the coming plague, advise the western farmers to plant *Helianthus annuus*, the sunflower. It is not too late. These are, as farmers know, the best purifiers of the atmosphere. They knew it in the year 1833, long before 1857, when L. Maury pretended and boasted of being the discoverer. In the fall season collect the ripened seed and prepare the sunflower oil in quantities — we cannot have too much. Among all the oils of the vegetable kingdom this is one of the best for inunctions and will, at least, be an invaluable adjuvant. If the Levantine plague should come over, what happened in 1830-32, the time of the Asiatic cholera, will repeat itself. People will get afraid; quacks will cheat them and get rich; Old School doctors will run about headless, and our school will point to the first, the second, and the third remedy, and heal those who obey, as it did in 1830 and 1849.

PHILADELPHIA.

C. HERING.

CONSULTATION CASE.

THANKS FOR ADVICE

Direct, by friends Bishop, Gentry, and — “Farmington.” in my case of rheumatism recorded in THE UNITED STATES MEDICAL INVESTIGATOR, Vol. III, No. 3, page 111. I did not see my patient for the space of eight or ten days after writing up the case, and she then reported herself cured, and said, “If I charged them in proportion to benefits received, they would never be able to pay me in the world.” I like THE UNITED STATES MEDICAL INVESTIGATOR, very much. But would like it still better if our friends, when prescribing, would *always* give potencies and scales.

CHAMPAIGN, Ill.

C. HUTCHINSON.

THAT HAY FEVER TREATMENT.

In reply to article on page 303, No. 7, I have only so much to say that my treatment of hay fever for nearly twenty years has given me and my patients satisfaction. Dr. Breyfogle and Dr. McNeil know whether my practice amounts to anything or not. About the word “incurrent” remedies, it should have been intercurrent remedies. For instance, I get a patient who took *Quinine* in whisky for the hay fever, (a very common and frequent remedy about here.) I give him *Bell.*, *Nux vom.*, or *Ipecac.* according to the symptoms, first; in such cases all drug symptoms have to be attended to first. One physician recommended snuffing *Veratrum alb.* powder (Scheueberger snuff). I had to resort to *Camphor* internally and *Aqua camphorata* as a nasal douche to antidote the *Verat. alb.* So much for intercurrent remedies.

Hereabouts it affects ten young and middle-aged men before one old one, and women very rarely.

NEW ALBANY, Ind.

TH. MEURER.

ON SECOND SIGHT.

In seeking definite information concerning the changes which take place in the eyes to produce what is known as second sight, we find the literature of the subject very scant. The details of this case may consequently be of value. Mrs. M., aged eighty-five, gives the following account. Eleven years ago (when seventy-four) used convex 24 glasses to see distant objects clearly and convex 12 for reading. Until she was seventy-nine these glasses answered very well. But about this time she found that weaker glasses enabled her to read with more comfort and that the 24 glasses did not help her distant vision as formely. She soon adopted the number 24 for reading and then abandoned glasses entirely for near work. Accidentally putting a pair of concave glasses

before her eyes she discovered that her distant vision was much improved. When I examined her the following was the condition :

She was able to count fingers six feet away and read Snellen 2 of the test-type without glasses. No glass helped her near vision but a concave 8 gave her a vision of 20-100. She was amblyopic and myopic. The fundus appeared normal. The lens showed no more than the usual senile opacity in the centre.

CHICAGO.

W. H. WOODYATT.

NITRITE OF AMYL VS. CHLOROFORM.

Reading the notes on *Nitrite of Amyl*, by J. Crichton Browne, F.R.S. E., in Braithwait's *Retrospect*, Part LXX., January, 1875, it occurred to me that *Nitrite of Amyl* might be an antidote to *Chloroform*. Dr. Browne when administering *Nitrite of Amyl* in cases of *status epilepticus*, noticed that the patient yawned profoundly and repeatedly. Dr. Browne says that "*Nitrite of Amyl* always, when inhaled, hastens and deepens breathing." (When inhaled it acts immediately as a powerful stimulant to the heart, more powerful indeed, than any other known agent; and a little of it applied to the nostrils causes an instantaneous and extraordinary flushing of the face; given to animals by inhalation it is capable of suspending respiration, and producing death; but short of the latter result, it may produce, when properly regulated, a reduction of the respiration and circulation so extreme, that a condition analogous to *trance*, may be induced and sustained for many hours.—See U. S. Dispensatory, Edition 1870). Dr. Richardson says, that "*Nitrite of Amyl*, though it is capable of producing insensibility, is attended with a kind of consciousness." Still may not Dr. Browne have used it Homœopathically, without being aware of the fact? I would suggest to those who use *Chloroform* often, to take with them *Nitrite of Amyl*, and when alarming symptoms occur to soak at once a piece of lint in *Nitrite of Amyl* and cautiously let the patient inhale a little from time to time, until natural respiration is restored.

As a dernier resort, may it not be useful as a remedy in still-born infants—diluted in *Alcohol* or *Ether*—and injected up the nostrils, or on the face, as a spray.

ST. LOUIS, Mo.

J. C. CUMMINGS.

A SOMEWHAT SINGULAR CASE.

Mr. ———, a tall, spare, bony, rheumatic man, was attacked with symptoms of a common cold; pain on side of the face, and extending downwards in the neck; urine loaded with lithates and purpurine; heavily-coated white map tongue. *Bell.* 200 relieved the severe pain,

deemed to be neuralgic. Afterwards it located itself in the ear, and was severe in the region of the mastoid cells. A poultice was ordered and *Merc.* 600 prescribed. After a few days "matter" was reported issuing from the meatus, and the pain subsided.

Patient was able to be about the house for several days, complaining only of increasing debility, for which a few doses of *China* was prescribed.

No anxiety was entertained until I was hastily summoned early because of a "terrible chill" during the night. There was a heavy white coating on the tongue, but no pain or tenderness anywhere. *Ant. c.* prescribed. Another severe chill was reported next morning as occurring during the night. Headache; pulse full and strong; lies quiet; profuse sweat; drinks large quantities of water. *Bry.* 200. Next morning, another nocturnal chill. Patient unconscious and speechless; involuntary micturition; tossing about in bed. *Hyos.* 200. A consultation was held. *Ars.* 3 was suggested by an individual holding a Cleveland diploma, and who advertises "thirty-six years experience," affirmed that there was no medicine at all in the 30th(!) Thought it ought to be given *strong*. *Ars.* was not indicated at all, but in deference to the thirty-six years, *Ars.* 30 was given.

Next day, coma, stertor, irregular pulse. Prognosis, hopeless. Consultation. Pseudo-Homœopath (thirty-six years experience) would give *Stimulants* and *Quinine*, *strong*. Gave the above prognosis, and prescribed *Sac lac*; 4 P. M. death. Was it a case of cerebral abscess? Had the otitis anything to do with it? Was it "cerebral typhoid?" What was it? Answer, ye learned doctors!

VIRGINIA CITY, Nev., March 15.

E. STEVENSON.

NOTES FROM PRACTICE.

BY R. N. TOOKER, M. D., CHICAGO.

RETENTION OF URINE AFTER CONFINEMENT.

CASE I. Mrs. S., after a tedious labor lasting some fourteen hours, was delivered of a healthy female infant, and made a good recovery, excepting that the second day after confinement, she could not pass water, and the bladder being manifestly distended, the catheter was passed and the bladder relieved. *Puls.*, *Sulph.*, *Nux.*, and *Bell.*, was in succession or alternation administered during three subsequent days, but still the strangeness continued. On the evening of the third day I relieved my patient as usual with the catheter, and although the instrument was passed without exposure or pain, she seemed unusually nervous regarding its continued necessity. Notwithstanding the assurances that her ability to urinate voluntarily was not among the "lost-arts," she sent her husband for me the next morning at three o'clock, who reported his wife suffering greatly from distended bladder,

crying and insisting that she must have relief immediately or die. Being seriously indisposed myself (to going out at that time of night and regarding the difficulty as more imaginary than real, I sent her what I intended as a mere placebo that would quiet her perhaps till morning when I intended to use the catheter as usual. Promising to call in the morning, I went to bed, could not sleep, the vision of my suffering patient preventing. So at six o'clock got up and went to my patient whom I found snoring beautifully and apparently indifferent as to "how the water came down at Ladore," or anywhere else.

From her nurse I learned that the manifest change in affairs, was the almost immediate result of my placebo. Within two minutes after taking the first dose, a copious discharge of urine took place, and I had no occasion to use the catheter's influence. The medicine sent was a powder — about two grains — of *Ignatia* 3 to be put in half a glass of water, a teaspoonful to be taken every half hour. She only took the one dose.

PRURITIS VALVÆ.

CASE II. Mrs. C., seven months advanced in pregnancy, consulted me for an itching of vulvæ and pudendi which had troubled her for several days, and had increased in severity, until she regarded it as unbearable. At times the itching was so severe that she was almost frantic. She had scratched herself until the skin was abraded. She had used cold and warm water, salt and water, and had taken *Sulphur*, *Sepia* and *Apis mel.* under my direction, when a weak solution of *Borax* locally applied afforded instant and permanent relief.

DYSENTERY.

CASE III. M. J., policeman, whose beat lays close along beside the "Beautiful River," sent for me at eleven o'clock on the ninth instant. Found him suffering from intense griping pain in the abdomen which was mostly referred to the left hypogastric and iliac region, along the descending colon. He said he was taken sick while on his beat about seven o'clock in the evening. A copious evacuation inaugurated the disease. After a short interval of rest another one followed attended by prolonged tenesmus and severe pain, the intensity of the latter increasing to the point of faintness. The passages now recurred every five minutes and the griping pain became constant until eleven o'clock when I saw him. At this time his pulse was fifty six, extremities cold, countenance blanched and features pinched. He declared himself poisoned though he had taken nothing outside of his own house, and of which he had partaken habitually. His passages were now bright blood and water, mixed with what looked like curdled milk. I prescribed *Ars.* 3 and *Colocynth* 3 tincture in water, a teaspoonful dose administered every fifteen minutes in alternation.

After an hour and a half my patient dropped into a quiet doze and slept until six o'clock in the morning. During the subsequent hour two passages occurred of a bright blood and mucus. I saw him at ten o'clock and changed my remedies to *Plumb.* and *Merc. cor.* both 3x.

Next day convalescence was fully established, and he resumed his beat two days afterwards. In this case, had heroic Allopathic treatment been instituted, if convalescence occurred at all, it would have been greatly delayed and prolonged. I am myself, as well as my patient, well satisfied with the treatment and its results.

PER CONTRA.

It is not well to tell only of successes. I am chagrined at failures notwithstanding ten times, yes, a hundred times, the thought, study, and effect are expended on these than were given to the foregoing. For example, I have a patient now, thirty-five years old, of nervous, sanguine temperment, of excellent habits in every respect, who leads a moderately even life. Whose business is flourishing but not exacting, whose home is a model of sanitary precautions, whose every surrounding is healthful and salutary, and yet this individual is now in the eighth week of a continued fever, that has baffled me at every turn and gone on and on in spite of every remedy having any authoritative repute in abating similar fevers.

The prodromic symptoms lasting perhaps a week or two were a slight general malaise, slightly varied with frontal headache, a slightly furred tongue—and this was all. The accessory symptoms were scarcely more pronounced. There was but slight thirst and but feeble appetite. The bowels moved regular; there was no tenderness over abdomen or liver or spine; the headache resolved itself into a dull heavy or “muddled” feeling which was worse in the morning and sometimes passed off toward evening, the urine was during the first week, small in quantity and saturated and besides this nothing—except that there is a general and undefined feeling of being unwell, and the temperature ranges from 99½ degrees in the morning to 102 degrees in the evening and this state of affairs has gone on day after day, and week after week in spite of *Ars.*, *Nux.*, *Gels.*, *Bapt.*, *Bry.*, *Acid nit.*, *et id omne genus*, besides some other remedies used after these had failed, which I do not enumerate for fear of shocking my good friends, who interpret, *similia similibus curanter* into “Let similia cure the patient cuss, or bust him.” I should have stated that with the exception of one or two days in the first week this gentleman has been up and about the house during his entire illness, and for the most part has had a good appetite; slept well, enjoyed life as well as a restless, active business man could under the circumstances.

Twice or perhaps three times during the fever the temperature has gone down for a day or so to 98½ degrees in the morning, and only risen a degree above this in the evening. But this has been but for a day, and has each time followed the exhibition of *chologogues* which on these occasions were used at the earnest solicitation of the patient, and to see if possibly an inactive liver were not the *causa morbi*. I should state also that a prominent Homœopathic brother of this city, was called in consultation in the sixth week of the fever, and a most careful and critical examination of the case failed to reveal a single organ upon which could be thrown the odium of the disease. The fever now slight

but till present as positively the only symptom present upon which to hang either the diagnosis or the remedy. What is the matter? What is the remedy? Will some of the brethren please rise and give us an opinion.

ON THE MOLECULAR THEORY AS APPLIED TO PHARMACY.

BY C. W. SPALDING, M. D., ST. LOUIS, MO.

Read before the Western Academy of Homœopathy.

The well known law of cure which constitutes the basis of the Homœopathic system of medicine, is not the usual point of attack selected by our opponents. They seem to regard the size of the dose prescribed or the quantity of medicine administered by Homœopaths, as the most vulnerable point, and hence aim their assaults at this particular feature.

In so doing they are unawares assailing only one of the usages of our school, and not a fundamental principle thereof; for the magnitude of the customary dose is only an outgrowth of experience and may vary at given periods in Homœopathic history as well as with individual practitioners. All that I mean to say on this point, at this time is, that this question has no necessary connection with the fundamental law upon which our system rests, and hence constitutes no test of Homœopathic orthodoxy. The object of this paper is to elucidate certain points relating to the minute division of drugs; and thus aid in establishing the fact that this pharmaceutical usage of our school is built upon a true scientific basis.

If we recognize the law commonly received by the best medical minds that medicines act mainly through, or upon the nervous system; and at the same time consider the exceeding delicacy of nerve structure, and the marvellous fineness of the nerve force. We shall readily conclude that medicines designed to act *directly* upon so fine and so subtle a force, should be highly attenuated.

It is the office of Homœopathic pharmacy to perform this task, and at the same time to preserve each medicinal substance in a state of absolute purity, that is, wholly unmixed with any other substance possessing medical properties. Solution and trituration are the means employed to effect this minute division of drugs.

Let us first consider the process of solution. Fluids like other substances are composed of molecules, according to the best knowledge we have upon the subject, the molecules composing different substances differ very greatly in size; those composing one substance, being many hundred times larger than those composing another. The solvent power of a given substance depends in great measure upon the size of its molecules. The molecule of water and alcohol are of relatively large size: hence the great solvent power of these fluids.

The molecules of fluids are unquestionably of globular form, except

when modified under pressure, by mechanical force. To obtain a clear conception of the molecular structure of a fluid solvent, we may compare it with a handful of marbles; or if the molecules are large with a pile of cannon balls. The smaller molecules of the substance to be dissolved, may be compared with a measure of mustard seed, or a mass of sand. It is easy to see that each of the large interstices that exist between the cannon balls or even between the marbles, would contain many mustard seeds, and a still greater number of grains of sand. When the molecular interstices of the fluid are filled, we have a saturated solution.

The process of dilution serves only to reduce the number of drug molecules in each of the interstices of the solvent; and if the agitation of the mass is sufficiently prolonged the drug molecules will be equally distributed throughout the dilution. Hence there are, *or should be*, just as many aggregations of drug molecules in one dilution, as there are in another; the only difference being in the number of drug molecules contained in each interstice of the solvent employed. The useful limit of dilution being manifestly when each interstice of the solvent contains but a single molecule of the drug.

Now while the molecules composing fluids are globular, and those of organic substances are but modified forms of this organic type; those composing mineral or inorganic substances, are not globular, but angular. Let us take common salt as an example. We find that the crystals of salt, possess a definite shape, and whether the mass is large or small the form of the crystal is the same. So if we divide a lump of salt, and continue the process of division until we reach the smallest size attainable by trituration or other mechanical means, the result gives only minute lumps of salt differing from the original mass only in size. And so it must be if we continue the process of division until we reach the ultimate molecule. For the form, character and quality of every substance in nature are determined by the form, character and quality of the molecules which compose it.

But the mechanical division of any given substance by trituration has a limit; and we cannot carry the process beyond that limit. Without the aid of some agency other than that of simple trituration or grinding.

That is to say, after a certain degree of fineness is reached, simple trituration, however long it may be continued makes the powder no finer. The particle can no longer be *permanently* divided by this means alone; for as we succeed in again dividing them the parts do not remain separate, but are re-united by the force of cohesive attraction.

Yet this method of division may be continued indefinitely or like that of dilution until we reach the ultimate molecule, by the introduction of some additional substance, which as trituration and the division of the particles go on intervenes or falls between the divided parts; and by holding them asunder prevents their reunion.

Applying this principle to Homœopathic pharmacy it is manifest that equally with dilution, the grinding process if long enough continued, will distribute the drug particles uniformly throughout the mass under

manipulation; and that each succeeding trituration as in the case of dilution, will contain a number of drug particles equal to that of any preceding one. For example; the tenth trituration will contain as many drug particles in a given quantity as does the first; or as are contained in the same quantity of the mother powder; the difference being only in the size of the particles.

Atoms enter into the composition of molecules in numbers varying from two upwards. No molecule contains less than two atoms, this being the minimum number. The maximum number is yet undetermined.

Connected with the general subject under consideration an interesting question arises, namely: What are the positive and the relative sizes of the molecules composing the substances with which the Homœopathic pharmacist has to deal? Although chemists have made considerable progress towards determining the distance between the centres of both atoms and molecules, yet a wide field for investigation still remains unexplored, and the atomic weight and dimensions of comparatively few substances have yet been ascertained. Of this much however, we feel sure, viz., that the molecules of the fluids employed (alcohol and water) are immensely larger than are those of substances that are known to possess medicinal properties. Hence a very large number of the smaller molecules can be contained in each interstice of the larger ones.

Some investigators claim to have demonstrated that the distance between the molecular centres of liquids ranges from the forty-millionth to the eighty-millionth part of an inch. Gauderi calculates that the number of what he calls atoms, evidently meaning molecules, contained in a spheroid of water of the size of a pins head is not less than eight thousand million of millions of millions (8,000,000,000,000,000,000). Liquids especially those having large power of solution contains in the same bulk a vastly smaller number. The minute size of metallic molecules make it evident that the metals, as gold, platina, iron, etc., becomes soluble in alcohol or water, long before the division of their particles reaches the ultimate molecule.

CHININUM SULPH. INTERMITTENT FEVER.

DEAR UNITED STATES MEDICAL INVESTIGATOR: Would it not be well if your contributors would not be too one-sided, and then too hasty in their conclusions? There my good friend Pearsons, as well as our other good friend Pearson, go to battle against *Quinine*, as if this drug could not be Homœopathically indicated, even as if there were no cases, rare though they may be, where *Quinine* is the simillimum to the case. The beauty of the thing is, that the action of *Quinine* differs from *China* or *Cinchona*, just as the action of *Morphine*, *Codaine*, etc., differ from *Opium*.

Thus, the intermittens of *Chininum sulphuricum* is ushered in by

mere transitory, at times almost imperceptible chilly feelings, especially across the shoulders and nape of the neck, up and down the spine, or in parts getting exposed to the fresh air, lasting only for a few moments, and occurring at different times throughout the day. We have thus a long-lasting first stage, but it fails to come up to a decided chill. Toward evening, about 6 P. M., fever sets in, attended with fullness of the head, ringing in the ears, hardness of hearing. Face and conjunctiva present a jaundiced hue, with dimness of vision. The fever reaches its height about 10 P. M., accompanied by great lassitude, and continues till early morning, leaving the patient exceedingly prostrate with trembling of the limbs. Dry heat throughout the whole body during the fever, with sleeplessness, and the warmth extends downwards. We have thus a long-lasting second stage, with rising temperature, a hyperæsthesia of the whole nervous system, followed by prostration. And third stage: profuse perspiration, especially on the back and neck, when he sleeps, or during perfect quiet; perspiration most on parts pressed by clothing, or dorsal, axillary and perineal region. Constant thirst during apyrexia, as well as dry mouth and thirst during chilly stage, and excessive thirst during fever. The paroxysm, if quotidian, looks more like a continuous fever with only a short or slight remission, or it may be tertian intermittent, where the apyrexia distinguishes itself by the great prostration.

China or *Cinchona*.— Before the paroxysm sets in, the patient complains already of anguish and palpitation of the heart. The febrile chill may be from time to time during the whole day, over the whole body, but it is not only great thirst, but the shivering is renewed after every swallow of drink; the chill comes on in the afternoon, or there may be a violent chill with icy coldness of hands and feet, but congestion to head; chilliness, especially in the fresh air, and great sensitiveness to currents of air. This warmth and redness of the face continues, while the rest of the body is still cold, gradually giving place to heat over the whole body, with fine needle-like stitches in the skin; heat of the whole body, with oppression of the chest and swollen veins of the arms and hands; the heat continues longer than the chill. No thirst during chill or heat, but great thirst during sweating stage, which is weakening on account of the excessive sweating. The *China* intermittent may be anticipating or postponing, but the stages are generally distinctly marked, and the paroxysm of long continuance. During the apyrexia we find a bilious patient with sallow face confusion of the head, and impaired digestive power. The hepatic region is frequently tender to pressure.

We feel astonished that such a close prescriber as Pearson is known to be, fails to give due credit to *Cinchona*, and has not a good word for *Ipecacuanha*. Still we must acknowledge that this year the full-fledged intermittent is a rarity, and we have had cases in our limited practice where *Sabadilla* cured on account of the incompleteness of the paroxysm. Let friend Pearson try *Quinine* 100,000 when strictly indicated according to Hahnemann's law, and he will find out that good may even come out of Nazareth.

S. L.

Sanitary Department.

HYGIENIC AGENTS THERAPEUTIC.

BY HELEN J. UNDERWOOD, M. D., CHICAGO, ILL.

Read before the Illinois Homœopathic Medical Association.

In this paper, whenever I use the terms hygiene or hygienic, I shall not limit myself to the popular definition of these words, but shall employ them in their special and technical sense, as used by the hygienic school of practice.

Instead of considering hygienic agents as prophylactic merely, I shall treat of them as I have found them to be, therapeutic also; as powerful for the cure of disease as for its prevention.

By hygienic treatment of the sick I mean the scientific application of any or of all the following agents, namely: Air, light, temperature, electricity, magnetism, rest, bathing, food, drink, sleep, mental and emotional influence for the restoration of health.

Of the general care and comfort of the sick, often too little attention is given by the attending physician, too much trusted to the uneducated nurse.

All the surroundings of the patient should be arranged with the idea of lessening, as far as possible, his or her sufferings.

If there is but one comfortable room in the house, let that be given up for a temporary hospital.

Pure air, sunlight, quiet, and the possibility of fire are necessary in the sick-room.

We are all aware, from painful observation, that many a patient of ours has been found stowed away in a small, cold, dark, and perhaps damp and musty room, while at the same time a large, cheerful spare room was kept closed except for callers and strangers.

Cleanliness, light, and warm-bed covering, proper dress for the invalid (and with women even the right arrangement of the hair), though seemingly trifling matters, are full of importance to patient, nurse, and physician.

These things may be thought by some to be beneath the notice of a physician, and to be left to the nurse, presuming that she, or he, will properly attend to everything except the prescribing of the medicine: but nothing which pertains to the relief and recovery of our patient has any right to be too high, or too low to demand our attention. I have yet to find a nurse who did not need some instruction upon many points.

I feel certain that every conscientious practitioner desires above all things else to merit his or her title, by relieving the sufferings and

curing the patient by the most prompt and at the same time the least harmful means. I say least harmful, because we all know that present suffering may be relieved by means which will hinder recovery and injure the constitution of the patient.

BATH IN PREGNACY.

Our lady patients are often particularly benefited by hygienic treatment. During pregnancy many women are nervous, feverish, and restless most of the time. I am confident that if the profession were aware of the great relief afforded at this time by a regular course of sitz-baths, none of them would fail to order each such patient during the early months, to take a tepid sitz-bath twice a week, increasing the number and decreasing the temperature each month until the last two or three a cool sitz-bath of ten or fifteen minutes duration should be taken daily, either in the forenoon or upon retiring, but never less than two hours after a meal. The minor directions, as to warmth of room for bath, covering in the bath, and cool, wet towel about the head, etc., would be given to each patient to meet the needs of her particular case.

I am acquainted with scores of women who, under the common practice or from the let-alone plan, have never borne a child without suffering almost unendurable ills during the whole term of pregnancy, and these followed by long days of agonizing pain at parturition, which were succeeded by the sad complications that hinder recovery and undermine the health; who, when following the advice of their physician, have taken such a course of baths, dressed loosely, with no weight of clothing suspended from the waist, eaten food suited to their condition, have enjoyed comfortable health during pregnancy, had an easy, natural parturition, and a rapid, normal recovery; their repeated assertion, "I cannot realize that I have been sick, or that I have a babe, my sufferings have been so slight compared with anything I have known heretofore. And best of all, my babe is the best-natured little darling that ever blessed a home. Perfectly healthy and normal in every respect."

The health of the child is as much benefited by this course as is its mother's. I have yet to see one instance the opposite of this in my practice where my directions have been followed implicitly. There are but few women who are unwilling to take this care of themselves for the sake of their little ones, if they are made to understand the importance. Such hygienic treatment serves to tone up the system, and fortifies it against hemorrhage, irregular muscular contractions and promotes healthy action generally. One accustomed to the cold bath, can have water used freely at child-birth, if necessary, without shock or chill.

A tepid wet girle and compress worn under an easily-fitting T-bandage, is very grateful to most women after delivery, and will in a few hours remove all lameness, such as otherwise usually remains for days. Most excruciating after-pains, I have known instantly and permanently relieved by having the patient gently lifted from her bed.

and set into a sitz-bath of a temperature so near her own that the difference was not perceptible, she being supported by an attendant five or eight minutes, then carefully lifted into bed again, when she usually asserts herself free from pain and most thankful for the relief.

I doubt if we should have one death from puerperal fever, metritis, or any of the many and justly dreaded post partum derangements where we now have twenty, if such care as I have partially described were given to mothers.

I speak earnestly upon this subject, because I feel earnestly and deeply the needs of my sisters. I have observed closely a great number of cases, and have been able to make comparisons between this and the common system from those whom I have had in charge during pregnancy, and those who have fallen into my hands at a late day, or after child-birth, having been under the care of other physicians at that time, or who have had no care, and each comparison has strengthened my desire that all mothers should be given hygienic treatment to the extent I have spoken of, if no farther.

HYGIENE IN MENSTRUAL IRREGULARITIES.

In amenorrhœa I have known great cures made by sun-baths and open-air exercise. Swedish movements, plain, nutritious diet, warm, loose, and easy clothing, with a course of baths, beginning with a hot sitz, and foot bath, followed by washing off with a cool, wet towel, to close the pores and guard against taking cold, each succeeding bath cooler than the preceding one, until quite a cold tonic bath could be well borne. I have repeatedly seen obstinate cases cured in a few weeks by such a course of treatment, where medicines alone had long been given in vain.

In dysmenorrhœa (as in fact every other disease), the cause and condition must be understood—whether the cause be congestion of active or passive form—whether neuralgic or mechanical obstructions are to be met and conquered. These points must be decided upon, then it is rarely that a cure cannot be accomplished.

I have seen within one hour two severe cases instantly relieved of all pain by baths—one cold and the other hot or warm. Singularly enough, each patient exclaimed in less than a minute after getting seated in the bath, "This relief is heaven to me." They both fell asleep as soon as out of their baths, and while I knew them, never had another such distressing menstruation. Leucorrhœa, in its early or inflammatory stage, is easily cured by cool baths, and a cool wet giridle worn under a flannel one and covering the lower portion of the body. But when leucorrhœa has become chronic, and the mucous surface in a negative condition, cold applications will injure the patient. Now hot sitz-baths, hot vaginal injections, are the only ones that will aid recovery. Electricity must not be overlooked in these cases either.

Menorrhagia and metrorrhagia are so often subdued by hygienic agents, that it almost seems useless to mention the fact, but there are cases where no one appliance is sufficient to gain the result, and often the whole force is required to change the hemorrhagic diathesis.

HYGIENE IN DISPLACEMENTS.

Abdominal and uterine displacements are wonderfully overcome by full hygienic treatment.

First of all things, all weight of clothing must be lifted from the abdomen. I do not believe that there is power enough in the universe to raise and keep up, without a perfect harness, the abdominal viscera of our fashionably dressed women. The weight and pressure of their clothing, as exerted on the soft, yielding tissues below the ribs, would tire a strong man to carry about, even for one day. And is it any wonder that our women are always tired out?

A professor of anatomy in New York told his class, "Never study a female subject to learn the normal position of the viscera, as the organs are never found perfect in women." Now, if we are to overcome this condition of displacement, we must remove the weight that drags down, then replace the organs, and continue to do so, using every means to strengthen the abdominal muscles, and in fact the whole muscular system, until they can perform their natural function and sustain the organs within their walls. Every aid may here be called in, electricity, moto-therapy, rest, bathing. Each and all the agents can do their work toward giving tone to the often nearly atrophied muscles—but the victory can be won.

EFFECT IN SEPTICEMIA.

One of the worst cases of pyaemia and septicæmia I have ever met was overcome by hygienic appliances alone, and in the short space of three days the patient was discharged, being so well as to need no further medical attendance. This patient had, one week before I saw her, given birth to a babe, which, from its advanced stage of decomposition, was pronounced by the two M. D.'s in attendance as having been dead a week at least. The mother had absorbed so much of this poison that she rapidly sank very low, and her sufferings were intense. Her pulse was rapid and scarcely perceptible at times. Her skin was dark yellow and covered with the miliary rash of pyæmia. Her face wore a haggard, anxious expression, her lochia had been suppressed for some time, her abdomen was distended to its greatest possible size. She complained of excruciating pain in her head, of general distress, but her stomach she compared to a mass of blazing coals. She had been having chills which were terrifying to her and her attendants. Nothing which had been done for her had afforded any relief; her two physicians gave her no hope of recovery, and her case was considered as beyond help. This patient was several times during the first day treated with electricity, the negative pole placed at her feet, the positive in a soft moist sponge held on her stomach and abdomen, and passed over her body, ten minutes or so, each application. At 9 o'clock in terror she exclaimed, "Another of those chills is coming on." Then a thick cloth was folded three inches wide, wrung out of cold water, placed the whole length of her spine. In a moment or two she ceased to tremble; her chill was broken; she dropped asleep, had a good night's rest, the first, it was said, for a week. Before noon next day

her lochia had been restored, and she declared herself free from pain. Her abdomen had resumed its natural size, and she was out of danger. By hygienic agents alone she was saved. I would not for a moment depreciate the value of our Homeopathic medicine, but this cure was made before I had learned their efficiency, and had to rely wholly upon the weapons at my command; and they served me well.

VALUE IN DYSPEPSIA.

In that American curse dyspepsia, I have found that when, careful diagnosis the location of the disease was ascertained, the prospect of a cure was far advanced, the patient may say, and doubtless will, "There is no use of my dieting, I have nearly starved myself, all to no purpose, eaten nothing but hard brown bread, rice and sugar, and was no better for all my care." If, as often is the case, as otherwise, with dyspeptics, the weakened and diseased section was below the pyloric orifice instead of in the stomach, the food which he had selected was really starving him. It being such as could not be digested by him. If such a patient be restricted to an albuminous diet, as rare eggs, lean meat, and restrained from eating starch and fat food, he will be nourished, and at the same time the pancreas and duodenum will be resting and gaining an opportunity for recovery. In a case where the stomach proper is the organ diseased, the relief afforded by the avoidance of all albuminoid articles of diet will often be surprising. Let starchy and fatty food be taken, and these call for but little labor from that receptacle, but will be passed on to be digested by the pancreatic and intestinal juices. I have known so much benefit derived from such a scientific selection of food that it seems a pity not to have every dyspeptic given the advantage of this natural relief.

HYGIENIC TREATMENT OF FEVERS ETC.

In fevers of all forms we meet with marked success by hygienic treatment. This has come to be recognized by our most advanced and successful practitioners of all schools. The time was, and not so far in the past as to be beyond the remembrance of most of us, when a patient with a burning fever was refused a drop of water to cool his parched tongue or moisten his fevered brow. And I have within a few years known an M. D., who strictly enjoined upon the nurses that no water should touch a diphtheritic patient, even for cleanliness of face and hands. I cannot call to mind one instance where his diphtheria patients ever after needed but one bath of any kind. Even now I am acquainted with a physician who is so opposed to anything that savors of hygiene that he will not allow a parturient patient to be washed or clothing changed for nine days.

But to return. The inflammatory or high fevers are usually early broken up by baths and packs at the temperature to meet the conditions of the patient. Whilst I feel confident that typhoid fever is sometimes averted by hygienic measures, I know that many serious cases are taken through to recovery with no medicines given at any stage.

Diphtheria, cerebro-spinal meningitis, small-pox and erysipelas, can be

cured by these means. I know of no system that can boast of better success than that which makes use of hygienic agents for the preservation of health and cure of disease. Upon this subject, on which so much might truthfully be said, I have but touched. It is impossible to give more than a few facts in such a paper as this. Each case must be as thoroughly studied and individualized for hygienic treatment as for Homœopathic medication. Before closing this, I wish to ask the members of this association not to misunderstand me or my position. I was appointed to report upon this, my favorite subject, and not to tell of the merits of our almost unlimited materia medica, because I am, or ought to be, from my years of practice in the hygienic school, before I studied Homœopathy, somewhat conversant with the subject. I believe there is no member of the profession more enthusiastic over the almost magical effects of our potencies than myself. I am delighted with every cure resulting from the taking of a well selected remedy. So without in the least depreciating our materia medica, I would feel rejoiced to see larger use made of the agents of hygiene. As it is easily proven that so much good can be accomplished by these alone, what may we not expect from them when united with Homœopathic remedies? Hygienic agents do not antidote or conflict with our most sensitive potencies. It seems to me that in this union there would be strength.

HYGIENIC PREVENTIVE MEDICINE.

BY L. DODGE, M. D., CHICAGO, ILL.

Read before the Illinois Homœopathic Medical Association.

That department of medicine that treats of the preservation of health, is important, for what we shall eat and drink, wherewithal or with what we shall be clothed, and with what kind of dwellings we shall be protected from cold, heat and storms, and when and how we shall sleep and rest from fatigue and labor, are all important considerations.

Your committee on hygiene respectfully report that there has been no consultation of its members, yet desiring not to appear entirely delinquent, the undersigned will present a few thoughts on that department, relating to dwellings constructed more especially for wage or working classes and tenement houses, for the reason that it is principally among this class that endemic diseases prevail, and among which epidemic influences are started on their course of devastation, extending to and making victims of the more refined and wealthy of the population.

HEALTHY AND CHEAP DWELLINGS.

This branch of the subject has been almost entirely neglected by the writers on the subject. I also believe that a moral question may be

properly considered as pertinent to this subject, for wherever we find intemperance, its sequence, poverty and degradation follows, and they who once had all the comforts of a happy home are compelled to reside in poor apartments, ill-ventilated and unclean, and in sections where no elevating or restoring influence is exerted, and the victim having lost his position in society, and being surrounded principally with those whose influence helps down rather than up, he loses his aspirations for a higher and better existence, feeling that no one cares for him or his family, gives himself up to the surrounding influences to be drifted lower and still lower, till his self-respect is lost, and with it all efforts for reformation.

I believe that our civil authorities could do more toward the suppression of intemperance and promoting the public health, by providing a class of cheap dwellings to be rented at as low rate as will pay the expenses of construction and repairs, the same being controlled by the board of health, or some other duly appointed and responsible officer, who shall have the right, and vigorously enforce it, to prohibit the use of all intoxicating liquors in these public tenements, and the right to cancel the lease and dispossess any tenant duly convicted of ill-fame; and to require the unemployed children of proper age to attend common schools when well and able, and to require proper ventilation and cleanliness in all these public dwellings, having full right by law to enforce the requirements necessary to promote health and prevent the generation and spread of contagious diseases. In this city there is lots of land forfeited for taxes, and that has come into possession of the city, either by purchase or otherwise, that is now idle, unoccupied, neglected, parcels of ground well adapted for the construction of French flats or government tenements, on the principle suggested, and their improvement would not only add to their value as taxable property, but beautify the city, and enlarge the wealth and population, as well as improve the morals of a much-neglected portion of every community. Such institutions as the Woman's hotel, on West Jackson street, and the news boys' and bootblack's home, on Quincy street, deserve, as they receive, the encouragement of our wealthy citizens, and are doing much good in their sphere. Yet they do not meet the wants of married people who want to keep house and have a home. And this leads me to consider the hygienic construction of dwelling houses as the proposed subject of this essay.

Much study has of late years been devoted in England and France to the construction of dwellings characterized by cheapness, durability and the conditions adapted to promote health and comfort. A report presented through a commission at the world's fair details the construction of houses by Prince Albert, Miss Burdett Coutts, Mr. Peabody, in England, and by several co-operative associations in France, from which it has been demonstrated that the ordinary brick dwellings, especially when not painted on the outside, are more unhealthy than wooden buildings, on account of the large quantities of water absorbed by brick in wet weather. An ordinary-sized brick house, by experiment, was found to absorb in its walls near six tons of water.

This in the process of drying out leaves a large quantity of mould and must, in which may generate the fungi that may cause the essential fevers.

ARTIFICIAL STONE STRUCTURES.

In the modern dwellings there are the elements of great conflagrations; the malarious influences of decaying wood and the large absorption of water where the wood is not thoroughly painted, and the proverbial habitation of the bed-bug and other insects, also their poor protection from the cold of winter and the heat of summer, has led to experiments with other materials, which has resulted in demonstrating that artificial stone structures are the best adapted for dwellings of the kind we are contemplating. These are constructed with hollow walls by means of three-plated molds, or designs, adjusted in sections guided by iron or wooden posts, the inner plate having a smooth surface for the formation of a hard-finish wall; the inner side of the middle plate having designs in imitation of cut-stone. This, when the mold has been filled and the material of artificial stone set and hardened, is moved off the wall by screws, passing through nuts in the outer plate, the bolt or screw having a ball and socket joint in the middle plate, leaves the design accurately on the wall. Cores are placed within the molds before the artificial stone material is tamped in, and afterwards withdrawn, making the chimney flues and ventilating passages. In cold weather a large stove in the sub-cellar makes hot air to rise through all these openings in the wall, having adjusted registers in each room requiring heat, which can be turned on or off at pleasure, thus enabling the dwellers to keep a uniform temperature of such degree as best to promote health and comfort. In hot weather a large revolving fan wheel, kept in motion by weights adjusted to be wound up like a clock, to be kept in motion sufficient to make gentle currents of air, will make the house delightfully cool in hot weather, and freer from dust than any other means of ventilation, being uniform and perfectly under control, unlike the currents of air coming through windows, often bringing the "cold" that reminds us to make our wills and mind our souls.

SILICATED WOOD.

Another cheap building material is composed of woody fibres injected with silicate and some other materials whose result is a chemical, not a mechanical, union. The main portion in bulk is dessicated wood, or sawdust, shavings, chips, or borings, that now go almost to waste. This process takes in every portion of the tree, as the result is equally good whether the woody fibre be from a sound log cut up for the purpose, or shavings, or sawdust, and is, therefore, a most economical discovery, especially as it is a matter of serious inquiry, when the pine timber supply shall cease at the present rate of its consumption.

The fibrous stone was originally intended to take the place of iron pipe, and is now in use for that purpose with satisfactory results. Its surprising strength, as found in this manufacture, suggested its utility

in other directions, especially as a building material in forms heretofore mentioned.

When finished the fibrous stone appears to be incombustible and nearly indestructible by the elements: hence its great durability and economy. While it can be pressed so as to reach the firmness of stone, it can be sawed like an ordinary piece of wood, plained to the smoothness of marble, and then varnished till it assumes the appearance of excentric grained mahogany, it can be colored in any desired hue, so that in square slabs used as flooring there can be produced a fire-proof and beautiful floor as pleasant as a wooden floor, or carpet. It is practicable to use this in all things about a building into which brick, stone or wood now are used in it, and has qualities that will neither bruise, break, rot down, or burn up.

POOR, UNHEALTHY DWELLINGS.

Those who visit the common, crowded tenement houses of the poor of our large cities are soon unpleasantly made aware of the fact that the walls have a peculiar, depressing, musty or fetid smell, on visits after severe epidemic visitations prevailing in these tenements, a peculiar offensive smell has been perceived, and on investigation of the cause it has been found to be what is termed the dead man's smell. The dead body has been kept too long near the wall in a state of decomposition before it could be removed for interment, and the fetor had inherited to the wall.

Walls lathed, plastered, and papered are susceptible of absorbing much of the materies morbi that causes contagion. The laths rot, the sizing of the paper decomposes, and the paper itself harbors vermin. The condition of some houses of this construction is horrible. To admit of the cleansing of the walls by lime-washing in the model house designed and constructed (as previously mentioned in this article) by the philanthropist, Miss Burdett Coutts, and in the Peabody and other model dwellings, the walls have not been lathed, plastered, or papered, being hollow for dryness and ventilation.

The sanitary orders are that the walls shall be limewashed twice, and in other instances four times a year.

In modern hospitals this evil is in a great measure prevented by facing the interior walls with some hard and smooth surface, generally of the best non-adherent and washable cement.

THE QUESTION OF COTTAGE HOSPITALS,

instead of the large structures of former times, has of late received much attention, and has been recommended by the government superintendent of hospitals, which recommendation is worthy of consideration by our county commissioners in the construction of the new county hospital in this city.

A like consideration by the board of education in the construction of our city school houses would prevent the premature death of many innocents now either lost to life or rendered invalids by the over-excitement of the crowds of children forced to climb to the third or

fourth stories in such haste as to cause spinal disease and heart affections to an alarming extent. I would recommend separate school buildings for the different grades of our school system, instead of crowding the several grades into one large building, and that at least one good Homœopathic physician be a member, or employed as a counselor on every board of health in every city or village.

It is now a well-established principle that a physician who by his scientific knowledge prevents disease, either by his services as a health officer or the special instruction he imparts to his patrons and the families where he is employed, thereby performs one of the highest offices of his profession.

Can it be doubted that a health board composed of Homœopathic physicians who, as a class, have silently introduced more life-saving and disease preventing means than a like number of the medical profession in any age or time introduced and practiced, would now, if called to such duties, perform them to the highest interests of the community.

In this connection I remark how futile the attempts of our antiquated brethren to obtain a congressional law establishing a national health board secretly framed in such manner as virtually to exclude all Homœopathic physicians from office under its provisions. I trust we have friends enough in congress to prevent the perpetration of such an outrage on our profession. If continued on this committee next year, I will endeavor to extend this report to other means of preventing disease, and specially consider the hygiene of the sick room during sickness and convalescence.

Materia Medica Department.

HUGHES' MANUAL OF PHARMACODYNAMICS.

THIRD EDITION: BEING A COURSE OF LECTURES ON MATERIA MEDICA, DELIVERED AT THE LONDON HOMŒOPATHIC HOSPITAL. Part I. *The Acids to Guaiacum.* London: Henry Turner & Co. New York: Boericke & Tafel. \$3.00.

The excellent work of Dr. Richard Hughes on Materia Medica, which has been for about two years out of print, is now being republished in an enlarged and corrected form, under the above caption.

To those who have read the former edition, no commendation of this work is needful.

The pleasing style, the thorough method, and the comprehensive scope of the work, make it one of the best manuals of materia medica in our school. The present edition is twice the size of its predecessor;

the increase being mainly due to the additional length of the articles, though several new remedies are added.

Part I. covers about one hundred medicines.

There are a few errors in the book which ought to be corrected in a future edition, or, if not too late, by a supplement to this one.

The spelling of such words as Paralyze, Characterize, and many other words of the class ending in "ize," is, with one exception, incorrect; "s" is substituted for "z." *Creosote* is incorrectly spelled "*Kreasote*;" and *Ceratitis*, "*Keratitis*." The author probably labors under the impression that the Greek *kappa* corresponds to the English "k," and that the nominative case is just as good a place in which to find the root as the genitive case. *Æsculus Hippocastanum* he writes with a small "h," and *Allium Cepa* with a small "c," in violation of the rule which requires that specific names which are substantives shall be begun with capitals.

The doctor is confused in regard to the learned name for the bronchial tubes; on page 209, he writes "*Bronchi*," and on page 216, "*Bronchiæ*" instead of the correct term *Bronchia*.

Passing on to graver errors, I observe that our author persistently calls *Kali bromatum*, "*Kali bromidum*;" and *Kali cyanatum*, "*Kali cyanidum*."

The name "*Carbon sulphidum*," as the Latin for *Carbon Bisulphide* is too barbarous for acceptance. *Carbo sulphuratus* is the proper name for use in Homeopathic literature under the present system of nomenclature.

It is certainly in bad taste to call *Asterias rubens* a "fish," as the animal is, zoologically, many removes from the finny tribe.

The doctor solemnly tells his pupils that "*Apis mellifica*" is the poison of the honey bee, and that a better preparation than that of the Pharmacopœia is "a solution of the virus itself in alcohol." This is bad, indeed, for *Apis mellifica* is neither entomologically nor pharmacologically anything more nor less than the honey bee herself, and the virus of the honey bee is insoluble in alcohol. The virus may or may not be a factor in the medicinal action of *Apis mellifica*. The proper preparation of the sting is a trituration of the liquid poison in sugar of milk, and the name of it is *Apium virus*.

Of *Arum maculatum*, the author says, "We prepare a tincture from the fresh root." He undoubtedly means *corm* instead of "root," and errs in supposing the acrid principle which produces the symptoms he details, to be present in the tincture. No other preparation than the recent trituration of the fresh corm has yet been found to contain and preserve the peculiar active principle of *Arum*.

Under the head of *Arsenicum*, after having, in his unique and graceful phraseology, *girded up his loins and summoned all his strength*, the writer says: "This salt is trituated up to the 3d decimal attenuation and then prepared by solution; or this potency may be prepared by boiling." If the learned doctor had spent less time in girding up his loins and summoning his strength, and had thereby saved a few minutes in which to look up the chemistry of *Arsenic*, he would not need

to be informed at this late day that *Arsenicum album* is not a salt, but an acid, that the dilutions of the drug ought to be made from the mother tincture, and that the third dilution is not prepared by boiling.

The unknown "chemist" employed by the indefinite "Dr. Black," is said (page 258) to have found *Causticum Hahnemanni* to be a weak solution of *Caustic potash*. The advice of "Dr. Black" to substitute for Hahnemann's preparation a solution of *Potassa* of the strength of one to one hundred, implies that the "chemist" ascertained this to be about the strength of Hahnemann's *Causticum*. The process recommended by Hahnemann ought, according to modern theories of chemistry, to produce distilled water of an excellent quality—better than that ordinarily used by pharmacutists. The addition of alcohol would make dilute alcohol, which is labeled "*Causticum tincture*." Experiments of my own upon this tincture convince me that there is no *Caustic potash* in it. Would it not be well to have this subject investigated by a committee consisting of one or more chemists of high standing, whose decision shall be regarded as final?

A graver fault than any of the above is the reckless manner in which the author confounds the symptomatology of drugs widely different in chemical and pathogenetic, and hence in therapeutic, action. He says of *Cuprum metallicum* and its salts, that "there seems to be no difference in their action;" and he favors their indiscriminate use. The pathogenesis of *Ferrum metallicum* and its numerous salts is likewise given in one confused mass, without a hint of distinction. With the same unscientific method he coolly recommends the substitution of "*Liquor Potassæ Arsenitis*" for the lower attenuations of *Arsenicum album*. This departure is in bold violation of one of the fundamental principles of medical science: a principle which the Homœopathic school has kept constantly before the students of medicine until it is now almost universally recognized, namely, that the action of every remedy must be individualized and its recorded pathogenesis based upon experiment.

Notwithstanding these and a few minor faults, I regard Dr. Hughes' book a standard work and one of great value to the student and the practitioner.

MILWAUKEE, Wis., March 24th.

LEWIS SHERMAN.

DIOSCOREA.—RENAL COLIC.

Strict justice to myself and to *Dios.* requires that I should correct the criticism, made by Dr. Fahnestock, upon the case of renal colic which I reported cured by the above remedy.

The criticism was partly *deserved* because of my careless omission to state the fact that although I "*ordered*" the hot bath there was *no occasion to use it*, for, before the bath was ready, the *Dios.* had evidently *relieved the pain*. Not more than fifteen minutes had elapsed before

the patient, previously for hours in agony, was perfectly relieved. (By referring to Cushings' provings of *Dios.* several symptoms simulating renal colic will be found). This case is *one of three* which I have cured with *Dios.*, alone. I shall certainly put "Renal Colic" in my fifth edition, for I believe it specific for that peculiar writhing, twisting, crampy pain, which characterizes that disorder.

CHICAGO.

E. M. HALE.

PULSATILLA AND TELLUREUM COMPARED IN OTITIS MEDIA.

Dr. Houghton thus diagnoses these remedies: *Puls.*, gentle disposition, light hair, blue eyes, severe pain in the ear continuing through the night, with paroxysms of increasing severity, but causing little concern during the day; bland, nearly inoffensive discharge of mucus and pus. *Tellur.*, rough, angular disposition; dull, throbbing pain day and night; thin, watery, excoriating discharge. *Puls.* makes no impression in chronic suppuration of the middle ear beyond relieving acute symptoms. *Tellur.* is useful in disease causing extensive tissue changes, where the *membrana tympani* is permanently injured, and hearing greatly diminished.—*Homœopathic World.*

ORDER OF REMEDIES.

HINTS AS TO THE "NEXT BEST."

Lycopodium follows well after *Lachesis*.—LIPPE'S MATERIA MEDICA.

Lachesis follows well after *Arsenicum*, *Belladonna* or *Merc.*—IBID.

Rhus follows well after *Bryonia*, or *vice versa*.—IBID.

Rhus causes bad results when given after *Apis*, and *vice versa*.—IBID.

Sepia follows well after *Pulsatilla*.—IBID.

Pulsatilla corresponds nearest to *Belladonna*, according to Bœnninghausen.

ALLIUM CEPA AGGRAVATIONS.

I have noticed a considerable contraction, cutting and tearing at the anus at stool and irritation of the hæmorrhoids after indulging in onions (*Allium Cepa.*) for food, and consider it characteristic.

SACKETTS HARBOR, N. Y.

D. S. KIMBALL.

Historical Department.

HISTORICAL NOTES.

BY D. S. SMITH, M. D., CHICAGO, ILL.

Read before the Illinois Homœopathic Medical Association.

Having been appointed a committee on the History of Homœopathy, as it has developed under my observation, I have tried to get the facts and circumstances before you that in the future they may form the basis of a more elaborate report; nearly all are written from memory and I believe them substantially correct.

But why write the history of Homœopathy? When I read to you a few brief extracts of the opinions of distinguished Allopathist of their practice, aside from my own observations of the results of the treatment of these self-styled regulars, it becomes self-evident some better and more rational, not to say humane, system for the relief of suffering humanity was a necessity. A Merciful Providence enlightened and directed the mind of Samuel Hahnemann to the development of that great principle, *similia similibus curantur*, which now, having become an established principle with the civilized and more enlightened nations of the earth, arguments are no longer a necessity, but its local history you ask for, and, in responding to your request, I am compelled, more or less, to refer to them.

More than forty years ago, when attending school in the city of Philadelphia, I had occasion to pass through Race street. Frequently observing a large crowd around an office, I was led to inquire the occasion, and learned that these people were seeking consultation with a Homœopathic physician. This was the first time I remember to have heard the name, but it was not long after before it became a familiar one. The success of this class of doctors not only commanded the attention of those who became its friends and advocates, but aroused the ire and violent opposition of a class whose rule has ever been to condemn and denounce, and that not always in mild terms, any great improvement, truth, or advancement in the practice of medicine.

Later, in 1837, it was urged on my attention by ardent friends of the new system, which ultimated in providing myself with such books and remedies as we could then obtain in Philadelphia: Hahnemann's *Organon*, Jahr's *Manual*, in numbers, translated by Dr. C. Hering, and some minor publications not remembered. The ensuing spring, 1838, I first commenced using them in this State, but it was not until the spring of 1843 that I announced myself a Homœopathist and commenced the practice as such; and that my position might be read and known by all (doctors), under a hanging sign on Clark, near Lake

street, I suspended a sign which read, "Homœopathic Office," thus publicly announcing to my former professional friends and the rest of the world the new position I had assumed in medicine, and my firm and continued adherence to the principles is evidenced in the position I stand before you to-day. It may be asked further, why such a designation, at a time when so few in our city did not even know its significance? I had for some time been using pellets and tasteless powders with such results as to create quite a demand for our treatment, to the discomfort of my professional neighbors, who soon commenced their raid upon me in particular, and Homœopathy in general. I therefore deemed it better to announce my position and let the fight proceed. It did, but having a great truth and correct principles to sustain, victory was always with us; and that such results continue, is evidenced by its position in this city and the great Northwest to-day. We were soon happy to learn we were by no means alone in the conflict; among our lay friends were the Hon. J. Y. Scammon, who never hesitated to avow his confidence (we shall have occasion to allude to him again), and the Hon. W. B. Ogden permitted reference as a believer and recipient of Homœopathy. Among the earliest converts to the true faith in medicine were Mahlon D. Ogden, Esq., Hon. John C. Haines, Hon. N. B. Judd, Hon. Thos. Hoynes, Hon. John Wentworth, Maj. E. H. Mulford, Jared Gage, Esq., S. C. Griggs, Hon. J. H. Dunham, Judge J. M. Wilson, Z. Eastman, Esq., C. R. Larrabee, and many others might be added, who continue to this time manifesting their confidence by continuing to employ Homœopathic physicians for their families and themselves.

IN THE PROFESSION.

Dr. J. T. Temple, of St. Louis, in 1842 or 1843, I furnished with some books and medicine, which he subsequently commenced to use in Galena, in this state, where he was practicing medicine. I am happy to know he continues in the active duties of his profession. He is a good champion of our cause, an eminent teacher, and distinguished for his skill in the profession.

Dr. R. E. W. Adams, at the time of which I am speaking, was associated with me in the practice of medicine (Allopathic), scouted both the principles and doses; but seeing patients improve and recovering their health under the use of infinitesimal doses, frankly admitted if the same or similar results were had from his heroic treatment, he would claim it a cure; then why, in fairness, should he not concede it to Homœopathic medication? Whereupon he commenced the study and subsequently to prescribing. He soon became a convert, and afterwards one of our most successful practitioners and ablest advocates. He was a good student, and of marked ability; he acceptably filled a professional chair in St. Louis. Most of his later years were devoted to the practice of his profession in Springfield, in this state. He has passed from earth; let his name be honored for relieving suffering humanity and seeking to advance his profession.

In the autumn of 1843, Dr. Aaron Pitney removed to this city from

the state of New York, and commenced the practice of Homœopathy and under the auspices of his brother-in-law, the late Hon. W. H. Brown, then one of our oldest and most esteemed citizens, soon succeeded to a good business, and aided the advancement of Homœopathy in this city. Dr. P. was a good and successful practitioner, and many yet remain who cherish a loving remembrance to the ever-faithful and good physician. He, too, has fallen out of our ranks to return no more.

I would not fail to make honorable mention of the great services rendered during the first years, by the Hon. Zabina Eastman, then editor and proprietor of the *Western Citizen*, distinguished for its opposition to slavery. Mr. E. early became a convert to our principles and practice, and an earnest colaborer for their advancement. The columns of his paper were freely open to promote the advancement of our cause. He printed all the oration of W. Cullen Bryant, delivered in 1841, before the New York State Homœopathic Society, and which we subsequently published in pamphlet and circulated freely in the city and country; and nearly every week were published articles for the people. One noticeable effect, it kept the subject before the people; largely by keeping the Allopaths agitated, and who consequently talked much with the people who otherwise might not so soon have heard of the great reform in the treatment of diseases. And here I take pleasure in acknowledging the services of the press, that great palladium of human rights and progress, not only then, but ever since the introduction of Homœopathy in this city, has dealt kindly and generously with us and the cause we assemble here to-day to promote. Three names I would mention who are not with us now, having passed that bourne whence no traveler returns. I mean T. A. Stewart, John L. Scripps, and Dr. Ray, all former editors of *The Chicago Tribune*. The two former warmly espoused the cause of Homœopathy and rendered services to us with their very able pens. The latter was liberal.

From physicians of other Western States and cities, who had wearied with fallacies and uncertainties of Allopathy, began to come letters of inquiry. Dr. Ellis, now an author, and resident of New York; Dr. Troyer, of Peoria, and soon after many others, so that the Northwest began to feel the impulse of the advance of a great reform in medicine. And now other able and educated physicians appeared among us, settling in the towns and cities of the West. Some of the more early accessions I take pleasure in naming (and if some gentleman's name is omitted that ought to be in the list, it is the fault of memory, not of purpose): Dr. Merriman, of Wisconsin, in an early day was in Illinois, doing good service by his skill and his pen. Prof. E. A. Guilbert, of Iowa, prominent in our profession, for some years ably filled the chair of Obstetrics in Cleveland, and is ever at work for the advancement of Homœopathy. Dr. Jaeger, of Elgin, in 1851 or 1852, gained a good reputation as a practitioner, which I believe he well maintains. Dr. L. Pratt is one of our pioneers. Any attempt to eulogize him would be a failure; his presence is enough. Dr. Belding, of Polo, that intelligent, kind-hearted old man. Time has laid its heavy hand upon him, and he is not with us as was his wont. Dr. Geo.

E. Shipman, who came to this city in 1846, was an important accession to our ranks. His scholarly attainments, indefatigable application to his studies and the labors of his profession, with the many valuable contributions from his pen to the literature of our profession, has gained for him a well-earned reputation, which we take pleasure in saying is not confined to this city or country, but has acquired an enviable notoriety in Europe. May his future exceed his most sanguine hopes. Jas. S. Beach, was a student of Dr. Pitney, and has long been a successful co-laborer in our cause. About 1852 *Dr. Kelly removed here from Ottawa, where he had acquired a good reputation in his profession, which he well maintained whilst he practiced in this city; but his advancing years demanded less arduous labors, and impressing claims to resume the more congenial duties of administering to spiritual necessities rather than bodily infirmities. May he long live a blessing to those around him. Dr. I. S. P. Lord, one of the oldest practitioners in the State, a man of rare genius and originality; it was a loss to us when the health of his family required his removal to an eastern city. Dr. A. R. Bartlett is too long and well known to the members of this society for his attainment in the profession. The doctor honorably filled professional chairs at Cleveland and St. Louis. The time when the two last named gentlemen made their advent to Homœopathy is out of mind, only it was in the forties. Dr. Anthony, of Princeton, and Dr. Coe, of Beloit, and yet later comes Drs. R. Ludlam, Cooke, Colton, Boardman, Slocum, Small, Beebe, Kellogg, Seymour, and others; and now the accessions come so rapidly and so great, I regret to say I am not able to keep pace. Though with many of the younger members I have a pleasant acquaintance, there are many I do not know, but would say to those who are here, remain, for the rapid growth of our city demands even others.

Our sister city, Milwaukee, demands better notice than I can now give without seeming invidious, and yet I cannot forego the mention of Dr. J. S. Douglas, who has so long been known for his skill and labors in the profession. Many of the gentlemen I have but hurriedly named have made honorable reputations for themselves as authors, teachers, contributors to our periodicals to such a degree as to give Chicago a world-wide reputation for the distinguished abilities and labors of a number of your coadjutors; and here I feel justified in a statement which must be apparent to the observation of every intelligent person acquainted with members of the medical profession, viz.: the medical gentlemen of our school are the peers of those of the Allopathic, if not their superiors, in literature and professional attainments; and as surgeons and practitioners I believe their skill and success will place them greatly in advance.

But to return to the city. We were met, as before indicated, with most bitter and violent opposition from physicians of the Allopathic school. As an instance: One professor would say to a patient, or some friend, that Homœopathic medicines were concentrated poisons.

*Since above was written he has gone to his reward, full of years and honor.

and if our patient failed to improve as rapidly as desired, an explanation became necessary. Again the same gentleman would remark to another, our remedies were utterly inert, consequently no results were to be had from their use. And as spoke the more prominent of their craft, so echoed their subordinates and lesser lights.

There were then, as now, some high-minded and honorable men among them, who, while differing from us, were willing to accord to us what they claimed for themselves—the right to think and act in accordance with our judgments and convictions. And if a patient died under Homœopathic treatment, he was a victim, and they could have saved him; and if a serious, and what seemed to be a hopeless case, recovered, nature did it, and the patient would have recovered as well without medication. These objections were always easily answered, still it was a tax upon our time. But the people were being educated by their observations and experience, confirmed in the truths and superiority of the teachings and success of the Homœopathist, and so preparing a way and making it easier for those who should follow.

February and March, 1844, scarlet fever prevailed to a very serious extent, and the success attending the proper use of prophylactics, and the medication, gave our system a good reputation. I did not use *Bell.* as a prophylactic below the 3d, but some Allopaths and druggists put up and sold a prescription of Eberle, and claimed it the Homœopathic remedy. It would occasion aggravation, and I believe there were many fatal cases made which would not otherwise have been, and then these same fellows would seek to attach the responsibility of the failure, and even death, to the Hahnemann treatment. Yet, notwithstanding all this unjust conduct, Homœopathy rose superior to the wrongs perpetrated under her name, and later, in 1849 to 1854, Homœopathy had another opportunity to display the power and efficacy of her remedial agencies—the cholera; and during the terrible scourge every Homœopathic physician stood firmly to his duty by day and by night, demonstrating the success of his treatment, never abandoning his post, which, by the way, is more than could be said of some of the Allopathists. As an evidence that Homœopathy did not lose the confidence of the people, but retained them with increasing confidence, I will state that Dr. R. Ludlam was with me the last year, 1854, and one day I was obliged to remain at home by reason of illness of self and some of my family, Dr. L. had extra labors to perform in consequence, when he returned at night he reported visits and prescriptions for over sixty patients. That may indicate somewhat the status at that time.

But I must pass on. Our periodicals commenced in 1849. Dr. Shipman published and edited the *Northwestern Journal of Homœopathy*, which was continued four years. It was a very creditable journal, both to the editor and the profession, and physicians to-day may find in its pages many articles of value, and would be well recompensed by reading them. Subsequently Dr. I. S. P. Lord issued a journal by the same name, adding, "New Series;" but this did not long continue.

Next was a little bi-monthly for the popular reader, published by Drs. Smith, Graves and Ludlam. (Dr. Graves did not long remain,

being called to a higher sphere). Dr. Smith retired, and was succeeded by Dr. Colton. The enterprise having accomplished its mission in accordance with the design of its originators, ceased to be. The objects were to bring some young physicians before the people and profession (who to-day needs nothing of the kind) and to present to the people the great truths of Homœopathy; its great superiority over Allopathy, and exhibiting to some extent the fallacies and absurdities of the latter.

The next in order was, I think, the *Investigator*, published by Mr. Halsey, now in its eighth year. It continues to flourish under the management of the industrious Dr. Duncan, who is doing a good and noble work. Long may it continue to prosper under the care of its present talented editor.

Then the *United States Medical and Surgical Journal*, for five years ably edited by Dr. Shipman, aided by other gentlemen, and now continued by Drs. Small, Ludlam and Danforth. With the work and its editors you are familiar, and need no commendation from me. The experience and talent of these gentlemen ought to give you a journal as an exponent and organ of Homœopathy for the Northwest. This journal has since been consolidated with the *Medical Investigator*.

There were other enterprises of the kind in Chicago and some of our neighboring towns, which, in the purpose of their proprietors, were ephemeral.

Our societies demand brief notice. The American Institute of Homœopathy was organized in 1844, and am happy to say not only continues to live, but is growing with increasing interest, its meetings largely attended by physicians from all parts of the country, and sometimes representatives from Europe; and its reports are such that no medical gentleman can well afford to be without. It is the oldest national medical society in this country, and meets this year in Philadelphia, in June.

Our own State Homœopathic Medical Society was organized in the city of Peoria, in 1855. To our distinguished friend, Dr. E. A. Guilbert, now of Iowa, mainly belongs the honor of its early organization. I believe no year has passed without a session, and in some instances two have been held (see Proceedings). Gentlemen, its prosperity and usefulness is with you. I sincerely hope your devotion to the profession of your choice will ever prompt you to make what sacrifice may be required, to do so, and you will not only advance our noble cause and promote the best interests of humanity, but the rest from your labors and the mingling with professional brethren and interchange of views cannot but advance our cause and mutual enjoyment. Again let me say, make it your duty and pleasure to be here on such occasions.

We have a County Society, and Academy of Medicine, both I believe doing well.

Prior to our State organization we had two attempts to get up a Northwestern society, one in Chicago, and later in Indianapolis. They soon ceased. A few years ago one was organized in Chicago under favorable auspices. It had several good-spirited annual meetings. It

was thought best to coalesce with the American Institute, and that ceased to be.

Our Colleges.—Philadelphia, Cleveland and St. Louis preceded us, but it is not of them I would speak.

As early as 1852, Dr. E. A. Guilbert, then of Elgin, had prepared a charter for a college, and which I sent to our members of the Legislature, who promised attention; but nothing was done with it. At the next session of the Legislature, 1854-5, I went to Springfield and became a member of the third house for the time being. I could not find, in the archives or elsewhere, the draft for a charter I had sent the previous session; whereupon I sought to write one myself—the same the college now works under. Fortunately, in the Legislature we had all the needful aid in our then State Senator, Hon. N. B. Judd, Hon. Dunlaps, and Hon. Fred. S. Day. That session granted our charter, which was duly approved by the Governor. By it we have one of the most liberal charters ever granted for such institutions.

It was sought thus early because, having faith in the future success of our practice, I believed a delay until our prosperity demanded one, a more strong and violent opposition would be raised by the dominant profession to defeat or delay the enterprise.

Their unjust and unreasonable opposition was manifested by them during the War of the Rebellion, when our surgeons sought positions in the army, being denied by the examiners—perhaps they feared the test by gentlemen they probably felt were their superiors in skill and attainments.

Then, however, they talked and tried to believe Homœopathy would soon pass away, consequently made no special effort against the measure. Some were considerate enough to say, let Dr. Smith have the charter; it will never be required by the disciples of Hahnemann. Now it needs no prophet to say which is passing into history. That future historians may record how late barbarism extended down the Christian era. But with all the pride and ignorance of the Allopaths, there are some gleams of hope for them; for by reason of the influence and teachings of Homœopathy, you can scarce trace Allopathy of a quarter of a century ago. We have modified their practice, but we are not satisfied; we require decided improvement. We must be patient, but persevering, until they are brought into that light enjoyed by you—the great principles first intelligently proclaimed by the immortal Hahnemann.

In the year 1860 it was deemed by some of our medical friends—Drs. Ludlam, Small, Shipman, Beebe, and others—that the time was auspicious for organizing the college under the charter, which was done by electing D. S. Smith, President; Geo. E. Shipman, Secretary, and Treasurer of the Board of Trustees; and a Faculty elected to the several chairs: A. E. Small, Professor of Theory and Practice; Geo. E. Shipman, *Materia Medica* and Therapeutics; W. H. K. Boardman, Surgery; J. L. Kellogg, Obstetrics and Diseases of Women and Children; R. Ludlam, Physiology and Pathology; N. F. Cooke, Chemistry and Toxicology; G. D. Beebe, General and Descriptive Anatomy.

The first course of lectures were given during the winter of 1860-1. The first of March following, eleven young men received the degree of Doctor of Medicine; since which time the college has had a history of its own. It has had the trials and perplexities incident to a new and important enterprise, but has nobly passed the crisis, we trust, and that its future will be the progress of vigorous growth and popular favor. They have a corps of talented and educated teachers, whose energy and work means success; besides, now they have a fine college building, eminently adapted to their necessities, yet I apprehend with their increasing reputation they will find, like most of Chicago improvements, enlargement will soon be required.

Some of the professors early established a clinic, which has continued dispensing its blessings to many hundreds of God's poor until the present; and now, under the auspices and material aid of the Hon. J. Y. Scammon, we have the Scammon Hospital, a large and commodious building in the rear of the college, and already has had many patients to receive medical and surgical treatment. These combined advantages offer equal if not superior facilities for students of our school to any other in the country (an important item to be borne in mind by the members of this society).

And now, in conclusion, permit me to congratulate you on the glorious results thus far achieved in the northwest, and throughout the country, in the advancement of our profession, and urge upon you not in any way, to relax your efforts, but continue in the future as in the past, until truth and humanity shall triumph.

Psychological Department.

CRAZY PEOPLE OUTSIDE INSANE ASYLUMS

BY J. MARTINE KERSHAW, M. D., ST. LOUIS.

Read before the Western Academy of Homœopathy.

GENTLEMEN; I wish to speak to you of a disease of the mind, under whose sway one becomes peculiarly dangerous; whose strange manifestations strike terror to the hearts of women and children, and fill the souls of great strong men with fear; a disease which means death, cold, cruel death to love, friendship and sympathy; a disease which opens into a lifetime of loneliness, wretchedness, misery — opens into a great barren desert, with all the trees, the flowers, and countless beauties of glorious nature shut out, and naught but trackless sand on every hand; with no sun, no moon, no stars to light the way; no promise beyond, no room for hope within. It is for the subjects of this complaint, these Godless, friendless, homeless ones, with no resting place in all the wide world, that I offer a plea to-day. The various

forms of mental disease, it is fair to presume, do not improperly represent the various conditions of intellectual strength, from the creation of the first of humanity up to the present time. And it requires but a single careful inspection of an insane asylum to convince an observing individual that there are multitudes of God's people born behind the times — fit only for ages far back in the misty past. Privation, want, dissipation, and disease render men unfit for the procreation of offspring, healthy mentally, morally, and physically; and therefore these abnormal beings are thrown upon the world to an existence of which only time can tell the horrors. You all know, gentlemen, of the incredulity with which the masses regard certain kinds of insanity — actual insanity — pronounced upon by medical men in a position to decide upon such cases. The public are able to understand that a man can have a little physical disease, a little fever, or a little injury, but fail utterly to see that he may have a little insanity, or a mental trouble confined to one or a few faculties. You cannot convince them that the kleptomaniac is deranged, that he is an abnormal being, simply because they cannot see why he should be guilty of acts contrary to public sentiment and in violation of civil law; and yet there are numbers of good men and women to-day who can place their fingers upon those of their numbers, good and absolutely virtuous in other respects, but hopelessly vicious and depraved as regards this peculiar failing. I tell you there are gentle, noble, self-sacrificing women whose knees are bent every night before the throne of the everlasting God, and whose prayers and tears go up to Him as sweet incense, asking for help for their loved ones resting under this terrible curse. They know how awfully changed he is, and how truly and absolutely diseased is this miserable one. Enter the most beautiful home your imagination can paint for you, and behold the creature, beautiful in figure and feature, accomplished, lovable, and possessed of qualities which promise everything her woman's heart can desire, and yet, in a moment as it were, the darling of the household, the worshiped daughter, sister, wife, becomes so utterly shameless, malicious, depraved, and desperately wicked that Dante himself could scarcely imagine so vile a creature. Every large asylum contains these, while right out in the world in which we live, and about us, here and there a house, an apartment which the stranger never enters, and of which even the nearest friends know not of; for they are receptacles — the cells of creatures hidden from the world because of the infirmities of which I speak. Sometimes a pale face pressed against the window pane discloses the dwelling place of one of these, while the world moves on and around them with no knowledge of their existence. It is not to the wild and furious maniac confined within the walls of an asylum that I call your attention, but to the weak, odd, eccentric, peculiar ones — slaves of a disease under whose dominion they are absolutely powerless — creatures, the subjects of a morality below par; subjects of a weak, vascillating will-force, and for which they are as surely irresponsible as can well be. The people are quite unable to understand that a being with fair reasoning powers should be unable to con-

trol his actions; yet every day we see those afflicted with St. Vitus' dance entirely at the mercy of their complaint, with not a particle of control over the jerkings and contortions which agitate their bodies. How absurd to tell the paralytic to get up and walk, or to command the individual under the influence of intermittent fever to cease his shaking; yet these individuals may be as reasonable, and have as clear intellects as any of us. Why should the will-forces be weak or lost in physical disease and not in mental affections? And what is mental disease often, but reflex physical, or the exhibition of symptoms dependent on irritability of the great nervous centre? Why should the physical and mental be so divided that a sufferer from disease of the former becomes a martyr, while disease of the latter makes him a scoundrel, criminal, murderer? I tell you, gentlemen, the world is full of miserable suffering ones, creatures with fair reasoning powers, but with an over-development of one or a few faculties, which hold in abject slavery all the rest, and make this being, who looks like us, and perhaps acts like us in many things, the sport of the tyrant under whose dominion he is. In the name of justice untold numbers of sick people—sufferers from mental affections as surely disease as can be seen in the physical—untold numbers of these have ignominiously perished because of superstition and ignorance, because the world called their weakness crime. The beautiful world with its golden sunshine, its trees, flowers, the pure, health-giving air—all these every being in creation should have, and the mental-sick individual has as much right to the gifts of God, has as much right to be cured of his ailments as the sick physically. No distinction should be made as to their right to get well, for they are both sick—one in one way, one in another. And let me say just here that there is not such a deal of difference between the confirmed criminal and the insane as some people may think. I do not mean to say that all criminals are insane, but that the vicious individual is nearer to lunacy than those not vicious. Let us believe, then, that to be odd, peculiar, strange, vicious even, is to be unlike other people; that to do wrong constantly and repeatedly in the face of shame and disgrace; to continue despite the tears and distress of those whose affections for the erring one cannot be told in words; that to be indifferent to love, hope, fame, happiness—to be indifferent to all that kind friends can do, and all a glorious world can offer, is to be lacking in the essentials to a sound mind—to be insane, in fact, the intellect only proving the ingenious agent whereby the peculiar ideas of the individual are carried out. Many of you may be, perhaps, incredulous regarding these things, but believe me, gentlemen, some of the greatest and noblest minds of our times accept them, and it may be your misfortune, or mine, to see at some time a dear one becoming in a manner, as it were, the victim of the dread disease of which I speak to you. For long years, ages even, these creatures, human like ourselves, have been crying to us, the strong and well, to help them; and the cry for help still goes up with scarce an answering call from the busy world, none having time to care for those not hopelessly nor altogether mad.

MANAGEMENT OF THE INSANE.

BY GEO. F. FOOTE, M. D., STAMFORD, CONN.

An early cure of patients suffering from any form of mental disease depends largely upon the social surroundings and the manner in which they are governed, as well as upon the proper medication.

The home should be pleasant, and commensurate to their prior habits of life.

They should never be confined among, or compelled to associate with, those who are much worse than themselves.

They should be treated as gentlemen and ladies, and as far as possible consistently with their states, made recipients of all the courtesies of life, with as much freedom from restraint as their personal safety and that of others will admit of. Much also depends upon their first introduction to an asylum, or home.

Though themselves given to exaggerations, and extravagant in their representations, none are more keenly alive to the least deviation from truth in others, watching for and expecting the fulfillment in every particular, of the promise of those having them in charge.

A very common mistake, and one that is injurious, is that committed by the friends in taking patients to an asylum without appraising them of their destination, often deceiving them by misrepresentations, pretending to be going on a journey to some distant town, or to visit friends, and the like.

In such cases the unfortunate patients suddenly find themselves among strangers, under restraint, and generally behind grates and bars.

The effect of this often tends to excite and madden the diseased mind, destroying confidence and arousing suspicions that greatly retard a cure.

Therefore it is important that all who associate with, or have the management of the insane should observe the strictest probity, fulfilling in every particular all their promises.

The attempt often made to conceal from the patients their own psychological condition, is fraught with mischief, as every patient is fully conscious of his mental aberrations, and any attempt at concealment suggests to him ignorance or deception.

Hence I do not hesitate at the earliest date to inform such patients that they are insane, and that they are to be put under restraint and treated for their insanity. This I deem essential, and if it is given in language that is both frank and firm, coupled with a tone of voice and with explanations that imply kindness, it begets confidence, and establishes in the mind of the patient the necessity of obedience.

In connection with this I am reminded of a highly-accomplished lady patient placed under my care, who, after an examination, asked me what I thought ailed her. My reply was, "Why, you are simply crazy." "Well, that's an impertinent answer, but it's true, and I knew it before. But you are the first doctor that has had courage enough to tell me so. And while I liked to have them tell me that it was only

some slightly nervous attack from which I should soon recover, I knew they were deceiving me. Now, sir, can you cure me?" "We will try." This patient, since recovered, tells me that my frankness at once inspired her with confidence, and gave her hope of recovery.

[TO BE CONTINUED.]

TERROR — ITS CONSEQUENCES AND CURE.

BY DR. PASI, "RIVISTA OMIOPATICA," ROME, ITALY. TRANSLATED
BY DR. F. L. PEIRO, CHICAGO.

The following is evidence of the necessity of correct diagnosis of diseases, as well as illustrating the superiority of the Homœopathic practice in their treatment:

CASE I. A.; farmer, aged forty; never had been sick before; naturally of robust constitution, is now emaciated and haggard; says he has been sick three months, and despairs of recovery. Fever has continued from beginning, at times remittent; lancinating pains in the various articulations, which have been pronounced rheumatic in character. Obstinate insomnia; great anxiety, and difficulty of respiration; anorexia, and physical prostration. In his discouragement cries and fears he will soon die and leave his beloved family deprived of his attention and support.

Three doctors (Allopath) have attended him. The first diagnosed rheumatism. Presto! cathartics, alteratives, and sudorifics; but patient growing worse. Doctor No. 2, with that intuitive faculty natural to some, clearly perceives a complicated nervous affection, which he hastens to annihilate with chosen anodynes and nervines, but singularly enough with no better results than the first. Dr. No. 3 recognizes at a glance the exact nature of the malady, and only wonders that the other "regulars" should be so obtuse as not to see that the patient clearly labors under a species of—of "mania pellagra," brought on by too constant diet of corn meal. This wise conclusion at once suggested the scientific treatment of the case, and the result was decided—aggravation of the malady.

Having been directed to me he came, recounting all his woes and appealing for relief. By questions asked him I elicited the fact that a short time before his illness he was fearfully frightened at certain occurrences, and dates his bad feelings from that shock.

Light dawned upon me at once, and I encouraged him to hope for speedy relief, prescribing at the same time *Aconite* 6 (globules No. 50), with directions to take one pill every three hours, then four, five, and six hours, taking them less and less frequently for six days.

Greatly to my delight he returned at the end of eight days much changed in appearance and happy in countenance, thanking me for

those "blessed candies" that had produced in him so wonderful a cure. Calming his enthusiasm, I counseled the continuance of the same remedy morning and night, oftener if any morbid phenomena should return. Nothing else was needed—the cure was rapid and complete. Thus, from a consideration of the moral aspect of this man's disease—a point evidently lost sight of by my predecessors—was the proper remedial agent selected, which resulted in the happy effect stated. Oh, that the "regulars" might deign to consider betimes!

Hospital Department.

THE HOMŒOPATHIC HOSPITAL, WARDS ISLAND, N. Y.

This hospital is now running very prosperously, there being somewhat over three hundred patients in our wards, which number is being swelled by new arrivals every day. In addition to the work of organizing the hospital (commenced September 10th,) there were admitted and treated 476 patients previous to Dec. 31, 1875. Among these some rare and interesting cases are to be found.

The history and clinical record of the following interesting case was taken and kept by Dr. R. B. Sullivan, a member of the house staff. Drs. White and Paine were the visiting physicians in charge of this case. We hope to *trouble* you with more reports of a similar sort before centennial year closes.

PARALYSIS.

John H., born in Germany, aged sixty-six, widower, laborer; no hereditary predisposition, or previous disease or injury. For three years past he has worked in sewers in New York City, blasting and lifting heavy rocks.

On the 20th of February, 1872, while on his way from home to his work, without premonitory symptoms, he fell as if shot; completely insensible, remaining so for two hours; suffered none at that time nor since. For three weeks following this, he was speechless; was able to make a noise, but could not articulate a word. His right arm and leg were completely paralyzed, with sensibility of the parts very much impaired. He was admitted to Bellevue hospital on the 24th day of February. The treatment there was electricity in conjunction with internal remedies. Remained there for four months without other improvement than partially regaining the function of speech. He was transferred to Charity hospital, on R. I., where the doctor told him that nothing could be done for his relief. This completely discouraged him and he went home after remaining in the hospital but twelve days.

At this time the little motion he was capable of performing was sure to be followed by severe and tormenting cramps in the flexor muscles of both the arm and leg. The contractions were of a tonic nature and at times quite painful.

After fifteen months, he applied to the superintendent of the outdoor poor and was sent to the alms house, when, after a stay of ten months, he was sent to the Soldiers' Retreat, on Wards island, from which institution he was transferred and became a patient in the Homœopathic hospital, Oct. 11, 1875.

When admitted, it was impossible for him to rise from his chair, or stand unaided; nor could he move or raise right foot without the assistance of either his hand or the other foot. Sensibility of the limb still much impaired. No prehensible power whatever in the right hand.

Oct. 12.—Prescribed *Nux vom.* 200.

Nov. 1.—Great improvement, feel much stronger, cramps less severe and less often, can bear some weight on his foot. Prescribed *Sac lac.*

Nov. 12.—Can rise from his chair with only the assistance of his cane, can stand on both feet and walk several steps without inducing cramps in the limbs. *Sac lac* continued.

Nov. 28.—Can now rise and sit down easily without help, can move his foot back and forth and lift it from the floor. *Sac lac* continued.

Dec. 1.—Patient's countenance, which has been dull and besotted, is now bright and clear; he is gaining in flesh; prehensible power in hand greatly improved, sensation in the part nearly normal. Prescribed *Zinc met* 30.

Dec. 8.—Patient is gaining steadily. No cramps since November 12th. In this case no external remedies have been used. If improvement continues as it has begun a brilliant cure will be the result.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: This hospital now contains 360 patients, and the number is daily increasing. New beds are quickly filled with incoming sick ones, and yet our cry, like that of Oliver Twist, is still for "more." We are meeting with gratifying success, especially in the treatment of chronic ulcers of long standing, and in old cases of

PARALYSIS.

Quite a number of patients suffering from paralysis have experienced almost immediate relief from the use of Homœopathic drugs in infinitesimal doses; notably *Nux vomica* has proved itself of signal service in this unfortunate affection. Its virtues have been most marked in cases where the patients had become exhausted by severe mental or physical labor, the usual symptoms in such cases being prominent and marked.

PHTHISIS.

Many cases of phthisis have presented themselves for treatment at

this hospital, and although a large proportion of them may be classed as hopeless, such patients are, nevertheless, an interesting study. *Calc. carb.*, when administered to these patients suffering from such symptoms as cold, clammy extremities; great chilliness; loss of strength; constant, short, spasmodic cough, especially at night, with yellowish expectoration in the morning, has often been of great service in relieving the fated victims; and frequently a decided improvement has followed its use. *Lycopodium* has again and again effectually checked the night sweats of our phthisical patients, and otherwise afforded them great relief. Cases illustrating the action of these and other remedies in consumption will hereafter be furnished.

This "brief" simply notes increasing numbers at the hospital, and "reports progress."

SELDEN H. TALCOTT, Chief of Staff.

HOMŒOPATHIC HOSPITAL, WARDS ISLAND, Feb. 15, 1876.

Surgical Department.

"CONDITIO SINE QUA NON."

IN ORDER TO SOLVE THE HOMŒOPATHIC PROBLEM OF MR. V. GRUZEWSKI AND THE VIEWS OF DRS. LIPPE, IN PHILADELPHIA, AND SCHUSSLER, IN OLDENBURG.

BY DR. V. GRAUVOGL, SUPERIOR STAFF PHYSICIAN IN MUNICH.

(Continued from page 342.)

Had Dr. Lippe explained under what circumstances green stools of children, which are never produced by congestion, but by anemia of the brain, occasioning thereby convulsions, by the one, and under which circumstances the other of these remedies may cure under what conditions, and with such precision, as I furnished the evidences that *Silicea* cures the enchondroma and rachitis, then I would take off my hat from a most grateful respect; or had he given a more fitting explanation of the action of *Copper*, he should not have stuck fast in the futile attempt of tearing down without building up anything better. This easiest of all arts, to put many unsavory words instead of performances, characterizes every time the imbecile. On the other hand, it is easy to demonstrate that physiology and pathology are nothing less than in the proportion of contradiction to the law of similarity, but in that of contraries, regarding the sources of acquisition. But just because they are opposed to themselves on the same field, they form an inseparable whole, and they may be measured with each other as parts of the same. A standard for the law of similarity, we should not have besides, nor can anything be determined either, with-

out relation to a general oneness always staying equal to itself. That standard is for pathology, also for the one resulting from drug provings, the physiological type of man ever remaining equal to itself; consequently physiology is a science indispensable to every Homœopath, in so far as he understands to transfer it to the results of drug provings. With that every yarn of an Allopathic trap put up perhaps is torn like gossamer. It is no more sufficient to know the disease which we have to treat, to be similar to the one that is generated, e. g., by *Sepia*, nor either, even if we have been successful in curing it according to the law of similarity with *Sepia*, but we also want to look through the internal process; it did not suffice us further to believe that a dynamic effect was to be ascribed to the medicinal substances, as Dr. Lippe does, if they are given Homœopathically, but we have investigated further and found that even the highest potencies have material effects, consequently they must be material themselves. Therefore, the study of physics as well as that of physiology is very much to be recommenced to Dr. Lippe. May he continue to practice the laborious and rarely rewarding task of individualizing at the sick-bed without any further points of support; he can never come so far therewith as to eliminate the accident, which must remain though the highest aim of every science, consequently also of therapeutics. To attain that aim solely by the law of similarity, there are a multitude of elements wanting to him yet, as it is acknowledged, particularly further experiments. It is a known fact, too, that the quality of the general is leading us with surety to the special and individual. The simile is certainly the mightiest anchor in doubtful cases, but there are still more such reasons of recognition. Even Hahnemann used to search for such grounds, seeking to fill up the gap by more general forms like psora, syphilis and sycosis, with but little success, and giving to the deceased Dr. Jahr the commission still to farther develop his doctrine.

In order to combine the *useful* with the *disagreeable*, I shall demonstrate now that there is some diarrhœa with green stools in the so-called teething of children, for which Dr. Lippe in his above list did not enumerate any remedy — I mean *Calcareum carbonicum*, although it is indicated in all books of Homœopathic therapeutics as one of the most important ones in such a diarrhœa. In the proving, however, the symptom of green stools is not contained. How did that happen now? Apparently not by theory, but by practice, a recognizing ground surely not to be underrated. Consequently the law of similarity can hold good only so far as it reaches, i. e., as drug provings are made, the resumption of which to a larger extent is more desirable. The theoretical evidence for the rational indication of *Calcareum carbonicum* in green diarrhœa cannot yet be brought forth by the drug proving, but well by the teachings of pathology and physiology.

If we feed a pigeon like those children that are laboring with teething, having diarrhœa, so-called congestion of the head, etc., with cow's milk or flour pap, sugar, starchy or gum-like substances, it grows fatter incipiently, and so some form of the retrogressive metamorphosis

has already commenced. Later it begins to drink more, so that it often takes up eight times as much water as before. Presently the formerly solid excrements grow soft and fluid, and diarrhoea comes on. Finally, the animal ceases drinking and digesting, and dies. Quite a similar thing we observe in our children in consequence of the lack of lime in the same nourishment and of the organic acids developed by that, which pass into the blood, though in combination with soda, as this is presented from the blood to the acids at the osmosis. Where there is now such an excess of *Lactic acid* as in the milk of suffering, or again pregnant mothers, or in watery, or too fat milk, there the growth of the bones is retarded, regardless from the lack of lime in such a nourishment, as the blood simultaneously loses alkalies by means of the acids produced, and accordingly the sanguification is diminished, whereby alone convulsions may arise from anæmia. These free organic acids, as their neutralization and reception into the blood can only take place imperfectly, also disturb the function of the stomach, and come still deeper down into the alimentary canal, where they interfere with the bilious and pancreatic secretion. Thereby the normal neutralization of the intestinal secretions is now impeded, and in consequence an intestinal catarrh and the diarrhoea spoken of is generated, which detracts from the body a great quantity of water, and aggravates the whole disorder to the utmost. One may have to get the children under his care in these different stages, but frequently we find four times the quantity of *Lactic acid* in the urine and five to six times more phosphates of salts, what happens to occur especially in already rachitic children. The *Lactic acid* has thus dissolved much more of osseous substance than is done in the normal state. Now we know what the diarrhoeas signify in teething; they do not arise in consequence of teething or a teething irritation, but from quite other reasons. We know further, why *Calcarea carbonica* has become so famous in Homœopathy as a curative remedy. Nor is it according to known physiological facts necessary either, perhaps even less advantageous, to administer instead of the carbonate the phosphate of lime, for which practice has not yet spoken, or in other cases instead of the carbonate of soda the sulphate, it is not indicated by the law of similarity, because other grounds brought forth for it are not tenable; for the organism procures its acids at most from means of its own, as it is the rule, e. g., that *Phosphorus* and *Sulphur* of the consumed albumen and fibrin are oxidized and combined with the acids existing in other combinations.

If the teething process takes its normal course, it is indicated thereby that the nutrition of the child and all proceedings connected therewith are satisfactory; if they are not, then the nutrition is consequently a deceptive one. Where in the nourishment nothing is wanting than a scarce importation of lime, there the children have no diarrhoea. But where lime is wanting in consequence of its solution by organic acids, diarrhoea not only occurs in green, but in all possible colors. In the latter case, however, principally two forms are to be distinguished in practice. At first copious and fluid discharges of the

intestinal contents come on with increased formation of cells; the mucous membrane and other intestinal membranes become anæmic and atrophied. In these cases *Calcareo carbonica* is, physiologically as well as by Homœopathic experiences at the bedside, indicated, and that in a former relation on account of its similar effect on the production of cells. Later, however, at the continuance of the diarrhœa with its causes and conditions, the epithelial cells are also swelled up now in the small intestines, on small spots already thrust off, and the same holds good for the epithelium of Peyer's glands; the morbid process then extends more and more to the colon and rectum, and the epithelium of these parts as well as of the lenticular glands degenerate in a various manner. Finally, by this degeneration the lymphatic glands grow less permeable, for the current of the chyle to the utmost emaciation of the whole organism. He who has observed the action of *Argentum nitricum* under the microscope, knows that it is quite similar in its action on the epithelium, one of the causes of this latter form of diarrhœa, and that it is consequently just so indicated in the same by the law of similarity, as by the symptoms of the proving with *Argentum nitricum*. Therefore it is in the diarrhœa of children an equally much extended Homœopathic remedy as the *Calcareo carbonica*, but from different pathological reasons. Thus we have not always to deal with so simple disturbances of nutrition as with the compensation of the wasted matter according to Schussler, but also with such disturbances of function, as cannot be without the corresponding remedies different from those of Schussler. In this little example there are evidences enough that in general there is no diarrhœa, nor a disease existing and to be treated for itself, except in Allopathy; but every disorder proceeds from condition to condition, the effects of which become causes and these effects, a growing chain within the whole of the organism, until health is restored. As we cannot always now perform everything with the law of similarity and the Homœopathic drug provings, it follows again and again that Homœopathy, physiology and pathology are indeed contraries, but completing each other, and we all are the heirs of Hahnemann's desire, to continue and accomplish his work. The opposition on the other hand, Drs. Lippe and Schussler are invited to show their forces with the experiment of v. Gruzewski, and they will by no means neglect to enlarge our knowledge thereby in behalf of humanity, and to deserve our thanks and our esteem. *Hic rhodus, hic saltate!* As I learn a society of physicians has been formed in Chicago who undertook to prove all Homœopathic remedies again, and that with the employment of all physical and chemical examining methods. Those men have not only placed themselves at the height of science, but have also hurried far in advance of their time, for as much as I understand, all further progress of Homœopathy is solely entrusted to the safe management on these departments. Then Homœopathy will stand of equal value to the other sciences, in many a regard unparalleled. But if one puts his hands in his lap and wants to get rid of all labor, if one does not acknowledge the experiment of Gruzewski for that, it is, as the central society is of Leipzig is

not ashamed to designate such a shield against Allopathic arrogance as a compromising childish freak, likethe fox in the fable who finds fault with the grapes because they are beyond his reach, then we are certainly still far remote from entering upon the heritage of Hahnemann.

OPHTHALMIC HINTS.

LACHESIS EYES.

A gentleman of sixty complained of fullness and pressure behind the eye balls; also a sensation of straining and distention in the eye balls. There was no inflammation, nor any pain about the eyes, but some increase of dimness of sight usual with persons of his age. I gave three or four doses of *Crocus* which mitigated the symptoms slightly. He then took two doses, one dose daily, of the third trituration of *Arum fel.*, which relieved the fullness and pressure behind the eye balls but left the remaining symptoms untouched. I then gave one dose of the one thousandth of *Lachesis* the relief was immediate and complete. I am of the opinion now, that the last remedy would have done the entire work without any other aid.

NEW YORK, March 10, 1876.

H. C. HOUGHTON.

Society Proceedings.

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

ANNUAL MEETING, CHICAGO, MAY 16TH, 17TH AND 18TH.

The special subjects are here given as far as learned.

CLINICAL MEDICINE.—J. S. Mitchell, M. D., Chicago; L. Pratt, M. D., Wheaton; J. Keck, M. D., Chicago; F. H. Van Liew, M. D., Meningitis, a case; R. B. Johnson, M. D., Morrison.

OBSTETRICS.—G. A. Hall, M. D., Chicago; S. P. Cole, M. D., Chicago; C. N. Dorion, M. D., Chicago; Mrs. L. C. Purington, M. D., Chicago; T. Bacmeister, M. D., Toulon.

DISEASES OF WOMEN.—R. Ludlam, M. D., Chicago; G. D. Beebe, M. D., Chicago, The Surgical Remedies for Prolapse involving uterus, bladder, vagina or rectum, with illustrations; M. B. Campbell, M. D., Joliet; Mrs. A. P. Ketchum, M. D., Chicago.

DISEASES OF CHILDREN.—T. C. Duncan, M. D., Chicago, *The Effects of the Genius Epidemicus on Children*; S. P. Hedges, M. D., Chicago, *Report from Half-Orphan Asylum*; E. M. P. Ludlam, M. D., Chicago; W. R. McLaren, M. D., Oak Park; J. P. Mills, M. D., Chicago, *Report from Foundlings' Home*; D. A. Colton, M. D., Chicago, *Relative Conditions of Legitimate and Illegitimate Children*.

SURGERY.—W. Danforth, M. D., Chicago; A. G. Beebe, M. D., Chicago; Charles Adams, M. D., Chicago; E. Parsons, M. D., Kewanee, *Influence of the Mind over Surgical as well as other Diseases*; J. A. Vincent, M. D., Springfield.

OPHTHALMOLOGY.—W. H. Woodyatt, M. D., Chicago; S. J. Ricker, M. D., Aurora; E. W. Beebe, M. D., Evansville, Wis.

ANATOMY.—E. H. Pratt, M. D., Wheaton; C. H. Adams, M. D., Aurora; Thomas Eckles, M. D., Sterling.

PHYSIOLOGY.—R. N. Foster, M. D., Chicago, *Correlations of Diseases*; C. B. Gatchell, M. D., Milwaukee, *Fallacious Physiology*; J. Harts Miller, M. D., Abingdon.

PATHOLOGY.—A. W. Woodward, M. D., Chicago, *Epidemic Constitutions*; I. Landridge, M. D., Chicago; S. Bishop, M. D., Moline; W. C. Sturteant, M. D., Morris.

HISTOLOGY.—H. P. Cole, M. D., Chicago; H. R. Stout, M. D., Chicago; S. J. Bumstead, M. D., Pekin.

HYGIENE.—L. Dodge, M. D., Chicago, *Hygienic Preventive Medicine*; E. Spork, M. D., Chicago, *Moto-Therapeutics*; Helen J. Underwood, M. D., Chicago; M. S. Carr, M. D., Galesburg.

MATERIA MEDICA.—T. S. Hoyne, M. D., Chicago, *Therapeutic Uses of Aconite*; W. J. Hawkes, M. D., Chicago, *Characteristics*; W. H. Burt, M. D., Chicago; T. J. Merriman, M. D., Aledo, *Apis mel. in Intermittents*; H. B. Fellows, M. D., Chicago; G. W. Foote, M. D., Galesburg; A. E. Ballard, M. D., Chicago; J. J. Gasser, M. D., Lafayette, Ind., *Medicine and Poison*.

ELECTRICITY.—R. N. Tooker, M. D., Chicago, *Progress in Electricity*; N. F. Cooke, M. D., Chicago; W. S. Johnson, M. D., Hyde Park.

CLIMATOLOGY.—R. S. Brigham, M. D., Cairo; H. P. Gatchell, M. D., Kenosha; T. J. Merryman, M. D., Aledo, *Report*.

PSYCHOLOGY.—O. H. Mann, M. D., Evanston; C. D. Fairbanks, M. D., Englewood; S. E. Trott, M. D., Wilmington.

CHEMISTRY AND PHARMACY.—H. N. Small, M. D., Chicago; J. J. Gasser, M. D., Blue Island; T. D. Williams, M. D., Chicago, *Chemistry of our Materia Medica*.

MEDICAL JURISPRUDENCE.—J. R. Kippax, M. D., Maywood.

MEDICAL EDUCATION.—J. S. Mitchell, M. D., Chicago.

STATISTICS.—T. S. Hoyne, M. D., Chicago.

MEDICAL LITERATURE.—Frank Duncan, M. D., Chicago, Publications of the Year. .

PROVINGS.—E. M. Hale, M. D., Chicago, The Importance of having a Department of Provings in our Homœopathic Colleges; J. E. Gilman, M. D., Chicago; Mrs. M. A. Skidmore, M. D., Polo; N. B. Delamater, M. D., Chicago, Proving of Electricity; L. Bedford, M. D., Chicago.

LEGISLATION.—J. A. Vincent, M. D., Springfield; G. W. Foote, M. D., Galesburg; E. M. McAfee, M. D., Mt. Carroll; G. D. Beebe, M. D., Chicago; D. S. Smith, M. D., Chicago; T. C. Duncan, M. D., Chicago.

ARRANGEMENTS.—T. S. Hoyne, M. D.; J. S. Mitchell, M. D.; S. P. Hedges, M. D.; A. W. Woodward, M. D.; J. W. Streeter, M. D.

THE MISSISSIPPI VALLEY HOMŒOPATHIC MEDICAL ASSOCIATION

assembled in annual session in Quincy, Ill., April 14, 1876.

In the absence of the president, the meeting was called to order by the secretary, Dr. W. D. Foster, of Hannibal, Mo. On motion Dr. J. Moore, of Quincy, Ill., was elected president, *pro tem*. The minutes of the last annual and semi-annual meetings were read and approved. On motion of Dr. C. Lowry, chairman of the Board of Censors, Dr. O. H. Crandall, of Quincy, was unanimously elected to membership.

Dr. J. Moore, of Quincy, chairman, reported on behalf of the Bureau of Materia Medica, and offered remarks *in extenso*, upon the *dynamic* force of Homœopathic remedies. He related a number of cases very promptly cured by high and low potencies.

Dr. W. D. Foster, of Hannibal, chairman, read on the part of the Bureau of Surgery, a paper on Rupture of the Male Urethra, complicated with enlargement of the prostate, in which he adverted to the peculiar adaptability of Squier's vertebrated catheter in this and similar cases.

Dr. C. Lowry, of Hannibal, chairman of the Bureau of Clinical Medicine, read a paper—"Can the Children be Saved?" contributed by Dr. W. John Harris, of St. Louis. A general interchange of opinion upon the causes of infant mortality ensued.

OFFICERS:

PRESIDENT—C. Lowry, M. D.

VICE-PRESIDENT—O. H. Crandall, M. D.

SECRETARY AND TREASURER—W. D. Foster, M. D.

BUREAUS :

MATERIA MEDICA — Drs. Moore, Collisson and Harris.

SURGERY — Drs. Foster, and Crandall.

CLINICAL MEDICINE — Drs. Lowry, Vansyckle and Crandall.

DELEGATES :

Western Academy — Drs. J. Moore and W. John Harris.

Illinois State Association — Dr. Wm. Collisson.

American Institute — Drs. C. Lowry and D. V. Vansyckel.

On motion the Association adjourned, to meet in Hannibal, Mo.,
Wednesday, October 4th, 1876. W. M. D. FOSTER, Secy.

HOMŒOPATHIC MEDICAL SOCIETY OF TENNESSEE.

A convention of the Homœopathic physicians of this State was held at Nashville on December 1st, 1875, for the purpose of organizing a State Society.

The result was the Homœopathic Medical Society of the State of Tennessee with the following selected officers for the ensuing year :

PRESIDENT — J. P. Dake, M. D., Nashville.

VICE-PRESIDENTS — L. D. Morse, M. D., Memphis; E. H. Price, M. D. Chattanooga.

SECRETARY — Eugene R. Smith, M. D., Edgefield.

TREASURER — T. E. Enloe, M. D., Edgefield.

CENSORS — R. M. Lytle, M. D., Nashville; Chas. R. Doran, M. D., Nashville; H. Falk, M. D., Nashville.

COMMITTEES.

The following were appointed by the president to present papers at the next meeting :

MEDICAL LEGISLATION — J. P. Dake, M. D., Nashville; S. Saltsman, M. D., Knoxville; L. D. Morse, M. D., Memphis.

PREVAILING DISEASES — E. R. Smith, M. D., Edgefield; J. H. Morgan, M. D., Knoxville; J. C. Fraer, M. D., Chattanooga.

SANITARY SCIENCE — L. D. Morse, M. D., Memphis; C. R. Doran, M. D., Nashville.

SURGERY — E. H. Price, M. D., Chattanooga; T. E. Enloe, M. D., Edgefield.

INSANITY — J. A. Allen, M. D., Memphis.

DISEASES OF WOMEN AND CHILDREN—W. A. Edmonds, M. D., Memphis; Wm. C. Dake, M. D., Nashville.

MATERIA MEDICA—S. Salmarsh, M. D. Knoxville; D. G. Curtis, M. D., Chattanooga.

DISEASES OF EYE AND EAR—J. W. Buddeke, M. D., Jackson; N. Folk, M. D., Nashville.

VENERAL DISEASES—R. M. Lytle, M. D., Nashville.

Seventeen of the twenty-five Homœopathic physicians of the state were represented either in person or by proxy, and we hope at the next annual meeting to include every one in the state.

The adoption of a constitution and by-laws, election of officers and appointment of the several committees being the only business before the society, it adjourned to meet in Nashville the first Wednesday in December 1876.

EUGENE R. SMITH, Secy.

INDIANA INSTITUTE OF HOMŒOPATHY.

The Tenth annual session of the Indiana Institute of Homœopathy will commence in Indianapolis, May 9th, at 2 P. M., and continue two days.

The following are the bureaus:

PROVINGS—Drs. W. L. Breyfogle, J. Hyde.

MATERIA MEDICA—Drs. E. J. Erhman, E. Beckwith, J. A. Compton.

POTENCY AND DOSE—Drs. W. P. Armstrong, J. B. Hunt, F. L. Davis.

CLINICAL MEDICINE—Drs. W. Moore, S. Cook, M. H. Waters, W. L. Morgan.

NURSES—Drs. Ada B. Fally, C. T. Corliss, C. F. Wymond.

OBSTETRICS—Drs. S. Maguire, G. W. Riddell, P. B. Hoyt.

GYNECOLOGY—Drs. S. C. Whiting, M. T. Runnels, W. Eggert.

MICROSCOPY—Drs. O. P. Baer, J. R. Haynes.

SURGERY—Drs. J. N. Lucas, W. N. Bahrenburg, W. L. Becker.

EPIDEMICS—Drs. O. S. Runnels, W. R. Elder.

INTERMITTENT FEVER—Drs. A. McNeil, A. L. Fisher.

Let no excuse prevent any physician in Indiana from being present and participating. Those who can attend from adjoining states will be made welcome.

Office of
The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

[Consolidation of the *United States Medical and Surgical Journal*, (Quarterly, \$4.00),
Vol. X. with the *MEDICAL INVESTIGATOR* (Monthly, \$3.00),
Vol. XII; Commencing January, 1875.]

Two Volumes a Year. — Terms: \$5.00 a Year, Payable in Advance.

T. C. DUNCAN, M. D., Editor.

F. DUNCAN, M. D., Business Manager.

67 Washington St., Chicago, May 1, 1876.

DIED.—Dr. David Cress, Portsmouth, O., on April 10th.

WANTED.—Jan. 1st number, 1876; 25c. will be paid. Send to B., care this office.

WANTED.—Nos. 4, 5 and 7, Vol. VII., 1870, *MEDICAL INVESTIGATOR*; 25 cents each will be paid. Address, A., care this office.

FOR SALE.—Very complete office outfit and practice. Population, 14,000; five railroads; growing town. Address, Box 975 Hannibal, Mo.

FOR SALE.—Hamilton's Clinical Electro-Therapeutics, new, cost \$2, price \$1 50; Bayes' Applied Homœopathy, new, price \$2; Ruddock's Clinical Directory, \$1.

PROFESSOR LUDLAM'S Private Course of Lectures begins on Monday evening, May 1st, at 8 o'clock. Those who miss these lectures will lose a gynecological treat.

F. R. H.—Meyhoffer is the best and most practical Homœopathic work on diseases of the throat and lungs; price \$3. Hamilton on Fractures and Dislocations, in leather, is \$6 75.

FOR EXCHANGE.—Hull's *Jahr, Symptomatology, Repertory, and Grudresse der Physiologie, Pathologie und Homœopathische Therapie*, by Dr. Von Grauvogl, cost \$4, for Allen's *Materia Medica*, Vols. I. and II. Address W., care this office.

STATE SOCIETIES.—What committee are you on? Look them over and govern yourself accordingly. If you are on none so much the better, as you can choose any subject you think of interest to write on. Please to contribute something.

BIND YOUR JOURNALS.—Emerson's Binder we can supply, stamped with name suited for this journal, for 40 cents; without backs, 20 cents. Keep the numbers all together for ready reference. We can furnish these binders for any journal the same size as *THE INVESTIGATOR*, with the name of the journal that they are for printed on the back, for the above prices.

THE OFFERS.—In answer to inquiries we will say that we have secured a few more books and are again able to open those tempting offers.

\$7. will secure Gilchrist's *Surgical Diseases* (\$3 50), and this journal for one year. (If book is to be sent by mail, 32c should be added for postage.)

\$10. will secure Ludlam's *Diseases of Women* (\$7 00), and this journal for one year. (If book is to be sent by mail, 50c. should be added for postage.)

\$8.50 will secure Hoyne's *Materia Medica Cards* (\$5 00), and this journal for one year.

\$6.50 will secure Shipman's *Family Guide* (\$2 00), and this journal for one year.

\$9. will secure Volumes I. and II. (\$5 00, the year 1875), and the year 1876 of this journal.

\$7. will secure any volume of the *MEDICAL INVESTIGATOR* (\$3 00), since January 1872, and this journal for one year.

When you think of buying any books or subscribing for any journals always write to us and ascertain at what price we can furnish them to you, before you buy—Remit by P. O. money order, draft, or registered letter.

EXCHANGE DEPARTMENT.—We have now opened an Exchange Book Department through which we shall try to furnish any book wanted, old or new. Send us a list of books that you want to procure and we will try to fill the bill, when complete will advise you with price and send as you direct. Remittance must be sent with shipping directions or else package will be sent C. O. D.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. III., No. 10. — MAY 15, 1876. — Whole No. 166.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

OTTUMWA, Iowa, May 4.—Scarlet fever and measles, but not so prevalent as north of us, nor of as malignant a character.

H. W. ROBERTS.

RICHMOND, Ind., May 3.—In looking over my article in the issue of your journal for April 15th, I use the term guests in the stead of *hosts*. *A lapsis scribendi* of my own, probably both mental and physical. We are having strong typhoid symptoms at this time, in abundance.

O. P. BAER.

ONEONTA, N. Y., April 25.—What strange freaks old Dame Nature has indulged in lately. Sunshine, clouds, rain, hail, snow, and frost, with thunder and lightning, very often all in one day; clouds, wind, and rain, most frequently, and sickness: rheumatism, neuralgia, fever of a typhoid nature; diphtheria, mild; scarlatina, *Bell.* type; tonsillitis, severe. None of them severe enough to excite me much. Long life to you and may you live long Miss INVESTIGATOR.

R. BOOCOCK.

KERRVILLE, Texas, April 13.—Measles commenced here in January and are still among us. One of their peculiar features is this, one of the family may take them and the disease will run its full course, and then, after a lapse of three or four weeks, other members of the same family are attacked, and so on, until all have had them. Influenza had for its watch-word, "Let none escape," and upon its subsiding I have never seen so many people affected with boils and eruptions. The least wound in the skin makes a sore very troublesome to heal.

G. R. PARSONS.

EMPORIA, Kan., May 3.—For the past five months pneumonia has prevailed extensively throughout our city and vicinity, also an epidemic of measles. For the former we found *Phos.*, *Acon.*, *Sulph.*, and *Bell.* proved very successful. Both diseases have proved fatal in numerous cases, from exposure and ill-treatment, the majority of cases taking the form of cerebro-spinal fever. To all interested, we would say, that case of incontinence is doing well on the remedy suggested, viz., *Causticum*. Thanks for the many letters and cards received W. D. Gentry, M. D., of Memphis, Tenn., has come to live and practice in our beautiful city, and we cordially welcome him.

M. J. KYLE.

NEW ALBANY, Ind., April 19.—For some time we have had a great deal of influenza, and we are now having in addition considerable measles, and intermittents have begun. All of these show that they spring from a common source and require the same remedy. There are, in all, a good deal of aching in the head, back and limbs, dry cough, with some soreness in the throat and larger bronchial tubes. The fever is, in the hot stage, accompanied by chilliness on moving, this is present in every case of febrile reaction; languor and sleepiness is also present and a remarkable prostration, considering the length and violence of the fever. All have responded to *Gelsemium* very promptly. This hint I received from my friend, Dr. W. L. Breyfogle.

A. MCNEIL.

PHENIXVILLE, Pa., April 24.—Pneumonia has been the most prevalent disease, in this locality, during the winter and early spring months, a few assuming the typhoid type. Chronic lung affections have been unusually aggravated, some of several years standing have terminated fatally. The atmospheric temperature considerably above the average—the "ice crop" being a failure—and subject to great and rapid changes. Rain fall above the average. *Aconite*, low, has arrested the congestive stage in several instances, while in the second *Phos.* 3 has proved a good remedy, and the soreness and expectoration has appeared to be much relieved with *Lycopodium*, and in some cases *Tart. em.* My patients with pneumonia have all recovered, except one who had been fighting against phthisis for many years. A few cases of typhoid fever have occurred with me, two of which terminated fatally. One I believe to have been septicæmia from an abscess, probably hepatic; the other was physically prostrated before giving up, and died from exhaustion of the nerve force.

L. B. HAWLEY.

UNITED STATES, April, 1876.—The following will give an idea of the chief prevailing diseases and deaths in the principal cities:

MORTALITY PER 1000 INHABITANTS, ANNUALLY, FROM ALL CAUSES AND CERTAIN SPECIAL CAUSES.

POPULATION AND REGISTRATION AT MOST RECENT ESTIMATES AND DATES.	Deaths under 5 years.	Total number of deaths from all causes.	Per 1000.	By Violence.	Small-Pox.	Diphtheria.	Scarlatina.	Measles.	Croup.	Whooping Cough.	Typhoid Fever.	Typhus Fever.	Puerperal Diseases.	Diarrhœal Diseases.	Consumption.	Lung Diseases other than Consumption.
New York, 1,000,000—4 weeks ending March 25.	1133	2496	30.61	94	50	108	91	56	90	43	18	2	29	62	298	504
Philadelphia, 800,000—5 weeks ending April 1.	691	1918	23.41	52	47	81	60	42	9	45	3	8	10	328	294	254
Brooklyn, 500,000—5 weeks ending April 1.	562	1234	23.66	47	48	101	40	22	57	22	8	14	0	173	294	132
St. Louis, 450,000—5 weeks ending April 1.	288	581	13.65	23	18	22	8	10	1	6	4	0	0	72	93	57
Chicago, 420,000—5 weeks ending April 1.	370	700	17.35	25	7	21	49	1	29	10	4	4	7	125	100	100
Baltimore, 380,000—5 weeks ending April 1.	356	715	21.24	17	7	14	19	11	3	7	4	0	0	114	125	105
Boston, 342,000—5 weeks ending April 1.	364	853	13.14	9	115	63	56	14	6	7	1	1	5	80	105	105
Cincinnati, 295,000—5 weeks ending April 1.	306	620	24.35	21	115	6	5	19	3	14	4	3	3	23	68	40
San Francisco, 230,000—month of Feb.	104	387	20.19	23	22	18	2	2	6	3	18	4	0	0	08	47
New Orleans, 210,000—5 weeks ending April 1.	184	559	27.70	18	22	3	26	9	3	8	5	1	4	4	23	108
Washington, 160,000—5 weeks ending April 1.	182	408	26.51	11	2	2	3	11	2	1	4	4	4	4	5	108
Newark, 126,000—month of March.	154	303	27.71	14	2	4	5	2	1	1	1	1	1	1	21	79
Providence, 100,675—month of March.	44	141	16.80	6	6	50	33	5	0	13	15	11	1	173	117	132
Milwaukee, 101,000—year 1875.	1479	14,04	24	1	1	4	6	5	0	13	15	11	1	173	117	132
Rochester, 81,894—month of March.	61	151	22.13	2	1	10	13	1	1	3	3	4	2	24	21	19
Richmond, 72,000—5 weeks ending April 1.	42	123	16.24	11	1	10	13	1	1	3	3	4	2	14	24	19
New Haven, 60,000—month of March.	28	108	21.00	4	1	5	5	3	3	3	3	4	5	14	14	19
Charleston, 57,000—4 weeks ending March 25.	39	112	25.54	4	1	5	5	3	3	3	3	4	5	14	14	19
Toledo, 50,000—year 1875.	451	671	13.42	54	6	6	6	19	11	7	104	50	70	50	50	79
Dayton, 38,000—month of March.	222	64	27.43	1	1	3	2	3	2	12	12	14	13	14	14	14
Nashville, 27,000—5 weeks ending March 11.	7	29	27.02	1	1	1	1	1	1	1	1	1	1	1	1	1
Wheeler, 28,000—month of March.	15	44	18.55	2	1	1	1	1	1	1	1	1	1	1	1	1
Buffalo, 130,000—month of March.	98	219	20.27	10	1	6	1	1	6	4	4	2	2	35	37	37
Knoxville, 11,000—month of March.	2	10	10.90	1	1	1	1	1	1	1	1	1	1	1	1	1
Petersburg, 13,000—month ending March 25.	11	57	23.36	5	3	3	3	3	3	3	3	3	3	3	3	3
Lansing, 8,400—month of March.	3	11	15.22	1	1	1	1	1	1	1	1	1	1	1	1	1
Selma, 7,500—month of March.	341	691	24.24	20	27	84	33	2	5	3	7	2	25	66	145	4
Jersey City, Hob'N & vic.—171,000—Feb. & Mar.	14	33	19.70	7	1	4	38	2	2	1	1	1	2	25	66	145
Elmira, 30,100—month of March.	14	782	19.55	8	1	4	38	2	2	1	1	1	2	27	71	111
Reading, Penn.—year 1875.	5	39	19.29	29	1	4	38	2	2	1	1	1	2	24	27	71
Yonkers, 17,462—year 1875.	5	39	19.29	29	1	4	38	2	2	1	1	1	2	24	27	71

—Sanitarian for May, 1876.

ERIE, Pa., April 27.—The weather all winter was open, and the spring is quite forward and mild. The general health of the city since last September has been good. Whooping cough has been severe, measles and scarlet fever rather light. Typhoid fever, diarrhœa and dysentery have appeared at an unseasonable time, having been observed all winter and spring, though no epidemic type has prevailed in this locality, and only the usual number of suppurative affections

have appeared. Pulmonary and catarrhal difficulties are always on hand. *Bry.* and *Rhus* in typhoid, *Bell.* and *Rhus* in scarlatina, *Graph.* and *Hepar* in skin diseases, *Phos.*, *Merc.*, and *Puls.* in lung troubles, with *Kali*, *Sulph.*, and *Ipecac* in whooping cough, have all been frequently indicated, but every case has taken careful individualization. The 200th is the potency I have used mostly, though confining myself to none. I find THE UNITED STATES MEDICAL INVESTIGATOR indispensable.

EDWARD CRANCH.

COLORADO SPRINGS, March 26.—I write a note for the benefit of my friends in the east who know so little of the benefits to be derived from our climate, and the class of patients to send here. As it is, a very large per cent are sent here to die, and physicians are open to the suspicion that they do not want to have them die under their care. Send them before they lose all flesh, and even if one lung is badly involved, the disease is stayed indefinitely and a fair degree of health restored. Others, coming in the earlier stages of lung trouble, who respond promptly to the change and tonic effects of our climate and gain rapidly in flesh and strength, consider themselves well, and are tempted to return east, when the actual lung trouble has in no way been improved, only kept in check, waiting for a more complete physical restoration, before the lung can respond, and even then it may be a matter of months or years. So many physicians send patients here and tell them nothing is needed but the climate, keep out of doors, ride, camp out, eat all you can, etc., and you will be all right in a short time. Many a poor fellow owes an untimely death to such advice. One of the first effects of the climate is to increase the appetite, and most of them lose all sense in the matter of eating and indulge in the most unwholesome and pernicious food until the stomach gives out, and it is quite likely to be the beginning of a serious sickness which may terminate fatally. Others who use more judgment about eating, think they must be out of doors under all conditions of weather, and walk or ride to the utmost limit of their strength, and a collapse follows sooner or later; it is then a physician is called, when the mischief is done. When will physicians realize that they are sending patients (direct) to an altitude of about seven thousand feet, into a very dry, stimulating air, filled with electrical currents—a great shock to most people coming direct—and many suffer from shortness of breath and functional derangements of the heart, who come here quite well. Almost any form of stimulants are pernicious here, and the more intelligent portion of the invalids discover this themselves. A very little of any stimulant will intoxicate.

COLORADO SPRINGS WEATHER REPORT FOR JANUARY, 1876.

Total rain fall or melted snow, 0.12; number clear days, 28; number cloudy days, 1; number days on which rain or snow, 2; monthly mean thermometer, 28 degrees; humidity, 39.

FOR FEBRUARY, 1876.

Total rain fall or melted snow, — inches; number clear days, 25;

number cloudy days, 0; number days on which rain or snow, 4; monthly mean temperature, 34.9; humidity, 35.

I send monthly mean temperature, but during the day for the past two months the temperature was from 45 to 76 degrees in the shade. No rain for past six months, and until March no more wind than east.

C. B. PARKHURST.

CONSULTATION CASES.

TÆNIA.

Miss B., aged twenty-nine, came to see me about three months ago, she having passed ten or twelve sections of a tape-worm. I ordered an infusion of pumpkin seed, as recommended in THE UNITED STATES MEDICAL INVESTIGATOR, and the day following about eight feet of the worm was passed, also a great quantity of mucus. No head was passed. Two days after, the dose was repeated, without any more of the worm being discharged. There being no particular symptoms to prescribe for, *Silicea* 200 was given for one week, then *Cina* 200 for a week, after which some few sections were passed. The pumpkin-seed tea was repeated without any further discharge of the worm, but a great quantity of mucus. *Kousso* was then given when some ten feet came away, but still no head. *Silicea* was then given for two or three weeks with an improvement in the patient's appearance. About four weeks ago some more sections were again passed. *Cina* 200 was then given. Patient then took a violent cold, for which *Merc. viv.* 12 was given, followed by increased discharge of sections of worm. At this time patient was married; and being anxious to be rid of the "critter" *Kousso* was prescribed, and the following day sixteen or seventeen feet of this "critter" came away, also an immense quantity of mucus, but yet not a sign of any head. In some places the worm was nothing but a mere thread, as though it were dissolving away. In two places were large knobs, one nearly an inch in diameter, and so firmly tied that it was impossible to unfasten it—a regular true-love knot in fact. Two days after this the pumpkin-seed tea was given, but only mucus passed.

Am now giving *Sulphur*, but so far no more sections have passed. Shall I keep up the *Sulphur* till either symptoms or worms show themselves? I would like to hear from some brother the next step to be taken.

SOUTH ST. LOUIS, Mo., May 2.

W. JOHN HARRIS.

REPLY TO DR. L. J. BUMSTEAD.

In answer to your inquiry in THE UNITED STATES MEDICAL INVESTIGATOR, Vol. III., page 382, I would advise you to try *Berberis vulgaris*. I have not had very many such cases, but have cured *quickly*

and *permanently* every case that I have had in the last thirty years with *Berberis*. I use the 3d centesimal dilution, in water, during the paroxysms, and in pellets a dose two or three times a day during the intermissions.

I have *almost* invariably cured jaundice with the same remedy.

GALVESTON, Texas, April 24.

JAMES ANGELL.

A CASE NOT SO SINGULAR.

Mr. [T]—d, aged about fifty-five. Cystic calculus. Had suffered divers things of divers doctors. Attempts had been made to crack the stone. The indications call plainly for lithotomy, the patient having a remarkably tough constitution, and the results of a large number of operations, even in Allopathic hands, especially those recently reported by Sir Henry Thompson, all of whom were aged, gave every needed encouragement. And now the patient perceived an advertisement wherein one Dr. W. W. F— spoke of "Wonderful Cures by Electricity, the Great Healer." This great doctor holds "The Diploma of the Philadelphia Homœopathic College,"—albeit, he can hardly write his own name! The doctor was consulted and the cure of the stone promised by electricity, the "Great Healer." Months of precious time was wasted, the stone proving a veritable bonanza for the *doctor*, until the patient sank into the grave from exhaustion.

VIRGINIA, Nev.

E. STEVENSON.

DR. WINTER'S CASE.

In the case of Dr. Winter's, Shelbyville, N. Y., on page 355, April 15th number, I would respectfully suggest *Veratrum alb.* He may have given it already, but I should try high and low attenuations before leaving the remedy. I cannot recall any name for the *full pathological* condition. Evidently a nervous malady, largely. About four years since I had a patient, a young man in apparent good health, who would be felled to the ground without warning and experience great dyspnœa, faintness, and cardiac pulsations so fast as to be almost uncountable—no loss of consciousness. There being few pathological phenomena, aside from the above, it seemed proper to call it epilepsy of some visceral nerve plexus, as, e. g., the superficial or deep cardiac. My impression now is that *Cuprum acet.* 3x relieved him.

MERCURIUS IOD. VS. BINIODIDE.

Dr. A. M. Cushing, in April 1st number, suggests that when necessary to give one of the *Iodides* of *Mercurius* in diphtheria, we should give the *Protoiodide* rather than the *Binioidide* and thus avoid certain unpleasant effects. Will he please state *what more unpleasant* effects are likely to follow the latter than the former remedy, when the same attenuations are given.

CLEVELAND, O.

E. H. PECK.

THE CAUSES OF EPIDEMICS.

"I think your views on the causes of epidemics will not stand a rigid investigation. May not the electric condition of the atmosphere be an important factor?"

A. M.

The views referred to (page 306), were thrown out, perhaps, without due consideration and possibly will not stand investigation, but if they provoke any investigation the main objects will be gained which induce a reference to etiology at all. Etiology is such an unexplored science that a few wild theories will be necessary to provoke observation and the collecting of facts.

The electric condition of the atmosphere may be an important factor in the causes of epidemics, but whether it is a primal factor is an important inquiry. Is the electric condition a cause or an effect? The upper air is positive, while the earth is negative, but an overcast sky may change these conditions. The atmosphere may be electro-negative during an epidemic; still are they not both effects of a still more potent cause? For example, a plague raged severely in the Orient in the seventeenth century and is only recently reappearing with its old virulence. There must be a cause more remote than any yet discovered.

Influenza being a forerunner of a graver epidemic (e. g., diphtheria, meningitis, scarlet fever, cholera, yellow fever) varies in intensity from year to year. Now if it is due to "a volume of upper cold (positive) air, suddenly forcing its way to the surface," why is it not always followed by the same epidemic. And why do some epidemics appear almost periodically and others apparently in cycles? There are causes more remote than any yet discovered. In fact we may be astonished some day to find a system, as well as "a chain of causes."

Yours on the WHY,

T. C. D.

VALUABLE COMMUNICATIONS.

MR. EDITOR: The object and intent sought for, in placing before the profession a journal of medical science, is without a question one of vast worth and importance.

Medical journals are worthy of patronage and *should* be read by every practitioner.

These journals are filled with contributions from different writers each holding to his own ideas in regard to high and low potencies, frequency of dose, etc., etc. All this is correct and is just the material requisite for a medical journal, provided the writers are honest in their contributions and would in their every day practice do as they advise. The value of symptoms and the results from high and low attenuations are estimated in the greater part by the individual, and if he is known to be conscientious and careful in his opinions or in what he contributes for his brother practitioners, his suggestions are worthy of the place

they occupy. Such men we welcome to the front. But manufactured symptoms are thrown upon us with the remedy very aptly chosen, while the real case is idealistic. On the other hand, practitioners who are conscientiously striving to follow the law of similars are made to feel themselves fools, because they have not discernment enough to make a sufficiently close classification of symptoms and choice of remedies, as to cure with one sniff of air from a room in which the 55,000 has been left uncorked. I believe in high attenuations under those circumstances wherein their applicability is known, but I do not feel that it is the proper sphere of any would-be-Homœopath, to set himself in judgment, or offer suggestions to others giving the action of the 55,000 on chills and fever, when the same party premised its treatment with a powerful cathartic and followed it up with eighteen grain doses of *Quinine* every day, the monotony of which was only broken by the occasional purge, for four months. The patient survived or rather did not die owing to a strong constitution and change of doctors.

I want to hear from every man through the journals and I wish to grasp valuable information, but in the name of heaven be honest for such garbled news is worse than valueless.

E. S. K.

[The first qualification every report should have is correctness, second it should be scientific, and third practical. Of the first we are not always able to judge, but presume that all are honest, for he is "worse than a fraud" who would impose incorrect reports upon the profession.—ED.]

MEDICAL USE OF COLORED GLASS.

BY G. M. PEASE, M. D., SAN FRANCISCO CAL.

The following extract from the *Gazette de Hôpitaux* is the first of the kind that has met my eye outside of our own ranks, and comes nearly two years after my first published article upon the subject, and about twelve years after my first experiments. It is pleasant to have ones theory so fully proven as is demonstrated by this extract. It would be interesting to know the date of these experiments, that France or the United States may receive the honor of priority of investigation. It may be remembered that in a former article I referred to the use of colored glass for *nervous* diseases, but I did *not* speak of insanity by name, consequently Dr Ponza, has added a word.

From whatever source let us welcome experiments and investigations upon this subject of glass treatment. I would suggest that those of our school who have insane hospitals under their charge should try this simple remedy and if as successful as there is reason to hope, the affected will greatly rejoice.

COLORED LIGHT A CURE FOR INSANITY.

Dr. Ponza, director of the lunatic asylum at Alessanoria (Piedmont), having conceived the idea that solar rays might have some curative power in diseases of the brain, communicated his views to Father Secchi of Rome, who replied: "The idea of studying the disturbed state of lunatics in connection with magnetic perturbations, and with colored, especially violet light of the sun, is of remarkable importance." Such light is easily obtained by filtering the solar rays through a glass of that color. "Violet," adds Father Secchi, has something melancholy and depressive about it which, physiologically, causes low spirits; hence, no doubt poets have draped melancholy in violet garments. Perhaps violet light may calm the nervous excitement of unfortunate maniacs. He then, in his letter, advises Dr. Ponza, to perform his experiments in rooms the walls which are painted of the same color as the glass panes of the windows, which should be as numerous as possible in order to favor the action of solar light, so that it may be admissible at any hour of the day. The patients should pass the night in rooms oriented to the east and south, and painted and glazed as above. Dr. Ponza, following the instructions of the learned Jesuit, prepared several rooms in the manner described, and kept several patients there under observation. One of them, affected with morbid taciturnity, became gay and affable after three hours stay in a red chamber, another, a maniac who refused all food asked for some breakfast after having stayed twenty-four hours in the same red chamber. In a blue one, a highly excited mad-man with a straight waistcoat on was kept all day; an hour after, he appeared much calmer. The action of blue light is very intense on the optic nerve, and seems to cause a sort of oppression.

A patient was made to pass the night in a violet chamber; on the following day he begged Dr. Ponza to send him home, because he felt himself cured; and, indeed, he has been well ever since. Dr. Ponza's conclusions from his experience are these: "The violet rays are of all others, those that possess the most intense electro-chemical power; the red light is also very rich in calorific rays; blue light, on the contrary is quite devoid of them as well as of chemical and electric ones. Its beneficent influence is hard to explain; as it is the absolute negation of all excitement, it succeeds admirably in calming the furious excitement of maniacs."

IS MALARIA CONTROLLABLE?

Without stopping to define malaria, except as that agent that causes intermittent fever, the bureau of Sanitary Science, Climatology and Hygiene, of the Western Academy of Homœopathy, would like to collect data as to the limits of malaria and how controlled by seasons, climate, cultivation, sanitary, hygiene and dietetic measures, etc. Any facts sent by any member of the profession (and especially if he lives in the west,) will be thankfully received by Drs. T. C. Duncan, 67 Washington street, Chicago, chairman; M. Mayer Marix, Denver, Col.; S. R. Huson, Lawrence, Kan.; A. E. Higbee, Red Wing, Minn.; J. S. Bell, Cedar Falls, Iowa; C. H. Goodman, St. Louis, Mo.; P. B. Sparks, Decatur, Ill.

EXPERIENCE WITH THE POTENCIES.

The law by which we Homœopaths administer drugs, is as old as creation, and Christ the first physician who expounded and practiced the law; it was reserved for Hahnemann, however, to bring into more immediate practice this most perfect law, and did it too, through the instrumentality of *Cinchona*. This law, as I understand it, and as I was taught, says *not* a word, breathes *not* an intimation regarding the dose. Indeed, and in fact, the dose has no more to do with the law than the motion of Dr. McNeil's buggy wheel has with the revolution of the earth. I claim to practice as *pure* Homœopathy as any man on the continent, and I can give a cart load of medicine, and still be practicing the *purest* Homœopathy, yet, I contend in the great *majority* of cases, nine hundred and ninety-nine out of a thousand, perhaps more, that the dilution from the 3d up as high in the realms of potency as the most *vivid* imagination could fancy, will cure when indicated. I use potencies ranging from the 1st up as high as the 40,000th, and I am called an Allopath.

Query—What potency should a man give in order to sit with the sanctified; to enter the chamber of the Most Holy; to be called a Homœopath?

I herewith report cases conclusive of loyalty to the cause:

Carroll S., aged three years, nervous temperament, neuralgia cæliac plexus, resisted the 3rd, 30th, and 200th of *Ars.*, *Phos.*, *Nux.*, *Cham.*, and others, but yielded to four doses of *Ars.* 40,000th. This little fellow suffered *intensely* for two months, and was getting worse under the low and lower attenuations, and I am *convinced beyond all doubt* that the four doses of *Ars.* 40,000, was *the* remedy and the potency that did the work.

Thos. H., aged thirty-five years, nervo-bilious, rheumatism. *Rhus.*, *Bry.*, *Caus.*, *Sulph.* and others, did but little if any good in the 3d, 30th, and 200th, but *Bry.* tincture brought relief *at once*.

Peter W., aged nineteen years, nervous temperament, ague, chill, fever and *profuse* sweat. *China* 200, and not a second paroxysm.

Frankie R., aged fourteen years, scrofulous, nervous temperament, inflammatory rheumatism for nine months, pains shifting *rapidly*, swelling pale, puffy, anæmic appearance, no appetite, bowels constipated, worse on motion, better on continued motion, worse in the evening and at night. A number of remedies were given in the 3d, 30th and 200th. *Phyto.* in tincture cured.

I give the above illustrative of the fact, that the true physician will avail himself of the *entire* range of potencies, or perhaps come down to the crude drug or mother tincture. This fact established is conclusive evidence that the *extremest* high or low, biased and must of necessity fail in many cases, and is ever lost to *the* great beauty of our most perfect law, the "Similia."

Deducting from the learned doctor's writings are as follows:

1. In order to be a Homœopathist you must give the high potencies, if not, you are an Allopath.
2. If you do not give high potencies in acute intermittents you are a pseudo-Homœopath.
3. That no dose of *Quinine* can be given but a *massive* dose.
4. You are not a Homœopathist unless you look through our eyes.

From *extremists* and hot-headed *fanatics*, I pray deliverance. The highly potentised doctors can see the 100,000th, but cannot discern less than a *massive* dose of *Quinine*. O reason, what a jewel, etc. Such reasoning is ruinous to the profession. It is usurpation and monarchy. Such reasoning perverts our law, originates dissention, and destroys unity and harmony. I have *no* pet remedies, and am in nowise responsible for the typographical error that crept into my last article. I prescribe alone from symptoms, and everything I do, is for the building up of Homœopathy and harmonizing the two factions, high and low dilutionists, which can only be done by the *similia*, taking for our guide the totality of the symptoms, and let the dose range from the crude drug up as deemed best in our judgment. Locality and the season has a *great* influence on disease. The same disease in one locality, owing to aggravating and ameliorating influences may be greatly modified or intensified. The aggravating influence of the west are enough to render two and three grain doses of *Quinine* necessary at certain seasons and under certain circumstances, the ameliorating influence of the east renders intermittents amenable to almost any potency of the *similia*, and during any part of the year.

I believe it is accepted beyond *all* doubt, that syphilis cannot be cured by the high potencies. The same reason holds good in certain acute intermittents of a *pernicious* order, the organs and tissues affected is so loaded down, so much depressed below a natural and healthy condition by the poison, as to render the attenuations *utterly* powerless. I am confident I speak the mind of nine-tenths of the physicians (Homœopathic) of this state, in regard to acute ague, that the highest potencies fail even in the proper *similia*, during the fall, or when we have most malaria.

H. C. G. Luyties, our pharmacien, of St. Louis, Mo., in regard to the use of *Quinine* asks the question, "and who don't use it?" Now this is *significant*, coming from a pharmacy. Facts are facts, gentlemen, and I beg you—a hand full as you stand—to come down from the sublime heights of your highly potentized contemplations to a realization of facts as proven by the evidence of nine-tenths of the Homœopathic doctors of the west. My motto is, *similia similibus curantur*. the *single* remedy, the dose ranging from crudity to infinity.

CHARLESTON, Ill.

G. B. SARCHET.

REPORT OF TWO CASES OF VALVULAR DISEASE.

BY J. S. MITCHELL, M. D., CHICAGO, ILL.

Read before the Illinois Homœopathic Medical Association.

Insufficiency of mitral and tricuspid valves.— Was called March 30, 1875, in consultation, to see Mrs. —, aged about fifty. She had always been delicate, and at times complained of slight dyspnœa, but it had never been a marked symptom. Six days previous to my visit she had been attacked suddenly with angina pectoris. The pain was agonizing, the dyspnœa great. Cold perspiration bathed the surface, and for a time a state of collapse existed. In short, her physician gave me a graphic picture of angina. She rallied from this attack, however, to a considerable extent, and then symptoms of pneumonitis, pleuritis, and gastritis were manifest, the latter accompanied with hematemesis. I found her suffering severely with pain, great dyspnœa, but no dropsy. The pulse was very feeble, at times almost imperceptible. The heart's action was tumultuous. There was cough, with a blood-streaked sputa. The brain was unaffected. Physical examination showed solidification of the lower lobe of the left lung. There was a very slight murmur at the apex. The sounds over the pulmonary artery did not appear intensified, and one might easily, in view of the pneumonia symptoms present, have attributed the feeble mitral murmur to an altered blood current which might have resulted from condensation of lung tissue. I listened carefully with the stethoscope for tricuspid and aortic murmurs, but could detect none. While examining the epigastrium I thought I could perceive the symptom which Mahot has called attention to as indicating tricuspid lesion, viz., a pulsation of the liver corresponding to each systole of the heart. It can be felt by bearing lightly with the hand on the epigastrium. But I confess the physical examination did not afford the positive signs of cardiac disease which I was led to believe the case would present, from observation of the symptoms. In view, however, of the sudden seizure, the angina, the visceral inflammations following, the dyspnœa entirely disproportioned to the amount of lung involved in solidification, and the cyanosis, we diagnosed valvular lesion as the primary affection. Death ensued in a few hours after I saw the patient. The consent of her relatives having been obtained, a post-mortem was made by Dr. Chas. Gatchell. We found the lower lobe of the left lung hepatized, the upper part of the lobe passing into the stage of purulent infiltration. The pleura was inflamed and contained about a gill of sero-purulent fluid, with some flakes of fibrin.

The heart showed hypertrophy of the right ventricle, it being about the same thickness as to its walls as the left. The mitral and tricuspid valves were both affected. One curtain only of the mitral was involved. It was slightly thickened, the tip was shortened, and the secondary chordæ tendinæ were obliterated. The tricuspid had two of its curtains impaired to about the same extent. In the right ventricle was a large fibrinous mass extending into the pulmonary artery. It was not

like the polypoid coagula so commonly found as a post-mortem condition after pneumonia. These are usually dark, or if of well-whipped fibrin, as sometimes happens when the formation of the clot has begun hours before death, you will find the interior reddish. This mass was yellow-white throughout its whole structure, tough and firm, without the elasticity and glitter of fresh fibrin. In the right auricle there was another much smaller mass of the same character. They were at first obscured by the ordinary death coagula. These post-mortem conditions showed us what we had had to deal with. The fibrinous mass referred to extending into the pulmonary artery had parted with a portion of its substance, or a small deposit like the one found in the auricle had passed into the ventricle, thence into the pulmonary artery, and into its lower pulmonic branch. Niemeyer confirms the statement of both Rokytanski and Gerhardt concerning this complication of cardiac disease. He says "the emboli which block the artery in disease of the heart do not come from the greater circulation, but from the right side, especially the right auricle. The fibrinous coagula thus detached are larger generally than those from the aortic circulation. We thus find a very simple explanation of why the infarctions of heart disease are more extensive than metastatic infarctions," (from thrombosis, external suppuration or sanious ulceration.)

In this case the embolus obstructed rather more than half of the left lung. Hence the sudden dyspnoea, the angina, and the pneumonic and pleuritic symptoms soon following. Gerhardt directs particular attention also to the sudden stoppage of an adventitious murmur in such cases. Neither the attending physician nor myself had an opportunity of making physical examination of the chest of this patient previous to the attack. From the post-mortem conditions before described, it is fair to suppose that well-marked murmurs must have existed long before the attack referable both to the mitral and tricuspid. After the attack, only the feeble mitral murmur was heard before referred to. A peculiar feature of this case was the absence until the embolus passed into the pulmonary artery of any marked cardiac symptoms. The patient had been, as stated, only slightly affected with dyspnoea, and was unaware of the existence of heart trouble. That endocarditis had existed was evident from the condition of the valves. Concerning the time of formation of the fibrinous mass, it is difficult to determine. As before remarked, it was some days before death. I believe it preceded the attack for a considerable term, and the diminished movement of the blood due to the valvular lesion, and possibly its condition had favored their formation—commencing in the trabeculæ at the lower part of the ventricle and at the outer surface of the auricle they had slowly formed. I have here the heart, which I preserved, and will have it passed round that members desiring may observe the pathological features which it has been stated to present.

STENOSIS OF THE MITRAL.

This heart presents a condition widely differing from the one just

shown, viz., stenosis, or contraction of the mitral ostium. Was called to see this case, in consultation, August 26, 1874. The patient had had cardiac trouble for several years. I found her presenting the most perfect picture of the phenomena attending constriction of the mitral valve I had ever seen. Compensating hypertrophy of the right ventricle had long ceased to obviate the retardation of the circulation. The liver had become enlarged and formed a tumor of considerable size, as was manifested by the increased area of hepatic dullness. Obstruction of the hepatic veins had caused reabsorption of bile, and the integument had been tinged yellow, which added to the blueness of the previously existing cyanosis, had produced the peculiar greenish hue present in typical cases. In this it was well marked. There was œdema of the extremities, hydrothorax, hyperæmia of the lung, and bronchial catarrh. The urine was scanty and contained albumen and tube-casts. The latter contained epithelial cells that were but little changed, showing that an advanced stage of degeneration had not been reached. The pulse was feeble and irregular. There was considerable dyspnœa and great exhaustion. Physical examination showed some enlargement of the area of cardiac dullness. The presystolic murmur pathognomonic of stenosis was present. It was a distinct purring plainly audible. We had in the flat sound on percussion and the absence of the respiratory murmur above the line of flatness, indications of hydrothorax and pulmonary hyperæmia. The attending physician had treated the case with rare judgment, but it was of course beyond redemption. Death finally resulted from œdema of the lungs. A post-mortem was held, and I am able to show in this heart the exact lesion. You will observe that it is a case of calcareous degeneration of the mitral valve. The valve tips have narrowed and the valvular ring is much contracted. The valve is funnel-shaped. The base towards the auricle is broad, but the opening into the ventricle will barely admit the end of my finger. So thoroughly infiltrated is it with calcareous matter, that firm crowding with the finger in the opening scarcely dilates it. You can pick off pieces of carbonate of lime larger than a pinhead. These exist even on the chordæ tendinæ.

I will also pass this specimen for the closer inspection of members of the association.

REMARKABLE CONGENITAL DEFORMITY.

In June, of last year, I was consulted by Mr. B., of a neighboring town, for my opinion in regard to his newly-born child, which had some congenital deformity. He brought with him a letter from the physician who had attended his wife in her confinement. The following is a copy of the letter :

S—, June 10, 1874.

DR. CHIENEY, New Haven, Ct.

Dear Doctor: At the request of Mr. B., I submit to you the follow-

ing account of a peculiar abnormality which has happened in his family:

On last Thursday, at midnight, I was called to attend Mrs. B. in labor, which was normal excepting that half an hour or more elapsed after expulsion of the head before rotation and expulsion of the shoulders took place. Immediately upon birth I noticed a large tumor-like appendage attached to the umbilicus, which, from its color and strong pulsation, I took at first to be an aneurism. On closer examination I saw coils of intestine folded within the sac, which was thin and semi-transparent, so that the peristaltic motions and the distension of the intestines by gas could be plainly seen.

The sac measured in circumference eleven and a half inches; its longest diameter corresponded with the umbilical cord, which was entirely upon one side of the sac, of sigmoid form, and intimately blended with it. I placed a ligature (around the umbilical cord) at the distal side of the sac, which was four to five inches from the umbilicus, and cut the cord. Diameter of the sac at the umbilicus, from one to one and a half inches; at three inches distance, eleven to twelve inches, its shape ovoid. The sac is evidently the peritoneum,

Upon making taxis to replace the intestines only a small portion could be forced back, and this immediately protruded again into the sac. The attempt to force the intestines into the abdominal cavity caused pain and distress, and it was impossible to accomplish it. At what period the departure from the regular development in fetal life began, I cannot now say, but early, for the cord and peritoneum grew intimately together.

However, at present writing the child is alive, and apparently flourishing. The sac is somewhat increased in size, of a dark color, and opaque. On the lower side where the sac comes in contact with the surface of the abdomen, pus is forming in considerable quantity.

I should be much pleased to hear what has been your experience in congenital malformations, etc., etc. Yours very respectfully,
N. B. BAYLEY.

I subsequently visited this child, and found its appearance still more remarkable than the letter of Dr. Bayley had led me to expect.

The sac containing a portion of the intestines was very large, extending considerably below the child's knees. It was impossible to say how much of the bowels were thus extruded, but I judge the greater part of the small intestine. The child was thin and anæmic, but took its nourishment well; the evacuations of both fæces and urine were regular and normal, and the sleep good.

Extensive inflammation had already begun in the sac when I first saw the child, and it gradually sank, and died on the twelfth day after birth.

No post-mortem was made.

The period at which the malformation took its rise must have been previous to the fourth or fifth week of fetal life, that being the time at which the umbilical vesicle is atrophied and cut off from the body of the embryo by the approximation of its cutaneous walls, forming the navel. A question of some scientific curiosity is, whether the primary circulation of fetal life through the omphalo-mesenteric vessels continued later in this case than usual, and by what abnormal vessels the placental circulation supplied the sac and its contents.

B. H. CHENEY.

Surgical Department.

HOW TO BANDAGE AN EYE.

BY J. A. CAMPBELL, M. D., ST LOUIS.

Read before the Western Academy of Homœopathy.

Simple as it may seem, the importance of properly bandaging the eye, cannot be over estimated. At all of the different European eye clinics, which it was my good fortune to visit, a matter of which I made special note, was the fact, that in all important cases operated upon, the professor in charge, while they might trust the many unimportant details to their ready assistants, they invariably reserved to themselves, the duty of binding the eye after the operation. I have heard them repeatedly affirm that, often times more depended upon the after dressing than upon the operation itself.

Each land and each particular leader, has its own favorite form of bandage. Many noted ophthalmologists, ambitious even in little things, have tacked their names to some peculiar shape of bandage, and by strongly advocating some small point as an all essential, even in this manner, reach out after their moiety of historical immortality. But no matter whose name we give them, they practically resolve themselves into too classes. The "protective bandage," and the "pressure bandage."

The protective bandage is indicated in all diseases, or injuries of the eye, where it is desired merely to protect that organ from external influences, or to retain dressings.

The pressure bandage as its name indicates, is used where pressure is required, either to hold the eye ball stationary, or to otherwise assist in the reparative process, or absorption.

The bandage best known and those most in use are: The ordinary roller bandage, Von Graefe's; Liebreich's; the bandage used by Arlt, of Vienna; and its modification used by Jaeger, also of Vienna.

I. The roller bandage you are all familiar with, is simply the ordinary roller applied in the ordinary manner; and is largely used by the surgeon. More indicated probably in surgical diseases of the lids, or neighboring tissues than for dressing of the eye proper.

II. The pressure bandage of Von Graefe is of flannel; should be from two to three yards long; and from one and a half to two inches wide. Its advantage is that greater, and more equally distributed pressure may be obtained by it, than with any of the others. It is the bandage almost exclusively used in Berlin. To be applied, a soft piece

of muslin or linen should be laid over the lid, which should be gently closed; upon this linen is carefully placed small pads of cotton, or much better charpie; taking care, that it shall be evenly packed, and that the depression at the inner corner of the eye is carefully filled out. One end of the bandage is now placed upon the cheek, and the bandage carried over the head to the opposite side, then back again under the ear, until the eye is repeatedly and evenly covered. An occasional turn around the forehead renders it more secure. By this method the pressure can be regulated to a nicety. This bandage is of more importance to the specialist than to the general practitioner. It must be remembered, that to hold one eye immovably still, both eyes must be bandaged, for the movements of the eyes are associated, and we can not move one without moving both. It is the custom with some, instead of bandaging both eyes, to bandage but the one requiring it, and then close the other with a small piece of sticking plaster, there-by avoiding the inclination to move the eye.

III. The next is the bandage of Liebreich, introduced by, and named after Professor Liebreich, of St. Thomas Hospital, London. It consists of a linen or knitted cotton band from 10 to 12 inches long, by $2\frac{1}{2}$ inches in width. At either end are attached tapes to keep it in position on the head. The tapes should be about one inch wide. One tape, twelve inches long, is attached to one corner at right angles to its length; this terminates in a loop, through which a second tape, fastened on the same end passes. A third tape is attached to the other end. This forms a neat and convenient bandage; is readily applied, and from its construction, easily retained in position. It is also used after operations; being usually placed over both eyes, which have been padded.

IV. The fourth bandage we shall call "Arlt's." It is of flannel, six or eight inches long, cut in this elliptical shape, at either end of which a tape is attached. It is one of the simplest, most convenient and readily adjusted bandage of any used. It fills nearly all of the requirements, and covers many of the special points claimed by the rest. As a protective bandage it is excellent; and even a considerable degree of pressure may be obtained with it. From its peculiar form, and the material from which it is made; the pressure when applied to the eye, is distributed along the circumference, while the center is soft and flexible.

V. The fifth is only a modification of the last mentioned. It is used by Professor Jaeger, of Vienna. It is the same bandage with two additional tapes, so arranged that it is more securely retained in position; and when it is necessary to use a bandage at night, or while the patient is in bed, it is superior to Arlt's.

A bandage should always be adjusted with great care. Should never be allowed to remain on too long nor to be taken off too soon; and should be readjusted whenever it becomes oppressively uncomfortable to the patient.

TRANSFUSION OF HUMAN BLOOD AS A PRINCIPLE
OF CURE—CASES TREATED AND RESULTS.

BY E. C. FRANKLIN, M. D., PROFESSOR OF SURGERY IN THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

Read before the Western Academy of Homœopathy.

The operation of transfusing blood for the removal of disease, the restoration of depressed vital energy and the preservation of human life, is by no means a recent procedure. As long as the latter part of the fifteenth century it had excited a great deal of attention in Europe, and has challenged the research of medical men and scientists in this country. The operation consists of transmitting the blood *fresh*, or by an interval of time so short as to forbid its cooling or coagulation from the system of one brute or human being, to that of another; or from the blood vessels of brutes to those of man. Prior to the year 1665, transfusion was almost wholly performed upon the brute creation, and was mainly instigated through curiosity, or a disposition to delve into the hidden mysteries of the animal economy; hence, as a theory of relief for human suffering it was clothed with vague ideas, and fanciful hypotheses. But such distinguished physicians and scientists as Wren, of England; Tollie, of France, and Rina, of Italy, though limiting themselves to experiments on animals, yet foresaw and predicted the great good it was destined to accomplish for suffering humanity in the future. Step by step it advanced, gaining new accessions to the ranks of experimentalists, and acquiring fresh and more extended applications in the great world of medical knowledge.

In the year 1666 the first experiments of transfusing the blood of the lower animals into man was performed by Drs. Denys and Emmery, of Paris. It appears from the somewhat conflicting accounts of this operation, that the transfusion was made by throwing several ounces of the blood of a sheep into the circulation of a demented youth, and it is stated, as the result of the transfusion, that the intelligence of the subject improved perceptibly, and continued for some time thereafter.

In 1669, Prof. Albini, of Naples, in an ancient treatise on surgery, describes the first experiments performed in England of direct transfusion of blood of the animal into man. Two trials were had in this case, in each of which, the arterial blood of a lamb was used for the experiment. The name of the subject was Author Coyn, a person of considerable literary pretension, who offered himself for the operation, though being in ordinary health. The experiment was performed in the presence of many distinguished and intelligent people. "The carotid of a lamb was prepared," says the author, and a silver tube was inserted into it, from which the blood was allowed to flow freely into a vase. In about one minute, nearly twelve ounces of blood flowed from the sheep, as they could precisely estimate the quantity. By this means, they were able to obtain an approximation of the quantity which flowed in a given time, though this was subsequently vitiated

by using a smaller tube. It was observed that the arterial impulse communicated itself to the vein of the arm during two minutes, and after that period the operation terminated. If due allowance be made for the diminution of the caliber of the tube, it may be supposed that from nine to ten ounces of blood would be transfused. It is stated that the man derived great benefit from the operation, and that no evil consequence ensued. The result attending this case were so favorable and the experiment so novel, that the Royal Society of England favored the process, and recommended perseverance in these attempts. From the date of the promulgation of transfusion in France, Italy, Germany and England, it rapidly aroused fanatical supporters and furious adversaries; as a result, acrimonious disputation was provoked, and a tirade of abuse heaped upon those who advocated this new doctrine, similar to what has been recently witnessed concerning animal vaccination, and, later still, the doctrine of similia. Its advocates beheld in it a panacea for all the ills to which flesh is heir; a balm for the maintenance of youth; a restorer of shattered health; an alleviator of mental ailments; an eradicator of certain hereditary affections, and a prolonger of human life beyond its natural limits. Its opponents, on the contrary, denied its power as a curative agent under any and all considerations; bitterly denounced its advocates; asserted that its published successes were mere chimerical pretentions; and that the experiment was always hazardous and very frequently fatal. In the dispute the exaggeration of both parties were apparent. The prohibitory decree which emanated in Paris in 1668, in consequence of the injurious result that attended a single case, was compensated for by the Court of Rome, who entertained the belief that at some future time it would succeed, not only in alleviating human infirmities, but in prolonging human life. In the beginning of the nineteenth century, the substitution of direct transfusion from man to man, in lieu of that from animal to man, was entertained by some eminent surgeons, who placed in this method of using human blood, confident hopes of superior advantages, as compared with the earlier procedures. Prominent among these were the names of Rosa, of Italy, Blundell, of England, Nelaton, of France, Diffenbeck, of Germany, and later still, the justly celebrated physician and scientist, Moncoq, of Caen, France, who has done more to establish this operation on an intelligent basis than any of his predecessors.

At a meeting of the society of physicians and surgeons in Chicago, the subject of transfusion of blood was discussed. Dr. Freer, who has given the subject careful study and has for sometime, been experimenting upon dogs, reported six cases where blood had been transfused in dogs, after the blood had been kept for a period varying between ten and twelve hours on ice, and then warmed for use.

No bad effect was noticed in any instance. As a great many patients die from actual starvation, while the regular channels were in obedience, the fact that blood was food or nutriment, having passed through the various preparatory channels of the human system, made the subject highly interesting and important.

If they could transfuse blood while a patient's digestive organs failed to perform their functions, they could carry him through his sickness and help on a speedy recovery. The great trouble was to determine the amount of blood to be injected, for too little did no good and too much overloaded the veins, and acted on the heart in such a way as to bring on dangerous symptoms. They wanted to determine the exact amount, and with a view of getting at the solution of the problem, he had been making experiments. He worked to place transfusion on a reasonable and scientific basis.

If facts prove anything it has been authentically established that transfusion of human blood, when done under proper conditions, although not free from grave difficulties and peril, is competent in many cases to arrest the inevitable issue. Prominent among the diseased conditions, which form the unique and logical indication for transfusion, stands anæmia, the one of all other conditions the most *en rapport* with this arrangement.

In *The Obstetrical Journal*, of August, 1873, Dr. Aveling, physician to the Chelsea Hospital for Women, recites seven cases of immediate human transfusion recorded in England up to that period. He says: "These seven cases are, I believe, the whole of the operations of immediate transfusion which have been performed in this country."

Transfusion as an operation, based upon scientific and physiological principles, is still in its infancy, and will doubtless pass through the ordeal of success and failure, of doubt and uncertainty, not unlike other beneficial theories and doctrines that have only been accepted by the profession after popular intelligence has placed upon them the seal of commendation. I believe, that if transfusion shall be fortunate enough to fall into the hands of careful, thinking and scientific surgeons, and be applied only under fitting conditions and circumstances, it will prove an operation brilliant in execution and beneficent in its results. Dr. Moncoq, who has performed transfusion more frequently than any other surgeon, has given to the profession a valuable and exhaustive treatise upon this subject, and prophesies for the operation the most gratifying results. His method consists in transfusing the venous blood of man into the subject, and differs in this respect from the process of Dr. Hunter, who employs the arterial blood in preference to the venous.

Having given this subject much study and investigation, especially with reference to the character of the blood to be used, and the manner of using it. I am of the opinion that the theory of Moncoq is more nearly allied to the physiological conditions attending the circumstances of the operation, than the others which I have mentioned.

Dr. Moncoq recommends that the blood of the donor be taken from the veins of the *right* arm from the simple fact that exercise renders these veins larger and more dilatible than those of the left; and the blood transfused to be thrown into the largest and most prominent vein of the subject corresponding with the same side. Preference should always be given to venous blood, not only from the fact that venous blood coagulates less slowly than arterial, but that it is more in

harmony with the vital current, and consequently less disposed to produce injurious results. Venous blood contains more carbonic acid that imparts to it the peculiar brown reddish hue. The bright red color of arterial blood is the result of azote and oxygen existing in greater quantities in its composition. Venous blood coagulates in about four minutes, and arterial considerably sooner; besides this, all surgeons appreciate the greater difficulty and graver consequences in the opening of an artery than a vein.

The successful results of transfusion depend, in a large degree, upon the time and care given in its performance. In passing the blood in slowly and carefully, you permit the blood of the donor to be mingled gradually and harmoniously with that of the patient, without producing any perturbation of the living current. The healthy, fresh blood of the donor mixed with that of the subject passes directly to the heart, and from thence to the lungs, where it becomes oxygenized, possessing the virtues of arterial blood.

The blood used for purposes of transfusion on any human being should be taken from a vigorous, healthy man, perfectly sound of mind and body, and not more than forty or less than twenty-five years of age. The operation should be performed by preference in the morning a few hours after a refreshing and quiet sleep of the donor, and before the blood shall have been heated by exercise, or other physical or mental exertions. Before opening the vein of the donor, I would advise that he take a glass of Burgundy or seedling wine. The subject upon whom transfusion is to be made, should be placed horizontally in bed, on the dorsal decubitus, the head on a line with the body, the arm to be transfused making a right angle with the body, and held by the surgeon in a horizontal position. The operator, seated upon a level with the bed of the patient, should possess every facility for easy motion of his hands, one of which holding the hematophore, is placed upon a firm table at a suitable distance from the right elbow of the donor and patient. Two other assistants or physicians, if possible—should help the operating surgeon. One of these, after the canula has been introduced into the vein of the subject, shall retain it in position—for the purpose of excluding air—and at the same time control the patient's pulse. At the beginning of the operation the pulse generally falls, but rises after an ounce or two has been introduced; the frequency and character of the pulse will determine the quantity of blood to be transfused. The other assistant will take charge of the bleeding vein of the donor, who should be seated at the operator's left, and will furnish the receptacle with a sufficient amount of blood required for the transfusion. Before receiving the blood, the hematophore should be warmed by dipping the instrument in hot water, every particle of air should be driven out of the glass syringe and the blood sucked into it by aspiration—from thence it is thrown into the patient's vein, the hematophore acting as an intermediate crystal heart. The glass syringe of the hematophore holds about two ounces, and is the latest instrument devised by Moncoq, improved and perfected by myself.

The success which I have met with in this brilliant operation, having

performed it six times within as many months, I believe to be entirely dependent upon the precision as well as the slow methodical manner of all the movements referred to. The operator must not forget that he has at least three and a half long minutes before him, in which to renew the blood in the receptacle before coagulation takes place. The success of the operation largely depending upon the slow and continuous flow of blood to the heart, imitating as it were the normal circulation of the vessels. In this manner the heart is not taken by surprise, and the flow of blood is returned to the lungs, richer in oxygen by contact with the atmosphere than before the operation, and is distributed through out the organism, enriching by every pulsation the disordered blood of the patient. In this practice, Dr. Moncoq has completely succeeded by this transfusion process in the following diseases, viz: In all cases of hæmorrhage, anæmia and chlorosis, leucothymia, cholera, rickets, scrofula, hydrophobia, poisoning by gases, asphyxia, etc. Prior to commencing the operation in the three last named conditions, a portion of the diseased blood was removed before transfusing the healthy blood. In cases where I have employed transfusion, all but one have been benefited by the operation; in the single instance, the process was employed too late, the destruction of the lung organism having precluded all rational hope of a successful result. It was a case of tuberculosis of the lung in a female aged fifty-one years, who had been afflicted with the disease upwards of four years, having tried in vain every kind of practice, location, hygienic and dietetic treatment, etc., that an ample purse and generous disposition of means would afford.

The analysis of these cases confirms the conclusion reached by Moncoq, in the success of the operation and its special adaptation to the disorders heretofore mentioned.

ANEMIA.

CASE II. Mrs. H., aged forty-one years, mother of five children, of delicate constitution — nervous disposition — was taken with flooding following a case of abortion, which resisted all remedies heretofore employed. The patient had become very much emaciated in consequence of the incessant drain which flowed away continuously and without any considerable abatement, until her life force had become almost undermined by the persistent loss of blood. Every available remedy generally and locally had been employed with little or no effect. Physical examination revealed nothing abnormal in the pelvic organs save a dark congested appearance of the os uteri and surrounding textures. The os was dilated to the size of a ten cent piece and blood was continually being poured out from the uterine cavity. The uterus was about double its normal size lax and pendant in the vagina. After all efforts were tried in vain, transfusion was resorted to with the happiest effects and from that moment the patient showed signs of improvement and continued so with the occasional use of remedies until complete recovery.

PHTHISIS PULMONALIS.

CASE III. Mrs. L., this was a case which gave little hope of success, from this or any other kind of treatment. The disease having reached its last stage of disintegration and derangement of lung tissue. All that was visible after the single employment of transfusion was a temporary amelioration and an apparent checking of the disease for a time, when the vital forces seemed to give way with even greater celerity than before. I believe, however, that if the supply of fresh, healthy, arterial blood had been transfused every third or fifth day the termination of this case might have been different.

HEMIPLEGIA.

CASE IV. General F. P. B., this was a case of hemiplegia, produced, in my opinion, by the poisonous effect of tobacco upon the system. Every effort, medical, hygienic, and otherwise, had been employed to bring about the restoration of health, but to no purpose; at last transfusion was suggested and the blood of a healthy, vigorous subject selected for the process. The first operation, March 29, 1875, consisted in throwing into the principal venous trunk of the arm about two and one-half ounces of blood. The result showed a decided amelioration of his symptoms after the pertubatory effects of the transfusion had passed away, which continued for several days. His power of articulation was more decided than it had been for weeks previous to the operation and everything anticipated a hopeful improvement.

In the second operation April 9, of the same month succeeding, about four ounces were transfused and with like beneficial results after the agitation of the vascular system had subsided. After this operation the first time for months, he uttered a distinct and intelligible sentence and promised great hopes of a decided improvement, if not of permanent cure. The third operation was performed on the 21st of April and over five ounces of blood from the same subject was transfused. This operation produced a profound impression on his nervous system and fears were entertained for a time of an unfavorable result, but by the closest attention and the administration of suitable remedies he gradually recuperated, and attained a higher plane towards recovery than through either of the preceding operations. Since this last transfusion, his condition has been more hopeful than for months before, and his paralysis is so much improved that he has been able to ride out in the open air and even to walk unaided. I had determined that *so long as improvement continued*, not to employ any more transfusions, but to take advantage of his decidedly improved condition, and by appropriate medication and otherwise, to push him forwards, if possible to complete recovery. This, I really had great hopes in attaining, and had it not been for the unfortunate accident that terminated his earthly existence, I have no doubt my purposes would have been clothed with triumphant success and a valuable life been preserved for the nation's good. This accident occurred on the 9th of July, and was brought about in the following manner. The General was sitting by the window over-looking a suburban portion of the city, and

while the family were at dinner, about 5 o'clock P. M., arose from his chair unaided and walked across the room evidently intending to go down stairs. He stuck his paralyzed foot against a small roll of carpet or other obstacle upon the floor and fell with force upon his affected side, striking his *head* with great violence, producing a degree of shock from which he never completely rallied, and died about 11 o'clock P. M., the same day. Thus passed from earth one of the greatest men of our times, a giant in intellect, a great leader, pure and incorruptible, a representative of the people, whose name was a tower of strength and hope to all who looked forward to political honesty and integrity.

CHRONIC RHEUMATISM.

CASE V. E. A. P., aged thirty-four, had been for a long time affected with chronic rheumatism. All remedies, Allopathic and Homœopathic, failed to effect a permanent recovery and transfusion was employed. May 6th, three ounces of blood having been thrown into his vascular system, the same systemic perturbation occurred, as marked all the other cases where transfusion had been employed, immediately following the operation. The pulse rose in frequency, the arteries about the head and throat beat with violence for thirty or forty minutes, when a subsidence of these symptoms began, although he had been bed-ridden for several weeks, two hours after the operation as he expressed himself, he felt "able to get up and walk down stairs," the legs which had been permanently extended for weeks, could be flexed and extended at will. All of his symptoms were improved for a time, but the *apprehended dangers* of the operation (the admission of air within the veins,) produced so powerful an impression upon his mind that he positively refused any further aid in this direction.

DIABETES MELLITUS.

CASE VI. This was a case of diabetes of long standing an inmate of the Good Samaritan Hospital for several months. The operation was performed in the presence of the medical staff of the hospital, consisting of Drs. Comstock, Luyties, Gundelach and Everett. Assisted by Dr. E. A. Griveand who was present in all of the operations, I opened the vein of a stout, plethoric, German woman, and introduced about four ounces of blood into the patient. The symptoms attending the procedure were the same as before and some improvement marked the operation as was observed by the medical staff, but the difficulty of procuring a suitable person to give his blood for this purpose prevented any further transfusions, and the patient soon lost all the improvement acquired by this process, and finally succumbed to the organic destruction of the kidneys.

DROPSY.

CASE VII. This was a case of dropsy, an inmate likewise of the Good Samaritan Hospital. The patient had been operated upon (paracentesis,) two or three times before, and large quantities of fluid evacuated and at the time of the transfusion was in as bad a condition

as ever. The blood was taken from the same female as in the preceding case and about four ounces of blood injected into the vein. After the operation, the patient improved, which continued permanent, and by the aid of medicines he was enabled to walk about the hospital building and assist in nursing others, and in a few months left the hospital much improved in health and strength.

These cases are some of the transfusions, I have already performed and the results attained so far under my hands. But I shall push on in this new and unexplored principle of cure, and hope to present something more valuable and important as I advance on my path of observation and study.

CASES OF SURGERY.

BY N. J. DE PUY, M. D., IOWA FALLS, IOWA.

Read before the Western Academy of Homœopathy.

A narrow strip of country in this northern portion of Iowa was visited by a destructive tornado last June, accompanied by a heavy fall of rain. In its course houses were thrown down and completely torn to pieces; trees uprooted, fences demolished, and a general destruction of property. There was a poorly-built house stood where the tornado struck the ground, in which lived a widow lady and six children. The house was raised from the foundation, turned completely over and struck on the roof, and then scattered to the winds. The family were sleeping in the upper story, and all were more or less injured—the mother badly. This is the history of the case:

The mother had her skull fractured at the juncture of the occipitoparietal and saggital sutures, and the scalp badly lacerated. The right scapula was detached from the ribs so that it would slip from the spine to the side, and a downward dislocation of the shoulder joint; also a fracture of the upper border of the right ilium (the crest). She was knocked senseless, and laid in that condition (as near as could be ascertained) at least two hours, and probably on account of the fall of rain she revived.

Not having seen a case before where the scapula was detached, I did not look for such an injury. I reduced the dislocation of shoulder joint by placing my heel in the axillary region, extending the arm and making an inward rotary motion, and the head of the humerus slipped into place all right; and right here was where I found the detachment of the scapula: by raising the arm it would come too far toward the back, and to say the least, I was nonplussed; and an examination revealed the condition. To remedy this I put a straight bandage around the body over the scapula, with a roll of linen on each border, with straps over the shoulders to keep it from slipping down. And to

keep the shoulder *in situ*, I bandaged the arm to the side with the forearm flexed and across the body. To reduce the inward fracture of the crest of the ilium, flexed the body to the affected or injured side, grasped the crest with the hand and pressed it outward to place. To overcome the fracture of the skull and to relieve the pressure upon the brain, I adopted a novel plan (not having an assistant in this section that I could depend upon to assist in the operation of trephining) placed the cup of a strong air-pump over the indentation and exhausted the air, which raised the depression. For after treatment, used externally a solution of tincture of *Arnica*, and gave the 3x dilution internally in alternation with *Rhus tox.* and an occasional dose of *Bell 3*. The case terminated favorably. No apparent trace left, except a slight enlargement on the right side of the spine, in lower part of lumbar region.

Query.—Did the skull actually press on the brain; that is, was the inner table of the skull depressed, or only the outer, and if so, would the exhausting power of the receiver raise it, or not?

The symptoms indicated a pressure on the brain; it might have been the concussion.

CASE OF FRACTURE OF BONES OF LEG.

Was called to see a young man who had accidentally got his leg into the gearing of a threshing machine. Examination revealed a complete fracture of the tibia and fibula midway between the knee and ankle; also comminuted fracture of the femur four inches above the knee joint. The sartorius muscle was completely severed, and the rectus muscle partially. The wound was about three inches long. I introduced my finger and removed the spiculæ of bone. For a splint I cut two pieces of siding tapering, and rolled them in cloth, and placed one on each side of the leg, and passed a cloth under the leg to keep them together, and then tied strips of cloth around the whole every eight inches, and left the wound open to dress. I left this dressing on two days and then replaced them with a jointed splint; and to make extension, placed a weight so as to make equal and constant pressure while awake, and when asleep the weight was raised so there was no pressure. Medical treatment. After the second day the mind seemed wandering; was constantly talking about his business; his face assumed a yellow cast, for which I gave *Ars. 1* and *Phos. 3*. After fourth day these symptoms all passed off, when I gave *Arnica 3*; continued this treatment internally. External remedies used on the lower leg for the fracture of tibia and fibula, tincture of *Arnica* and water; for the wound used *Acid carbohic* solution infection; continued this treatment to the end. Terminated favorably.

The patient had his left leg amputated for scrofula some years before. My judgment was amputation, as the weather was very warm, but in consideration of his being on his last leg, he insisted on keeping it.

Histological Department.

GENERAL HISTOLOGICAL OBSERVATIONS UPON CANCER.

BY S. J. BUMSTEAD, M. D., PEKIN, ILLINOIS.

MR. PRESIDENT AND GENTLEMEN OF THE ILLINOIS STATE HOMŒOPATHIC MEDICAL SOCIETY: Having been placed upon the histological committee of this society without my knowledge, and without any profession on my part of making an especial study of histology, normal or morbid, I have nevertheless consented to present for your consideration some remarks which I hope may have a practical bearing upon the much vexed question of carcinoma.

If I do not succeed in throwing any additional light upon the subject, I believe my observations will prove of negative value at least in this; that those who are unfamiliar with practical histology and structural pathology, may ascertain what they cannot do in the way of diagnosing these growths with the microscope.

To discover what one does not know, and can hardly be expected to accomplish, is here as in many other instances, the first step in the direction of positive knowledge upon the subject. It would be a very happy matter indeed, if a cancerous growth could always, no matter under what circumstances or conditions it appeared, be swiftly and accurately determined by placing some of the secretion or juice, under the microscope. And yet this idea seems to be a very prevalent one among the members of our profession, and by some even, who claim to make a study of histology, normal and morbid. As a specimen of the hurried and imperfect manner in which conclusions are arrived at, I have only to refer to a couple of articles published in the *North American Journal of Homœopathy*, in 1872 and 1874, (I believe,) where Dr. Arcularius comes to the conclusion that the presence of ovoid double nucleated cells in the urine is indicative of carcinoma, all of which is based upon five cases, and upon the two first ones no post-mortem examination was made.

Of his first two cases he summed up the matter in the following conclusive manner: "here these cells were found again in a case presenting so richly all the rational and physical signs of carcinoma, pronounced as such in the first instance by the physician in charge, Dr. Brown, and readily corroborated by the opinion of the consulting physician Dr. Belcher." Of course, if Drs. Brown and Belcher decided it was carcinoma, that should settle it. As the gentleman seems to be ignorant

of the importance of what he saw, as well as of that he did not see, we will leave him in the same blissful state.

A CANCEROUS GROWTH EPITHELIAL IN CHARACTER.

A cancerous growth is recognized by all, as one of an epithelial character, not that it is formed entirely of these cells, but that this is the distinguishing feature, as well no doubt that it is the principal cause of its malignancy; the epithelial cells multiplying so rapidly as to be soon beyond the reach of a proper nutrition, when rapid degeneration ensues destroying the part and with it the life by the dissemination of cells which can wherever they may lodge, pursue the same course of development and decay. It is also believed by many that cancer is the only pathological growth which is a malignant one, and under this idea, all such growths attended with a cachectic condition and at length terminating fatally, must be carcinoma.

This fallacy must be guarded against if we would have correct pathological knowledge. Want of time will however only enable me to refer to this point here.

Cancer is so well known as a morbid growth of an epithelial structure that much time has been given to the investigation of the origin of it. For a long time, and perhaps not generally known or admitted now, it was believed that a primary cancer never did nor could originate, in any other than a tissue normally containing epithelial cells. The principal reason for this view has been that the facts seemed to justify it. But there are at present some pretty strong reasons for believing that this point in the cancer question will be found to be similar to that of the cellular theory; that while at first, only the connective tissue cells were thought to undergo division one tissue after another had to be added to this until at length the last link in the chain was added when Dr. Toldt, of Vienna, discovered that the ganglion nerve cells also divided.

I entertain the opinion, that it will be found that a previously existing epithelial structure is not absolutely necessary to the production of a primary cancer. I am glad to be able to submit for your inspection evidence of a more convincing character than that contained in any mere statement, and therefore I would call your attention to the following freely engraved representations of microscopic specimens of carcinoma of the tongue, given by Dr. Weil, of Vienna, one of Prof. Billroth's assistants in an article by him in the *Medizinische Jahrbücher* for 1873, edited by Prof. Stricker. Having been at work in the laboratory of Prof. Stricker at the time Dr. Weil was working upon these cases, I obtained several cuts, and now find I have one which, while not so good as those used by Dr. Weil in making his engravings shows nevertheless the distinctive cellular transformation.

It has been strenuously asserted, that from the tissues of the body formed out of the middle embryological layers no primary cancer could originate, and to this layer the connective tissue and muscles belong. I believe cancer will be found possible in any tissue of the body, no matter from which of the three embryological layers it may have originated

provided the cells have not become so friced in their character as to be unable to revert to their embryological condition, as shown by the return of ameboid movements. Most all cells can, up to a certain point revert in this way, and then it seems probable that the construction of any tissue found in the body, or at least one having a close resemblance to a normal tissue could be built up. This should not appear strange to us when we look at the beginning in the embryo and then upon the completed organism. We must at present perhaps, remain in ignorance of the nature of the guiding force that causes certain tissues to be constructed from the cells of the different embryological layers, and so are we ignorant of that which impells the formation of cancer, even where epithelial cells previously existed, to say nothing of those where muscle or connective tissue furnish the basis upon which to build. As we generally find in pathological processes an attempt to imitate a physiological action, is it not likely that whatever it is that impells the cancerous transformation or growth, is not dissimilar from that which causes one set of tissue to be constructed out of the several different embryological layers? Can we think of any nervous influence thus early in fœtal life, and if such complicated processes occur outside the pale of its influence then, is it not as likely that they do so later in life? I give this as a hint merely, let it pass for what it is worth, much or little. That the specimen I present for your inspection together with the engravings by Dr. Weil, will go far toward changing your opinion as to the possibilities of primary cancer, I cannot doubt. I also call your attention to the microscopic appearance of muscular tissue under inflammation as given by Dr. Janovitsch Tochainski, of St. Peterburg, made in 1869 and published in 1870 in a pamphlet titled, "Studien aus dem Institute fur Experimentell Pathologie," in Vienna, by Prof. Stricker. Dr. Weil's discoveries in cancer of the tongue were the latest of the two, and both deserve republication in this country. It has also been noticed in investigations upon inflamed veins in thrombosis, etc., that the smooth muscular fibres often divide across, forming many small cells having every appearance of pus cells.

MICROSCOPIC DIFFICULTIES AND APPEARANCES.

In proceeding to the microscopic investigation of a morbid growth we expect, if it be cancer, to find epithelial cells at once. But when it is asked how we may know when we have epithelial cell before us, and when sarcoma cells, or young connective tissue cells, the question becomes a serious one. To one having a very limited knowledge of histology it seems an easy matter to decide, but the more experience one has the more difficulties will be known to belong to the decision of the question, and make us unable in many cases to say with certainty in normal histology, whether we are dealing with connective tissue corpuscles, or cells of the smooth muscles, or, in pathology, whether given cells are epithelial or sarcomatous. It is a question very similar to that of the white blood, lymph, and pus cells, which it is well known, except under certain circumstances, can-

not be positively distinguished from each other. In a question of diagnosis the clinical experience of the surgeon, when well informed, will in the great number of cases be the most practical and possibly the most useful, at the same time many cases do occur, where the decision upon the form, consistency, history, accompanying symptoms, rapidity of growth, etc., may not give us any real clue to its histological rank, and these show the proper relations and dependencies of the one mode of examination upon the other. Probably an entire dependence upon either is not to be regarded as the best method. The clinical method will no doubt continue to be that most relied upon, at least until physicians generally, are more conversant with histology and microscopic pathology, as well as the frequent impossibility of procuring a proper specimen upon which to make a microscopic diagnosis. Few never are sufficiently well acquainted with normal histology to enable them to decide all cases of morbid growths. For my own part I could not claim to be able to do this in all cases, especially if unconnected with the clinical characteristics. Prof. Stricker stated in a course of lectures which he gave to a number of foreign physicians, during the winter of 1872 and 1873, that in nearly every tissue but that of muscular, when the question arose as to whether the cells present were epithelial or those of connective tissue, either could be asserted with probability, and a conclusion be very difficult to reach. He attached great importance to the study of the epithelial development in muscular tissue, and at that time seemed to believe in it. I have myself seen specimens, where a cut across the muscular fibres had been made in which several of the fibers had disappeared, though surrounded by the other normal ones, and the whole space inside the sarcolemma, which alone of the previous muscular fibre remained, filled with cylindrical epithelial cells with canal in centre as is found in the tubular glands of the mucous membranes. The question has been raised whether the glandular tubules or the muscles are the newly formed, or heterologous tissue. Keeping the embryologically known facts in view it should not be considered particularly strange if even muscle was found to originate also in epithelial tissue. At least I think we are justified in saying, that the evidence I have adduced is sufficient to render extremely doubtful the assertion that primary cancer can only occur where previously epithelial tissue has normally existed. When we find a mass of large epithelial like cells, with absolutely no intercellular tissue, we will have very strong reasons for regarding it as an epithelial growth; and on the other hand when fibers or true connective tissue is between them, we will have reason to class them with the connective tissue (sarcoma).

Shultze discovered that the epithelial cells in many cancers had cilia around them, even when they were pavement cells, and these are often to be regarded as outlying processes connecting the cells. This is considered almost conclusive evidence of an epithelial formation. I have seen this well illustrated in cases where normally no cilia existed, as well as where they had, but which gave as a characteristic of the cancer, enormous cilia projecting from the cells, almost as large as the cells.

These when found would be nearly unequivocal evidence of a cancerous growth, but unfortunately are not present in all cancers. Wald-eyer says, only the connective tissue is filled with dilated vessels in cancer, the epithelial cells remain free and that this, and the fact that the epithelial cells never become melted together, as the cells of the large celled sarcomas often do, furnishes us with the best distinctive point between the two kinds of growth. It will be evident therefore, how important it is to take into consideration the normal histology of the locality from which a morbid growth, supposed to be cancer is taken. If for instance ciliated epithelial of large size should be found where normally only squamous epithelia exist, or vice versa, and at the same time the functional energy seems lost one can hardly think of an hypertrophy. From an enlargement of pre-existing structures simply (hypertrophy,) to that where the true glandular secreting tubules for instance, are multiplied with their functions preserved as in the normal structure, to which this increased growth is an addition (adenoma); and from this again to that in which an attempt at both processes is made, but with great perversion of design, so to speak, as well as loss of function (carcinoma), one may find all degrees of variation; so it will often be difficult to say just where hypertrophy ceases and adenoma begins, or when the latter ceases and the designation of carcinoma becomes justifiable. The term adenoma as applied to lymphatic glands is however, a misnomer, as they really do not have a proper glandular structure, and it is very doubtful if their structure is ever imitated in adenoma or cancers. It is important also that the distinction between epithelial and endothelial cells, is not lost sight of. The former are always disposed in layers and originate either in the external or the internal embryological layers; while the latter are always in one single layer of cells imposed upon the connective tissue beneath as in the peritoneal cavities, veins, lymphatics, and have their origin in the middle embryological layer. Secondary cancers do no doubt become propagated though the endothelial cells of veins and lymphatics, but hitherto it has not been considered possible for primary cancers to originate in these tissues, though why this should not be the case, in the light of recent discoveries I can see no good reason. The importance in a pathological point of view which the wandering of the white blood corpuscles has assumed, makes it necessary to consider the subject in connection with the origin of cancer. If these cells by their division and sub-division form a part of the pus cells in any given abscess, and also furnish the nucleus in other pathological growths, is it not possible that the starting point of epithelial as well as new—epithelial growths may also be given by them? A part of the process in scirrhus or fibroid cancer, viz., the infiltration of the connective tissue at the circumference of the diseased part with small round cells not unlike the white blood cells, gives us a not unjust suspicion of this relationship, and rather confirmatory of this is an observation of Prof. Bizzozero, of Pavia. In the microscopic examination of a specimen of epithelioma from the cheek, he found two peculiar features present.

In the epithelial masses lying between the connective tissue stroma

or network, and which in these epithelioma consists of pavement cells closely packed together in the papillary processes, which are forced down into the surrounding tissue by the constant increase of their epithelial contents, the Prof. discovered wedged in, and between these epithelial cells, numerous small ameboid cells found to be such in fresh preparations kept at a normal temperature, and in great numbers. In the preparations made after hardening in alcohol these cells exhibited in the most distinct manner two three and even four small nuclei. These were to be found between the oldest cells towards the centre as well as those in the periphery of the so-called pearly balls. The Prof. remarks that he was never able to make out with so great a degree of probability, the origin of epithelial tissues from the wandering blood cells, as in this instance. In addition to this a remarkable peculiarity in the arrangement of the blood vessels was noticed. The epithelial masses were, as is usual in epithelioma enclosed in villous like processes surrounded by a net work of connective tissue, and while generally the cells are in rather forcible opposition with the walls of the network of connective tissue surrounding them, form the constantly increasing cell growth in the centre, in this case there existed an empty space between the outer epithelial cells and the stroma, in which red blood cells were distinctly seen, and which made the cell masses fall out of the stroma very easily. These spaces seemed to surround the epithelial villi almost throughout their whole extent and were lined with distinct endothelial cells. At first it was thought lymph channels had been discovered, but upon thrusting the point of a syringe into the centre of one of the villi, and injecting with prussian blue, these spaces were very nicely filled, were when carried out upon a preparation partially hardened with alcohol, and the communication of these spaces with others of the same character pervading the epithelial mass, and finally terminating into arteries and all containing red blood cells, was very clearly made out. Not all of the villious processes were so surrounded though the most of them were. Although the opinion was formerly prevalent, that these small round cells, called indifferent cells, originated from either of the three embryological layers. and that in turn all tissues were possible from these, it is also true that since the investigations of Thiersch upon epithelial cancer this view has been given up by the majority. If however it should be the case as is, or was at least lately believed, that these cells which are to be seen infiltrating all kinds of tissues in the vicinity of new growths or inflammations, are not the descendants of the tissues in which they are found but the wandering white blood cells, then it would be of importance, if we would still hold that only certain tissues can be formed from certain embryological layers, to know just where these white blood cells have their origin. If this is located in the lymphatic glands or spleen, then as these tissues are formed by the middle embryological layers, the tissues possible for the wandering cells should be strictly confined to these kinds of tissues, which would of course exclude the epithelial ones. If we refer the origin of the blood cells to the bones, as we have very good reasons for doing the objection that bone is

virtually connective tissue still follows us. We know how the first blood vessels and blood cells are formed in the embryo, but whether after the completion of the system, and the endogenous formation of blood cells, the bones, lymphatic glands, or liver, all of which have been asserted to produce them, maintains the farther supply, must depend upon the period in foetal life, when bones have medullary substances, or the lymph glands are formed, or the liver capable of such functions.

As so much time has been consumed in general observations upon the histology (if you please) of cancer, any minute description of the relations of the different tissues and their preponderance in various kinds of cancer would occupy too much space, to say nothing of its tediousness to many medical men. I will therefore only mention

TWO DIFFERENT CLASSIFICATIONS OF CANCER,

and leave the elucidation of the structure of the different varieties for another time.

That of *Rendfleisch* is substantially as follows :

a. Glandular cancers. 1. Soft or medullary cancer. 2. Telangiectalische cancer, or oftener termed fungus hematodes. 3. Sarcomatous cancer. 4. Colloid cancer.

b. Epithelial cancers. 1. Pavement cell epithelial cancers. 2. Cylindrical epithelial cancers.

During the winter of 1872 and 1873, in a course of lectures upon pathology, Prof. Stricker gave the following classification, which I give as I received it, without a very minute account, or explanation of the terms employed. The appropriateness of the names to some cases is however very apparent, and I am of the impression that it is that adopted by the French pathologists *Corneul* and *Randeu*, whose work the professor especially recommended.

a. Superficial epitheliomas. 1. Callus. 2. Clavius. 3. Ichthyosis. 4. Epithelial papilla. 5. Onyxoma.

b. Deep lying glandular epithelioma. 1. Nevus pillesse. 2. Adenoma. 3. Stromata. 4. Cystoma. 5. Carcinoma.

The distinctions between hypertrophy, adenoma, and carcinoma I have given, are those of *Billroth*, and commend themselves to my judgement much more than the attempted definition of *Rendfleisch*. At the same time it must be admitted, that it is not always possible to draw the line of demarcation

Trusting the imperfections of this paper may be leniently dealt with, it is respectfully submitted for your consideration.

Children's Diseases.

THE EFFECT OF DIFFERENT REGIONS UPON THE DEVELOPEMENT AND DISEASES OF CHILDREN.

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

Read before the Western Academy of Homœopathy.

The diseases that a child may inherit from its parents have received considerable attention. The effects of climates have been studied somewhat, especially upon puberty, but we believe little or no attention has been given to the consideration of the effects of locality upon the developement and diseases of infancy and childhood. The geography of disease has merited a chapter in the elaborate work on practice by Dr. Aiken, but outside of a few articles that appeared in *THE MEDICAL INVESTIGATOR*, medico-geology has received no attention. My object in this brief paper, is to call the attention of the profession living in this broad west, with its diversified topography, prairies, plains and mountains, hills and dales, moist and arid with the different soils known to the geologist, to their possible effect upon the developement and diseases of children. Native soil we know is markedly alkaline but the effect of constant cultivation is to render it acid, sandy, and capable of raising only sorrel and pis ants — or medically speaking oxalic and formic acids. Healthy children we contend are alkaline. Children raised in a new country on new land, are large, healthy and strong. The bones, tendons and muscles are all well proportioned. If the region is dry, the child will grow up tall, strong and active as a Sioux Indian. If the locality is moist the person will be rugged, squatty and gross like the Dutch. If there are spells of rapid evaporation chills will be apt to soon shake off what little fat they may acquire. In sandy soils there is a tendency to necrosis; in limestone regions to exostosis; in clayey sections the tendency is to mollities ossium.

In the sandy sections there is feeble developement of the cartilages, bone forms easily. In limestone regions the cartilages are very large. In clayey sections there are large cartilages but they are soft and immature.

The same facts will be, no doubt, observed with the muscles and connective tissue. The envelopes of the milk globules of the mother will present the same varieties. In alkaline sections living on alkaline food, digestion will be difficult unless much fat is also taken. This explains why bacon, butter, etc., are craved in frontier countries. A

Calc. child will literally devour a bacon rind, while an acid child craves sweets, dirt, slate pencils, etc.

The alkaline child raised on limestone or clayey soil will have much indigestion and many worm symptoms and may pass *ascarides lumbricoides* while the acid child raised on sandy soil will pick its nose and pass quantities of *ascaris vermicularis* every month about full moon. The acid child is always hungry and has a hungry look. The development of the nervous system is markedly effected. In the acid subject in the sandy section the sympathetic system is most actively developed. While in the alkaline one the cerebro-spinal system is best developed. Cerebro-spinal meningitis is most frequent in alkaline sections and in alkaline subjects, and is induced by cold and a flushing up by carbonic acid. Acidity gives rise to congestions. This is a marked peculiarity of the Irish constitution that craves starchy potatoes which are soon changed into sugar, then into acid.

Alkalinity tends to anæmia by the rapid transfusion of the white blood into connective tissue, muscle and bone, as well as by its effect to saponify the fats. (Soaps are oleates of *potassa* or *soda*). In the alkaline subject there is a tendency to hernias, hypertrophies of heart, open fontanelles, and to dropsies.

The acid child matures rapidly and is small. The Bush men living in a carbonic acid gas section under the burning rays of actinic light (intensely acid) are a good illustration. The alkaline child develops slowly. If excessively alkaline it is usually classed as a dunce but often develops into a smart man.

The effect of cultivation changes the character of the food grain ; it becomes more starchy, and contains less of the muscle and bone-making elements. This is brought about by the more rapid evaporation in cultivated soils and the abstraction of the alkaline elements, lime, potassa alumina. The effect of the food loaded with starchy elements is to hasten development, we grow weaker if not wiser and this is largely responsible for the degeneracy of the American people. We can retard this degeneracy in the west by insisting on our people taking more alkaline food and especially water which is loaded with the alkaline elements. Hard water is not acid, but water loaded with lime, and to use it for cleansing purposes this must be precipitated then the potassium or soda can unite with the grease, and form soap, and the dirt is dissolved away. In populous cities the great cause of infant mortality is the acid nature of the air. It is loaded with carbonic acid which tends to congestions, prostration and death ; another fruitful auxillary is cold. CO₂ in the system lowers the temperature and thus increases the fatality. Dirt is healthy, but when mixed with fat on the surface of the body it not only retards the exhalation of CO₂ but becomes rancid (sour), and thus poisons the life of the child. Too much washing carries off immense quantities of epithelium, and if much soap is used much fat is also dissolved out of the body so that the child becomes anæmic and debilitated as much as if it had a profuse expectoration. It is the average cleanliness that is next to Godliness. One cause of the tanned look of young children on the frontier is

due to the soaps used. Another is to the character of the food and the exposure to the rays of the sun, and force of the wind. These abstract moisture and then the skin is thickened—the layers of epithelium are increased.

While the effect of an alkalinity of system is that of health, still too much alkalinity in food, or drink, or locality, as is found on the plains is certainly detrimental to health. A case in point, a large, well-proportioned man, went west to supervise the laying of the Union Pacific railroad. He had a good appetite but soon began to complain of irritation of the skin and finally a large crop of boils made their appearance so as to induce him to return to Chicago. He also had a troublesome diarrhœa. The boils were very large and discharged large quantities of bloody pus. He was very thin in flesh. He soon became well under the action of *Hepar*, and took on flesh enormously till to-day he weighs over two hundred pounds.

I look upon this case as one of hypertrophy of the lymphatic system due to the presence of so much alkaline salts as are found on the plains. The superficial lymphatics of the skin begun to suppurate while those of the mesentery refused anything to pass them, hence the diarrhœa and the emaciation.

What will be the effect of the region of the plains upon the development and diseases of children, I am curious to learn.

It seems to me that if this Academy would take up this study of the effect of the various sections of the broad west upon development and diseases it would confer a lasting benefit to medical science.

Medico-Legal Department.

LEGISLATION IN CALIFORNIA.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: Legislative matters draw their slow length along. The committee on legislation appointed by the California State Medical Society of Homœopathic Practitioners, after presenting the protest and draft of medical bill in the senate, in due form, and endeavoring through the press, to produce a proper public opinion, sent to each member of the legislature a printed copy of protest and bill. They then rested from their labors and allowed the leaven to work. In the meantime, a number of other bills were introduced. In all of them the problem seemed to be how shall a new era giving at least the *semblance* of former respectability and dignity to the profession, be inaugurated without doing excessive violence to relatives, which have grown up between the community on the *one hand*, and primarily uneducated medical practitioners on

the other. How shall those among the host of men here at work without diplomas competent to practice, be singled out from the incompetent? How shall they be examined and authorized to continue at work? How shall the board (or boards) of examiners be constituted and *who* shall appoint it (or them)?

Our bill left it with *all properly constituted incorporated medical societies* to appoint boards of examiners. This gave a wide freedom, the "regulars" wanted their state society *alone* to elect a board. This was too circumscribed. One bill made it the duty of the governor to appoint a board; another bill, accorded that power to the state board of health; another left the appointment to the regents of the university, and still another, to the county judge of each county. Most of these made it *absolutely sure* that the boards, for the most part, would be composed of Allopathic physicians. At best mixed boards could be obtained from these sources.

Canadian experience with those who knew the outcome of it, militated against the mixed board system, it had in fact few advocates. Among all these bills, exponents of opinions and interests so widely divergent, the committees of *neither* house were able to settle upon any for unqualified recommendation. In the meantime, each section of the profession was observant of the doings of the others, lest undue advantages should be obtained. None seemed inclined to change positions. It became a debatable question however with thoughtful men, those who loved the profession at large, more than their own particular branch, whether under existing circumstances it were not better that *one* school of medicine should rather dominate for a time, than a conflict among them should defeat the passage of any bill. With us, the arguments on this question were few and unbruted, we thought *our* position could be made common ground, and would yield it reluctantly, and *then* not that we "loved Cæsar less, but Rome more."

About this time some kind friend caused a *cannard* to be published in the *News Letter*, to the effect that the California State Medical Society of Homœopathic Practitioners kept a *numerous lobby* at the capitol for the sake of securing the passage of what the committee considered a just bill. This had an effect different from what was expected no doubt, the dominant school were impressed with the idea that their Homœopathic colleagues though small in number, were on the *alert*, and that against their sustained activity the measures of the Allopathic school could not be carried.

About this time (then unknown to us of course) some efficient thinking was indulged in by the leaders of the Allopaths, and, as the sequel will show, wise conclusions were arrived at. At last, when divided counsels of friends of different bills, in and out of the legislature, had well nigh brought all action to a stand still, a joint meeting of the committees of the senate and assembly was called for Feb. 2, 1876, and through the courtesy of Dr. C. W. Bush, chairman of the senate committee, the committee of the California State Medical Society of Homœopathic Practitioners was notified to appear in the interest of

the Homœopathic school. The San Francisco members telegraphing to the members of the committee resident in the interior, to rendezvous, next day, at a given hotel, took the evening boat for Sacramento (Feb. 1,) and arrived next morning in time for breakfast. The meeting of the joint committee was unexpectedly delayed until evening. Meantime we employed ourselves in becoming acquainted with the views of those members of the legislature whose position and attainments would be likely to give weight to their opinions on medical legislation. So far as specific and definite measures were concerned, all was at sea; still, the impression prevailed that no bill could be passed which would militate against the adherents of any school of medicine.

In the principle promulgated in our bill—leaving all necessary regulation of medical matters to the societies of each school—it was thought would be found a basis for united action.

So far, so good.

The next impending question was, What will our Allopathic friends do? Would they take the hazard of their own persistency and imperil the whole profession to attain their own ends, or, would they yield the point which had been so frequently put to them privately and before their societies? They were certainly a *power*, and their known habits in other fields would not augur any abandonment of purposes. What they would do remained, for the day, an open question. Some straws, however, indicated that they were *at work*. In the morning the tall form and white hair of one of their San Francisco committee was seen entering the office of a leading Sacramento physician. This savored of business. In the afternoon, in the senate chamber, the sturdy figure of another member of the same committee was seen drawn up consecutively by the side of several leading senators. This looked more like business.

In the evening the various parties began to gather in the assembly room, where unacquainted and opponent individuals were introduced to each other by members of the legislative committees. The amenities were performed, by the legislative members, with a pleasure apparently intensified by the enjoyable prospect of a decidedly lively "set-to" between the representatives of the different schools. When it was asked to delay operations, for the arrival of a delegation of physicians from the Sacramento (Allopathic) Society, the situation began to be interesting, and a good deal of business seemed to be accumulating for us. Undismayed, however, we stood in to meet what might come.

Parties interested (no quacks,) having arrived, the meeting was called to order by the chairman of the senate committee, Dr. Bush.

A member of the joint committee arose and said he understood that a draft of a new bill was in the hands of Dr. Gibbons, of the San Francisco (Allopathic) Society, and suggested that *that* draft be first taken up. No one objecting, Dr. Gibbons advanced with an unfinished manuscript in hand, and prefaced his reading by saying that, considering the disjointed times and the exigencies of the case, it had been thought best by himself and colleagues, for *the sake of success*, to make some *concessions* to other medical men, hoping, thereby, to unite all educated

physicians in the move on the enemy's works. This announcement relaxed the tension on which had hung the impending contest in the committee, and gave hope of an amicable adjustment.

Section No. 1, of the bill, held that no person should practice medicine or surgery in California who did not hold a *certificate* from a board of examiners, to be elected as hereinafter provided.

Section No. 2 ran thus: "*Each State Medical Society* incorporated and in active existence on 1st day of January, 1876, whose members are required to possess diplomas or license from some legally chartered medical institution, in good standing, shall appoint annually, a board of examiners, consisting of seven members, who shall hold their office for one year and until their successors shall be chosen. The examiners, so appointed, shall go before a county judge and make oath that they are regular graduates or licentiates, and that they will faithfully perform the duties of their office."

By this section the recognition of the Homœopathic school, for which we had contended, was conceded; and to the California State Medical Society of Homœopathic Practitioners a position, entirely unsought by the committee, was also accorded. Thus quietly had our efforts, together with other causes, been working their full effects, and, unexpectedly to us, we had come before the committee *merely to reap* rather than battle for results.

This success secured for the cause of Homœopathy, in the recognition thus conceded, (though for the *inferior reason* assigned,) reflects equally as well on the *good sense, candor and catholicism*, of the adherents of the dominant school, as on the private and public perseverance of the members of our committee.

The details of the bill by amendment and discussion were gradually whipped into shape, to the satisfaction of most present, and when adjournment was voted, it closed a meeting of medical men of *all schools* which, for unanimity of opinion and harmony and good feeling was a surprise, and worthily memorable in the annals of medical meetings.

The bill as prepared in committee, was introduced to the assembly Feb. 9, 1876, by Mr. McConnell, of Los Angeles, where it still remains.

Next in order, will be the battle in the legislature between the combined profession, in the interest of the people, and the profession against the quacks, and their fallacious pretensions. It must come soon. Let the cry be, "*lay on, Macduff,* and damned be he who first cries, hold, enough!" How the victory falls you will be informed.

SAN FRANCISCO, Cal.

W. N. GRISWOLD.

AFFAIRS IN MICHIGAN.

The Allopathic professors have been called to account before the Michigan Society (Allopathic) for violating their Code of Ethics by affiliating with the Homœopathic professors. They had good sense enough to denounce the society for its bigotry and withdraw from its membership.

Society Proceedings.

THE HOMŒOPATHIC MEDICAL SOCIETY OF EASTERN OHIO

Held its regular session at Akron, Ohio, April 19, 1876. The president, Dr. Rush, called the society to order, when the secretary read the minutes of the last meeting, held at Alliance, in October, 1875.

The board of censors submitted the following physicians for membership: Dr. Saxon, of Alliance, and Drs. Lyder and Coburn, of Akron, who were duly elected. Drs. Rockwell and Castle, as students, were made honorary members.

Dr. Wilder, of Bedford, was introduced and invited to take part in the discussions.

The secretary read several letters from absent members and others regretting their inability to attend.

A recommend and resolutions expressing sympathy for Dr. Heaton, who leaves us for California on account of ill-health, were adopted.

The election of officers for the ensuing year was as follows:

PRESIDENT.—Dr. Childs, of Akron.

VICE-PRESIDENT.—Dr. Rukenbrod, of Canton.

SECRETARY.—Dr. Johnson, of Ravenna.

TREASURER.—Dr. Saxon, of Alliance.

CENSORS.—Drs. Rush, Catlin and Carter.

On motion the president and secretary were appointed a committee to write the history of this society for the World's Homœopathic Congress.

The subject of burns, presented by Dr. Wilder, was discussed and the following suggestions given:

Dr. Rush thought superficial burns best treated by castile soapsuds and flour, immediately.

Dr. Johnson used *Sweet oil* and *Calendula* (10 parts *Sweet oil* and 1 of *Calendula*,) on cotton.

Dr. Murdock, to promote healing in large burns, *Carbolic acid* and simple *Cerate*, five grains to ounce.

To promote the formation of cuticle where large surfaces had been destroyed by oil or gas, Dr. Carter had succeeded best with *Balm of Gilead buds* and sweet cream, simmered together until a paste is formed which should be applied on cloth.

Several clinical cases were presented for consideration.

The following is the programme of our next meeting :

Dr. Childs, Hæmorrhoidal Tumors; Dr. Murdock, Tuberculosis; Dr. Johnson, Uterine Displacements; Dr. Goucher, Metrorrhagia; Dr. Catlin, New Remedies; Dr. Warren, Change of Life; Dr. Clark, Diphtheria; Dr. Pierson, Clinical Cases; Dr. Shane, Cholera Infantum; Dr. Kirkland, Typhoid Fever; Dr. Rukenbrod, Dysentery; Dr. Saxon, Catalepsy; Dr. Luder; Care of Teeth; Dr. Rush, Clinical Cases and Treatment.

The society adjourned to meet at Ravenna, Oct. 18, 1876.

CUYAHOGA FALLS, O.

H. W. CARTER, Secretary.

SOUTHERN TIER HOMŒOPATHIC SOCIETY.

The Quarterly meeting of this society was held in the office of T. L. Brown, at Binghampton, N. Y., April 18, 1876.

The meeting was called to order by the president, W. S. Purdy, of Corning. The following members were present :

Drs. W. S. Purdy, of Corning; N. N. Seeley, of Elmira; B. F. Grant, of Bath; O. Groom, of Horseheads; J. M. Cadmus, of Waverly; W. J. Bryan, of Corning; S. D. Hand, of Binghampton; A. J. Wright, J. F. Greenleaf, of Owego; Campbell Gorton, of Corning.

The bureau of obstetrics was opened by a report of a case from practice, by Dr. T. L. Brown, of Binghampton, which was discussed by other members. Drs. Grant and Seeley followed with reports coming under this head. Dr. Hand, of Binghampton, and others, criticised their reports.

The bureau of therapeutics was then opened by Dr. Brown, of Binghampton, chairman, by a very interesting report of a case of inflammation of the bowels.

A report from Dr. Hand followed this, with another interesting case from practice thirty years ago, when he first used, Homœopathically, *Colchicum* in dysentery.

Dr. Groom, chairman of the bureau of theory and practice, gave a report of a case of disease of the brain, the result of a blow on the head.

A case was here introduced, by Dr. Brown, suffering from eczema, asking for the opinion of the association regarding its treatment.

Epidemics was called for and Dr. Grant, chairman of the bureau, gave reports of several cases.

The names of Dr. G. F. Hand and H. S. Sloan, were proposed for membership, and were duly elected.

Committees for the ensuing quarter remain the same as before.

Meeting adjourned to meet in Corning the third Tuesday in July.

W. J. BRYAN, Secretary.

Medical News.

Please Correct mistake in THE UNITED STATES MEDICAL INVESTIGATOR of April 15th, in my use of *Apocy*. I would have it read, *Apocy. can.*, mother tincture. E. L. ROBERTS.

Report of the New York Ophthalmic Hospital for the month ending April 30, 1876: Number of prescriptions, 2,818; number new patients, 397; number of patients resident in the hospital, 34; average daily attendance, 118; largest daily attendance, 163.

Wisconsin Board of Health.—The Wisconsin state legislature has passed a law creating a state board of health to consist of seven members (not yet appointed), with an appropriation of \$3000. Let the members of our school be on the lookout for appointments.

Birth.

ALLEN.—April 17th, to the wife of Dr. G. D. Allen, Portland, Mich., two sons, weight 13½ pounds. All doing well.

[This is confirmatory evidence that Michigan is a good fruit state.]

Grauvogls Article, which was kindly translated by our old friend, J. Braun, M. D., contained, we regret, an error or two. See page 435, 6th line, "deceptive" instead of "defective;" page 435, "*advorim*" instead of "*ad vocem*." The article contained some valuable information.

Provings of E. W. Berridge, M. D., London.—*Errata* in former provings in Vol. I. of THE UNITED STATES MEDICAL INVESTIGATOR, pages 90-101. Page 99, last line, dele *dry*; page 100, line 28, for *between* read *at*, for *and* read *At*; page 100, line 31, for *Carbo* read *Crabo*; page 101, line 8, for *eyes* read *gums*.

Mortality Amongst Children.—The mean age at death of all the females who died from whooping cough in England and Wales during the twenty-five years from 1848 to 1872 was 2.7 years; in the case of measles it was 3.1; of scarlet fever, 5.1; and of small-pox, 13.5 years. The one hundred and thirty deaths from whooping cough in London during one week in February last included forty-five of infants under one year of age.—*Lancet*.

Critique.—Dr. Lewis Sherman (p. 416.) objects to small letters for *specific* names which are substantives. But good authority can be found for limiting capitals to words derived from proper nouns—as *Canadensis*, *Pennsylvanicum*, etc. Again, he speaks of the honey-bee as female. Potentially, this may be admitted; but, as the Doctor is doubtless perfectly aware, the creature is asexual—a "neuter"—until duly "evolved" into the sexual form in rare cases. J. C. M.

Insanity in its Medico-Legal Relations; pp. 80; \$1. Philadelphia: J. M. Stoddard & Co.

This is a work by our friend, A. C. Cowperthwait, of Nebraska City, and one carefully prepared. It treats of expert testimony, pathology, classification, diagnosis, criminal responsibility of the insane, epileptic

insanity, and treatment. We wish our author had given some therapeutic indications.

Publications Received.

Diseases of the Eye, by Dr. Angell, Boston; from Boericke & Tafel, New York.

Cyclopædia of the Practice of Medicine, Vol. IV, by Dr. Von Ziemssen; from Wm. Wood & Co., New York.

Homœopathy in Its Relation to the Diseases of Women, by Thos. Skinner, M. D., Liverpool; from Porter & Coates, Philadelphia.

Burts Therapeutics of Tuberculosis and Pulmonary Consumption, by W. H. Burt, M. D., Chicago; from Boericke & Tafel, New York.

A New Society.—A call has been issued calling upon the Homœopathic physicians of Missouri to assemble at Sedalia, May 10th, at 10 A. M., to organize a State Homœopathic society. Signed as follows:

W. D. FOSTER, M. D., Hannibal, Mo.

D. T. ABELL, M. D., Sedalia, Mo.

PHILO G. VALENTINE, M. D., St. Louis, Mo.

W. H. JENNEY, M. D., Kansas City, Mo.

A Call.—There will be a meeting at Hamburg, Iowa, Tuesday, June 20, 1876, of the Homœopathic physicians of southwestern Iowa and contiguous territory in Missouri and Nebraska, for the purpose of organizing a Homœopathic Medical Association. All Homœopathic physicians of good repute are earnestly requested to be present.

A. C. COWPERTHWAIT, M. D., Nebraska City, Neb.

T. HOWARD BRAGG, M. D., Hamburg, Iowa.

C. R. HENDERSON, M. D., Watson, Mo.

Western Academy of Homœopathy.—The next regular session of the above institution will be held at Galesburg, Ill., June 6, 1876.

TOPICS FOR DISCUSSION:

Provings and Manner of Preparing Drugs; Diseases of the Joints; Chief Forms of Difficult Labor; Diseases of Women in the West; Effects of Different Regions upon the Different Diseases of Children; Locomotive Ataxia and other Alterations of Gait; Malarial Fevers; The Limit of Malaria, and How Controlled by Climate, Hygienic Measures, etc.

SPECIAL PAPERS:

Corneal Complications, by J. A. Campbell, M. D., St. Louis.

A Case with A Moral, by Philo G. Valentine, M. D., St. Louis.

Rhus in Skin Diseases, by J. Harts Miller, M. D., Abingdon, Ill.

Amputation of the Cervix Uteri, by E. C. Franklin, M. D. St. Louis.

Homœopathy—Its Prospects and its Difficulties, by Jno. T. Temple, M. D., St. Louis.

Schusslerism *versus* Homœopathy, by A. C. Cowperthwait, M. D., Nebraska City, Neb.

Spinal Anæmia; also, The Constitutional Treatment of Children, by J. Martine Kershaw, M. D., St. Louis.

Phosphorus; also, Clinical Experience with Malarial Fevers, by Lucius D. Morse, M. D., Memphis, Tenn.

The Verification of Symptoms of Some Old Remedies and Confirmation of Some New Symptoms of Same Remedies, by Dr. George W. Foote, Galesburg, Ill.

NOTE.—All members in good standing will shortly receive a bound copy of the very valuable proceedings of the last meeting.

Any information regarding the Academy may be obtained by addressing J. Martine Kershaw, M. D., St. Louis.

Office of
The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

[Consolidation of the *United States Medical and Surgical Journal*, (Quarterly, \$4.00),
Vol. X, with the *MEDICAL INVESTIGATOR* (Monthly, \$3.00),
Vol. XII; Commencing January, 1875.]

Two Volumes a Year. — Terms: \$5.00 a Year, Payable in Advance.

T. C. DUNCAN, M. D., Editor.

F. DUNCAN, M. D., Business Manager.

67 Washington St., Chicago, May 15, 1876.

WANTED.—Jan. 1st number, 1876; 25c. will be paid. Send to B., care this office.

WANTED.—Nos. 4, 5 and 7, Vol. VII., 1870, *MEDICAL INVESTIGATOR*; 25 cents each will be paid. Address, A., care this office.

FOR SALE.—Hamilton's Clinical Electro-Therapeutics, new, cost \$2, price \$1 50; Bayses' Applied Homoeopathy, new, price \$2; Ruddock's Clinical Directory, \$1.

FOR EXCHANGE.—Hull's *Jahr, Symptomatology, Repertory, and Grudresse der Physiologie, Pathologie and Homoeopathic Therapie*, by Dr. Von Grauvogl, cost \$6, for Allen's *Materia Medica*, Vols. I. and II. Address W., care this office.

BIND YOUR JOURNALS.—Emerson's Binder we can supply, stamped with name suited for this journal, for 40 cents; without backs, 20 cents. Keep the numbers all together for ready reference. We can furnish these binders for any journal the same size as *THE INVESTIGATOR*, with the name of the journal that they are for printed on the back, for the above prices.

REMOVALS.

Dr. Wm. Fuller, from Oskaloosa to Pella, Iowa.
Dr. E. H. Stillson, Jefferson City, Mo., to Knoxville, Ill.
Dr. E. A. Wehrman, from Hannibal, Ohio, to St. Louis, Mo.
Dr. O. A. Goodhue, from Mason City, Iowa, to St. Charles, Ill.
Dr. H. P. Gatchell, Jr., graduate of 1875, has located in Palmyra, Wis.
Dr. R. B. Sullivan, from Hospital on Wards Island to Waterville, N. Y.
Dr. S. H. Parks has succeeded Dr. Macomber in practice at Cassopolis, Mich.
Dr. Jay O. Spinning, Chicago graduate of 1876, has located at Grass Lake, Mich.
Dr. A. F. Rundall, from Lexington to Detroit, Mich., and formed a partnership with Dr. A. B. Spinney.

THE OFFERS.—In answer to inquiries we will say that we have secured a few more books and are again able to open those tempting offers.

\$7. will secure Gilchrist's *Surgical Diseases* (\$3 50), and this journal for one year. (If book is to be sent by mail, 32c should be added for postage.)

\$10. will secure Ludlam's *Diseases of Women* (\$7 00), and this journal for one year. (If book is to be sent by mail, 50c. should be added for postage.)

\$8.50 will secure Hoyne's *Materia Medica Cards* (\$5 00), and this journal for one year.

\$6.50 will secure Shipman's *Family Guide* (\$2 00), and this journal for one year.

\$9. will secure Volumes I. and II. (\$5 00, the year 1875), and the year 1876 of this journal.

\$7. will secure any volume of the *MEDICAL INVESTIGATOR* (\$3 00), since January 1872, and this journal for one year.

When you think of buying any books or subscribing for any journals always write to us and ascertain at what price we can furnish them to you, before you buy—Remit by P. O. money order, draft, or registered letter.

EXCHANGE DEPARTMENT.—We have now opened an Exchange Book Department through which we shall try to furnish any book wanted, old or new. Send us a list of books that you want to procure and we will try to fill the bill, when complete will advise you with price and send as you direct. Remittance must be sent with shipping directions or else package will be sent C. O. D.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. III., No. 11. — JUNE 1, 1876. — Whole No. 167.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

PITTSBURGH, Pa., May 8.—In May 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, page 417, is a short article on *Dioscorea* in Renal Colic. If there be relief in the use of said remedy in said trouble, as intimated in the article, it is certainly of much importance, for, hitherto, I have failed to find any satisfaction in the use of therapeutic means short of opiates or anodynes. I saw mention made in some one of our school journals, some months ago, of the use of *Berberis vulg.*, but not sufficiently definite for practical use. I should be glad to hear from some one who has definite knowledge or experience in the use of either of these agents in this direction. Give us the potency and scale.

Do you know anything about the use of *Chimanthus virginica* (Fringe Tree,) in jaundice and liver troubles?
B. F. DAKE.

COUNCIL BLUFFS, Iowa, May 8.—The weather is cold and rainy. Diseases: Rheumatism, sciatic and lumbar, *Rhus tox.* 200. An occasional case of spasmodic croup; *Acon.* 30 followed by *Hepar* 15. An

infant two months old had paroxysms of pain, would cry if moved, constipated, with constant thrusting out of the tongue; *Cup. ac.* 200 relieved. One case of pneumonia, lower lobe of left lung; *Acon.* 30 and *Phos.* 12. Measles of a light type visited us. Tonsillitis, with aphthous patches on the tonsils, accompanied by rheumatic pains in the lumbar region, have yielded to *Phytolacca decandra* 30. Ovarian inflammation in a lying-in patient; pain in os pubes as well as in first the left ovary then the right. *Lachesis* 30 helped, but a peculiar headache together with peculiar mental symptoms suggested *Platina* 30, trit., which put the lady on her feet. The mental symptoms are marked and are well given by Lippe. WALTER D. STILLMAN.

CORNING, IOWA, May 19.—It has been very healthy in this vicinity during the last three months. Lung trouble has been the prevailing affection—some cases quite severe. A good deal of influenza, yielding quite readily to *Merc. sol.* 3x or *Ibry.* 3x. Dr. D. Pittman reports a case of pertussis to me where the coughing was so severe as to cause bronchial hæmorrhage and epistaxis; *Nux v.* and *Bell.* were prescribed and good results obtained. I have a case of ovarian neuralgia—chronic—which has “gone the rounds” without ever being diagnosed correctly by my Old School friends, which I shall “report” one of these days. Thanks for the grand instruction of Prof. B. Ludlam, for by it I was permitted to “look within the veil” and solve the hitherto unsolved problem in this peculiar case. C. W. HIGGINS.

BEARDSTOWN, Ill., May, 6.—Health good at this time. In February the measles made their appearance and since that time have invaded every family that had not had them. I gave in all cases of measles *Seltis occident.* (hackberry,) when complicated with fever, cheeks red, white around the mouth, patient starts from sleep, says everything in the room is turning around, tries to get out of the room, *Frazinus* two or three doses, quiets them in one to two hours, dose every two hours cures the fever in one or two days. When troubled with dry, hoarse cough, croup, or croupy cough, *Carya sulph.* gave prompt relief.

When the patient has earache *Cephalanthus oc.* gives ease in a short time. One case of ear discharges, very offensive smell, cured with *Ulmus americana* (Elm). Inflammatory swellings, abscesses, boils and tumors, *Ulmus a.* will cool the fever, ease the pain, and make a speedy cure. All fevers with cold and hot creeping stopped with two or three doses of *Ulmus a.* *Seltis oc.* cures painful swelling of feet and ankles, rheumatic. Some cases of pneumonia, when pains through the lungs with sore and stuffed feeling, cough increases the pain, hot fever, flesh sore all over the body, dose of *Seltis oc.* every two hours cure in one and two days. Boy sixteen years old, coughing and raising blood-streaked matter, hard pains in the lungs, can't lay on his side, cheeks red; three doses of *Erigeron can.* stopped the blood, *Frazinus*, dose every two hours, (when awake,) cured in five days. The same results in all similar cases. All cases with pains at or near the heart relieved and cured with *Carya sul.* My remedies are all high potencies.

J. S. WRIGHT.

RICHMOND, Ind., April, 20.—Health report for the year ending March 31st, shows a death rate less than for several years, being one hundred and sixty-six persons. Of the deaths occurring during the present year eighty-three were under five years of age, or 50 per cent, a fact that should cause earnest thought among physicians and those having in charge the dependent portion of our community.

CAUSE OF DEATH.

Measles, 4; diphtheria, 3; croup, 7; whooping cough, 4; typhoid fever, 3; typho-malarial fever, 2; diarrhœa, 3; dysentery, 3; cholera infantum, 5; enterocolitis, 1; cerebro-spinal meningitis, 1; mania a potu, 5; anasarca, 1; marasmus, 2; scrofula, 3; pul. consumption, 23; tabes mesenterica, 3; hydrocephalus, 2; tubercular meningitis, 4; meningitis, 6; apoplexy, 2; softening of the brain, 1; convulsions, 3; general paralysis, 1; trismus nascentium, 2; congestion of the brain, 5; aneurism of the heart, 1; cardiac hypertrophy, 1; angina pectoris, 1; dropsy, 1; laryngitis, 2; bronchitis, 2; pneumonia, 12; congestion of the lungs, 5; gastro enteritis, 2; peritonitis, 2; ulceration of intestines, 2; colic, 1; leucocythemia, 1; ovarian tennar, 1; metro peritonitis, 2; spina bifida, 2; premature birth, 8; preternatural birth, 1; cyanosis, 2; peritonitis, metro, 1; miscarriage, 1; senile debility, 8; gangrene, 2; atrophy, 1; gunshot wounds, 1; railroad accident, 1; asphyxia, 1; exposure, 1. Total, 166.

SMALL-POX.

During the year several cases of small-pox have occurred, but by vigilance and proper action its spread has been prevented.

T. HENRY DAVIS, }
C. R. JOHNSON, } Board of Health.
F. PRUYN. }

SHEBOYGAN, Wis., May 10.—Since the past twelve months it has been quite unusually and distressingly healthy up here, so that I am determined to look out for some more convenient quarters in a very short time. Even during the last months, in which the weather has been for the most part damp and sloppy, it has affected our population but very little, causing only a few cases of scarlatina and angina in its diverse forms. One case of the former I would briefly mention here, as it gave me a chance of performing *volens volens*, the so-called experiment of von Gruzewsky, as described lately in the "*Conditio sine qua non*" of Grauvogl, in this journal. It was a healthy and well-formed boy of somewhat more than three years, who was taken with scarlatina in an intense degree, the pulse beating as high as 170 per minute, while the throat was but moderately affected, and the skin showed about one-half over its surface the common bluish-red and smooth appearance. I prescribed *Acon.* and *Bell.* 6x, in alternation, every hour at my first call, and washings with equal parts of tepid vinegar and water twice a day all over the body, followed with a thin application of lard everywhere directly afterward, the head excepted, the skin having been wiped dry immediately before by means of a dry cloth. The subsequent day I found the patient in a worse condition, in so far

as the symptoms of a severe nephritis acuta had supervened, almost constant urging to urinate, while the urine was red-brown and strongly saturated with brick dust sediment. *Apis* 6x which I ordered with *Acon.* had taken no effect within the next twenty-four hours, wherefore I substituted *Ars.* 6x instead, when I had the satisfaction of seeing the patient a good deal improved the following day, the pulse being reduced to about 144, and the very troublesome urinating also at least one-half less. Thus I conceived the idea to hasten the cure and increase the therapeutic action of *Ars.* by administering the same in the high potency of 200, alternating with *Acon.* 6x. But twenty-four hours later, the patient had relapsed into the previous state of the high pulse and frequent urinating to my utter disappointment, and I instantly replaced *Ars.* 6x, whereupon I found the same rapid and satisfactory improvement again as before at my next visit. The treatment was kept up in this manner for about eight days longer, when the symptoms of the whole disease had disappeared altogether, and the patient was to be discharged as cured. Now the question arises, was the high dilution inert in this case on account of its weakness of matter contained in it against a most acute affection, or was there no substance of *Ars.* at all in it from an inaccurate preparation, which may happen from time to time in high potencies, or was the combination with *Acon.* 6x the only reason why the action of *Ars.* 200 has been suspended? It would be very interesting and important to know whether the latter has been the case, or not, so that low and high potencies never should agree with each other, at least not with any surety of success.

J. B. BRAUN.

DIPHTHERIA.

Willie R., thirteen years of age, complained on Monday, Dec. 6, 1875, of intense aching in the bones and chilly sensations, with sore throat. The attending physician thought it a case of catarrhal sore throat; and gave *Bell.* and *Merc. biniod.* Tuesday morning worse, and he added a gargle of *Chlorate of Potassa.* A patch of diphtheritic membrane now appeared on the left tonsil, with great swelling externally, and increasing debility. Tuesday evening I saw the patient for the first time, he having grown rapidly worse. Right tonsil was covered with a patch as large as a silver dollar and not less than one-eighth of an inch in thickness; breath very offensive; great prostration, Advised *Cyanuret of Mercury* 3, every hour, and *Sulphuric acid*, dilute, as a gargle.

Wednesday morning.—The patient had passed a very restless night, his nurse thinking he was dying at one time, from the purple hue his face assumed, and from his extreme prostration on awaking.

Thursday morning.—Believing that the patient could not survive another such night, we gave *Lach.* 12 and ordered dilute Irish whisky both internally and as a gargle.

Friday morning.—Patient had passed a comfortable night and diphtheritic exudation was less; swelling much less. Continued same treatment.

Saturday morning.—All the symptoms improved.

No other remedies were given until the twenty-first day from the attack when complete aphonia obtaining *Gels* 1 was given night and morning, for one week, cured; the patient remaining well to this date.

HACKENSACK, N. J.

A. P. MACOMBER.

CONSULTATION CASES.

DR. L. J. BUMSTEAD'S CASE.

Last year I treated two cases very similar to the one described on page 382, April 15th number, Vol. III., No. 8, with the most happy results. Prescribed *Chelidonium maj.* tinct., gtts. x, four times a day. Each patient took more than two ounces in the above manner.

KERRVILLE, Texas.

G. R. PARSONS.

WHAT SYMPTOM OF SYPHILIS?

Will "Medicus," Vol. III., No. 6, page 264, state what symptom of syphilis he treated. I think that is to be taken into consideration.

JACKSON, Mich.

PHIL. PORTER.

QUININE AGAIN.

DEAR UNITED STATES MEDICAL INVESTIGATOR: In all I have ever said against the use of *Quinine*, I have intended to be understood as speaking of the crude substance, given either in small doses, or, in "bulk." My friend Lillienthal makes it appear that I would not give a dose of *Chin. sulph.* 100,000 whenever I find the admissible symptoms given by him in the May 1st number of THE UNITED STATES MEDICAL INVESTIGATOR. If by giving *Chin. sulph.* 100,000, *Apis mel.* 100,000 *Variolinum* 100,000, *Syphilinum* 100,000, or *Cimex lectularius* 100,000, I have been guilty of giving bedbugs, syphilis, small-pox, etc., etc., I have much more to learn than I had supposed.

My part of the "battle"—and I think my friend Pearson will agree with me—was against the use of *Quinine* in bulk. *Chin. sulph.* 100,000, or any other thousandth, is not *Quinine*. We use the name for convenience. Hahnemann says "the Homœopathic healing art develops for its purposes the immaterial (dynamic) virtues of medical substances."—Organon, fourth American, 260.

So long as every one uses dynamic medicines I should wage no war

with them. In the 1000th potency even the shrewd Dr. Dake, whose nose turns up at the poor bedbug, could not tell the difference between *Cimex lectularius* and *Mephitis putorius*. I hold that *Quinine* crude, does sometimes—especially in primary attacks of ague—break the chill and thus allow the natural powers to recuperate. But breaking the chill and curing the ague—or rather the patient—are widely different things. A broken chill is sure to return. One cured by a specific, never.

NEW YORK.

A. M. PIERSONS.

NITRATE OF AMYL VS. CHLOROFORM.

In April, 1875, I read an article on *Chloroform Antidote*. “*Nitrite of amyl* is said to antidote the effects of *Chloroform*, even in advanced stages of narcotism.”

I had occasion soon after to try it, but before using, I proved it on myself. I inhaled six drops of pure *Nitrite of amyl* on a handkerchief, the effect was quickly to increase the action of the heart, sending the blood bounding to my head. I could hear the carotids thumping, my face was almost black-red, pulse at the wrist very much fuller and quicker. I did not stop to count it, that was sufficient for me. I saw at once that its rapid action would immediately counteract *Chloroform*. I made 1x solution and used it after exhibiting *Chloroform* and with the happiest result.

The following case will illustrate its antidotal power: Two ladies visiting a dentist, to get several teeth extracted, number one inhaled *Ether* abundantly, but not to unconsciousness. She had five teeth extracted, and after recovering from anæsthesia, feeling very uncomfortable got into a hack and drove home. After an hour I was sent for hastily, and found her suffering from severe nausea, cramping of the stomach, giddiness with pain in the forehead extending back to the cerebro-spinal column, countenance deathly pale, pulse hardly perceptible, she expressed herself to me “I shall die.” I immediately poured six drops of *Nitrite amyl* 1x on a handkerchief and applied it to her nose, before I could get to the quarter minute to count her pulse, she spoke out strongly, “I am better,” her lips were reddening her eyes brightening, pulse fuller and quicker. After inhaling for a minute the cramping of the stomach was gone. Inhalations were kept up alternately resuming and suspending till all poisonous symptoms had subsided.

The other lady coming in just then remarked she felt full of the smell of *Ether*, a few inhalations entirely removed it. There is no doubt this remedy will prove a valuable antidote to anæsthetics, but it had better be administered in the 1x solution being more diffusible and easier handled.

LANSING, Mich.

R. W. NELSON.

DROSERA COUGH.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: I asked Dr. Foster for details—he kindly sends the enclosed valuable article.

PHILADELPHIA.

J. C. MORGAN.

LITCHFIELD, Minn., April 3

DEAR SIR:

I am in receipt of your postal card asking for remedy and symptoms of cough mentioned by me in THE UNITED STATES MEDICAL INVESTIGATOR, page 358. I give you the case:

The patient, a lady, about thirty-five years old, of nervous bilious temperament, contracted the cough last fall and applied to me for remedies immediately, her husband mentioning only a dry cough at night. Gave *Phos.* 30 for several days, no benefit; gave *Hyos.* 3 for several days, no benefit; gave *Hepar sulph.* 7 for several days, no benefit; also *Bell.*, *Cham.*, *Bry.*, and few others at different times, but no benefit. The lady became discouraged and let the cough run, concluding that nothing could cure her. All I could get at from my general question was, it was a dry cough, worse at night. It changed from a dry cough to one that expectorated, first froth, then yellow mucus. The patient gradually failed in strength and gave evidence of phthisis. Learning that she had resigned herself to the conclusion that consumption was her portion, I volunteered to call on her and make another effort to get at the key to her cough. My first question as to expectoration brought the answer, "I expectorate a yellow mucus." My second question as to time of aggravation she answered, "When I first lie down at nine, I cough and raise till ten very hard, completely exhausting me; then, in three hours, or at one o'clock, I commence again and cough and raise till 2 A. M., this so completely exhausts me that I get no rest." On this yellow expectoration, and particularly coughing when first lying down and the return in three hours, I selected *Dros.* 3, and dropped six drops in half a glass of water, tea-spoonful doses from 6 P. M. till 9 P. M., every half hour, and no more till next evening. The first night after taking the remedy there was very little cough, as she reported to me the next day. I directed the repetition of this remedy in the same manner the second evening, using from the same first preparation. During the second night there was no coughing and none after that, nor was any more medicine given, but a general rejoicing on her part, saying, "I can now sleep as well as any one, which I have not been able to do for several months."

This cough had existed five months. I have had several such cases within the last few years and they all yielded readily to *Dros.* with the following governing symptoms:

Expectorate yellow mucus or matter.

Cough occurs on lying down.

Cough occurs in paroxysms from one to three hours apart lasting an hour.

This last symptom has been quite prominent in every case, especially the "three hours apart," and every case has yielded readily to *Drosera*.

Yours, etc.,

L. P. FOSTER.

To J. C. MORGAN, M. D.

MODUS OPERANDI OF HIGH DILUTIONS.

Every drug has two forces, the force of attraction and the force of stimulus. There are but two forces in nature, the force of attraction and the force of repulsion. Every scholar is familiar with these forces. Attraction is as much a force as repulsion for it is as potent every where in effecting change of position and condition. The quality of attraction which belongs to drugs is as much a force as is that of stimulus which also belongs to drugs.

I. Every drug has a force of

ATTRACTION,

which is exercised between it and some particular organ of the human body. *Ipecac* is attracted to the stomach, *Secale* to the uterus, *Digitalis* to the heart, and *Bell* to the brain, etc. Attraction is constant between the same drug and the same organ. *Strychnia* is always attracted to the spinal cord. A drug can only effect the organ to which it is attracted; if its force be greatly intensified other organs may be effected through sympathy with the diseased organ, but not by the force of the drug. The attraction between a drug and an organ first directs the drug to that organ, then it becomes a force that effects the action of that organ.

II. Every drug has a force of

STIMULUS,

which is always the same in kind. "Primary and secondary action" when applied to drugs is incorrect. Action belongs to the organism and not to drugs. Drugs are forces that produce action in vital organs. If the dose of a drug is small enough what is sometimes called its secondary action, but what in truth is the reaction of the organism, does not appear. Through the force of stimulus of each drug is always the same in kind, its degree or intensity varies according to the size of the dose. A large dose represents an increased intensity of the forces of stimulus, a small dose represents a reduced intensity of the same forces. The difference in the degree or intensity of the of stimulus between large and small doses of the same drug is so great that their effects are opposite in health and disease. Pneumonia like that produced in a healthy person by large doses of *Phos.* will be cured by small doses of *Phos.*

Every disease that requires medicinal treatment consists either in a change of action or a change of structure of the organ affected. Drugs

can only change the structure of organs as they change their action. The action of an organ can only be changed in two ways; it can be increased or diminished, excited or depressed. Depression requiring medicinal treatment can only result from over excitement. Every diseased organ that requires medicinal treatment is either in a condition of excitement or in a condition of depression. If the diseased organ is in a condition of excitement, a high dilution ought to be used for that will reduce excitement to normal mean by the force of attraction; if the organ is in a condition of depression a low dilution ought to be used, for that will increase action to normal mean by the force of stimulus. The force of stimulus depends upon quantity, but the force of attraction does not.

DELIVAN, III.

T. M. TRIPLETT.

EPIDEMICS IN CALIFORNIA.

In Dr. G. M. Pease's note of Dec. 27, 1875, with extracts from the report of the board of health, January 15th number, 1876, he says he "clearly demonstrates the falsity of my statements made concerning epidemics" in California, without specifying in what particulars the falsities laid, and these extracts evince a special capacity for "looseness" in supplying and applying evidence to sustain his charges. I am compelled, therefore, to recapitulate and concentrate what I have stated, and analyze his evidence to determine in what and how far the latter falsifies the former.

In my article (INVESTIGATOR, Nov. 15,) I mentioned four or five which had visited San Francisco since 1868, (speaking, perhaps, too slightly of the severity of some of them,) and claimed we had no epidemic of "dysenteric diarrhoea" in July, 1875. I took the position that enteric diseases were comparatively infrequent in this city; not greatly influenced by season, nor epidemic influences; that they were almost entirely sporadic, and as likely to occur in April and October as July and August.

What is there in the extracts from the report of the state board of health to "clearly demonstrate the falsity" of my statements?

I admit *five* epidemics since January, 1868. The extracts referred to mention but *two* since 1860, (two others acting on animals).

Next as to that epidemic of "dysenteric diarrhoea" in July, 1875, the extract says, "Thirty-four of these (eighty deaths in July) were caused by cholera infantum in San Francisco." Allowing that "cholera infantum" and "dysenteric diarrhoea" are convertible terms, if he will turn to the next page (67,) of THE INVESTIGATOR, line 26, (page 33 of the report,) he will find that *this part* of the extract was written *June*, 1875. If more proof is wanted ask at the health office in this city and the following will be furnished:

REPORT OF DEATHS REGISTERED IN SAN FRANCISCO DURING THE
MONTH OF JULY, 1875.

Zymotic diseases, 73; constitutional diseases, 73; local diseases, 128; developmental diseases, 42; deaths from violence, 22; deaths from unknown causes, Chinese 32, others 1. Total, 371.

Small-pox, 2; measles, 1; scarlatina, 1; diphtheria, 5; croup, 1; whooping cough, 5; typhus and typhoid fevers, 15; diarrhœa and dysentery, 11; cholera infantum, 13; cholera morbus, pyæmia and septicæmia, 3; cerebro-spinal meningitis, 3; syphilis, 1; alcoholism, 2; cancer, 12; phthisis pulmonalis (Chinese 10), 50; hydrocephalus and tubercular meningitis, 6; encephalitis, 8; apoplexy and paralysis, 15; convulsions, 16; other diseases of the nervous system, 11; aneurism, 5; diseases of the heart, 16; pneumonia, 10; bronchitis, 2; other diseases of the respiratory organs, 6; diseases of the stomach and bowels, 11; diseases of the liver, 9; Bright's disease and nephritis, 3; puerperal diseases, 3; atrophy, inanition and old age, 32; suicides, 9; deaths in institutions, 72; still births, 32. Estimated population, March, 1875, 230,000.

My article in *THE INVESTIGATOR* of November 15th, was not intended by me to be officially correct, but on reflection I believe I there *over-* rather than understated the number of epidemics which have visited San Francisco since January, 1868. That of small-pox in 1868, of pulmonary disease in 1872-3, (followed by the epizooty in 1873,) of scarlatina in 1873-4, were wide-spread, well marked and unmistakable; while the others might have been and probably were "prevalences" of the diseases mentioned, consequent on the course of the seasons, or local endemic causes, or both combined. Those spoken of by Dr. G. M. P., as having been in progress Jan. 3, and Dec. 16, 1875, would be reasonably ranged under the same head.

SAN FRANCISCO, Feb. 15.

W. N. GRISWOLD.

FAITH IN MEDICINES AND PHYSICIANS.

In the March 1st number is contained an article under the above caption, read by Dr. Parsons, of this state, before the Illinois Homœopathic Medical Association, which takes strong ground in favor of the curative power of faith as opposed to that of drugs.

The paper contains much that is admirable, as the "principle" that "there are very many palliative and curative means that can be used by the intelligent and progressive physician for the cure of disease, save by the administration of remedies," and the proposition that "if we would become perfect in the healing art we should bring to bear not only well-selected remedies, but everything that will be likely to assist in restoring our patients to health." The statement that "the success of a physician does not depend so much upon his ability to prescribe accurately and scientifically, as in his ability to win the con-

fidence of the community in general and of his patients in particular," is unquestionably true if, by that, success in a pecuniary sense alone was intended, but that the true success of the medical practitioner, that of overcoming the various disorders and derangements of the human system which we designate as disease, is usually dependent upon anything else than accurate and scientific prescription is entirely at variance with our most cherished convictions. The Doctor says, "Examine carefully the reports, in the various journals of all schools of medicine, of the cures therein reported of the different diseases, and scarcely a cure is reported with very similar symptoms to other reported cases, wherein the same prescription was made use of, and yet these dissimilar prescriptions for similar symptoms are all claimed to cure, in the majority of cases by the specific action of the drug used," and adds "in my humble opinion the great majority were cured through the influence of faith than by any specific action of the drug made use of." The natural inference from which would appear to be that cases having "similar symptoms" must necessarily be treated by the "same prescription" that a cure may be effected by the "specific action of the remedy;" surely this can hardly be what was intended to be conveyed, since there are so many sets of similar symptoms whose little differences are precisely such as to require divers prescriptions; had the objection been put upon the ground that the same symptoms were treated, and claimed to have been cured, by different prescriptions it might seem to be well taken, but even in that case could it not be reasonably questioned whether, while there was, perhaps, some particular drug whose symptoms most nearly corresponded with those of the cases, there were not others whose pathogeneses were sufficiently similar to enable them to cure by their specific action upon the organs diseased, keeping in mind that these cases occurred in localities and at times more or less remote from each other and were therefore subjected to various climatic and epidemic influences which we are all aware are not to be despised or overlooked in prescribing. It is at least doubtful whether the one drug most applicable to any given case is very often selected by the average practitioner, though one capable from its similarity of producing beneficial results may be generally chosen; and the fact, if it is such, that it is not absolutely requisite always to employ the most perfect simillimum may explain why one physician is "successful in curing diseases by the exclusive use of the new remedies" and another with only the old. And perhaps account too for "the many reported cures by such a variety of means," without reducing us to the humiliating alternative of confessing our art and science to be of so small avail that the majority of our cures are "effected through the influence of faith."

Faith has its sphere of usefulness like many other of its auxiliaries and within its sphere it would be difficult to over-estimate its value; but to give it the credit for the "great majority of cures" is placing it far above its proper rank, and at the expense of far more valuable and efficient remedial agents. In the treatment of dangerous acute disease, among those adult patients of what is known as nervous organ-

ization or temperament, it finds its place and is often of almost inestimable benefit principally by removing or preventing the depression of the vital powers consequent upon its absence (or more properly, perhaps, upon the presence of fear, baneful effects of which we so frequently witness in this class of patients,) and thus permitting our remedies to accomplish, unhindered, their mission of healing; but in the large class of more chronic, and less immediately perilous ailments and in all the diseases of infancy and childhood (probably the majority of our cases) it usually bears no part, and among these we often see cures so rapid and complete by the use of drugs, even in patients entirely devoid of faith, that we can hardly conceive how any amount thereof could have rendered them, as the doctor opines, "much more speedily and satisfactorily accomplished."

A case in illustration may not be out of place: A lady afflicted with dyspepsia of long standing, was persuaded, very much against her wishes, to "try Homœopathy," after having assayed the so-called Allopathic method of treatment without benefit. It will suffice, without entering upon the details of the case, to state that *Nux vom.* 3 and *Ars. alb.* 3 were prescribed alternately, and that happening to observe the label upon the *Arsenicum* bottle, she remarked that it would be of no "use to give her that, she had taken lots of it already," and furthermore, that she had "no faith in the medicines" and had consented to take them only to satisfy her daughter. Her symptoms were very speedily relieved and in less than a fortnight had disappeared, but she still persisted that she "didn't believe the medicine had anything to do with it."

Another was that of a boy about five years of age, the son of a clergyman in New York City, whose family when at home, employed a Homœopathic physician in whom they had so great confidence that his mother said it seemed to her "none of them could die if only he were present," and who had some weeks previously prescribed for the boy, but had not succeeded in arresting the progress of the malady. There existed a severe inflammation of the schneiderian mucous membrane, accompanied with so much swelling as to almost entirely occlude the nostrils, and so great was the inflammatory action that the integuments covering the nose at about the junction of the nasal bones with the cartilage were reddened and sensitive to the touch; while the whole upper and lower lips and chin were completely denuded of cuticle by the copious watery excoriating discharge from the nostrils. *Nitric acid* 2d, 1-10, caused decided improvement within forty-eight hours, and removed the whole difficulty in about ten days, to use the mother's expression, "as if by magic." They soon returned home and a few months later the child was attacked by scarlatina and the old trouble reappeared during convalescence, again proving intractable until his mother applied by mail, for some of the medicine he had taken on the previous occasion when he was once more relieved "in the same magical manner as before."

Cases might be multiplied almost indefinitely, but probably every practitioner of experience can recall many, perhaps better, instances

of the wonderful power of our remedies, not only without assistance from but notwithstanding the entire absence of faith on the part of the patients; and indeed is it not reasonable to suppose that if our great law of cure is in truth a *law* it will operate equally and unvaryingly upon all, without regard to their belief either in our remedies and doses or in the individual prescriber.

To the laws of nature there are no exceptions, as Grauvogl, our great logical champion states it, "only the crude generalizations of insufficient observations have exceptions, for there is no law of nature for ninety-nine cases and an exception for the hundredth." And upon the fact of our fundamental principle, *similia similibus curantur*, being a law of nature is founded our whole system, the matter of small or large doses, high or low potencies, the alternation of remedies and the thousand and one questions constantly arising, are, as it were, in comparison merely side issues, though of great interest and importance and can be finally and definitely settled to the satisfaction of all only by time, experience and experiment. It is gratifying to observe in this connection, that our German confreres, Riga and Grauvogl, are still exercising their great talents and powers of observation in elucidating these problems. It is also pleasing to notice, and gives promise of much for the future, that the articles and discussions in our journals and societies are steadily improving in character and tone, and it is to be regretted that any should allow themselves to indulge in personalities, and even in those of an offensive character in treating of subjects which our self respect, as well as that we owe to the feelings and opinions of our co-laborers, should lead us to discuss with calmness and forbearance in the interest of truth solely and with an eye single to the clearing up of whatever therein is obscure or imperfectly understood. Let us then resolve to make this the centennial year of our republic, an era also in the progress of our science, and casting aside all individual pride and jealousy, let us work manfully and unitedly for the cause of truth and humanity as embodied in our noble profession, striving to emulate that heroic little band of whom alas so few are left to us, who, in face of such overwhelming odds and in spite of such bitter persecutions have triumphantly established our faith upon broad and enduring foundations, that when another century shall have rolled away, our successors may, in turn, look back upon our labors and sacrifices with pride and gratitude, and so be stimulated to continue the good work.

LAWNDALE, Ill.

EPISTAXIS TREATED BY ERGOT.

Dr. G. St. George states (*British Medical Journal*, Jan. 1, 1876.) that he has found the liquid extract of *Ergot*, internally administered, very serviceable where *Liquor ferri chloridi*, plugging, etc., have been tried without avail. He relates three cases illustrative of its efficacy.

Children's Diseases.

TABES MESENTERICA.

BY PHILO G. VALENTINE, A. M., M. D., PROFESSOR OF THEORY AND PRACTICE, ST. LOUIS, MO.

Read before the Western Academy of Homœopathy.

How the heart moves as the little loved ones at home perish under our eyes! How solemn our reveries, when gazing upon the charms of our heart's idols, and contemplating the future joys in store for the opening buds, some subtle enemy stealthily appears upon our thresholds, and, with his wily, seductive voice, sings the "siren song" of death, or poisons the life-blood, and blasts the precious flower! And alas! how constantly are we environed by sorrow and affliction, with death in all its manifold varieties and forms, entering into our homes and destroying the happiness and repose of our household deities! To save our *penates* from the destroying angel is the principal employment of the physician. Nine-tenths of our professional engagements being with and for the benefit of infants and young children, it behooves us to well understand the ills and ailments that appertain to their frail conditions.

The term *tuberculosis* is employed to designate an idiopathic blood-disease and comprehends those varieties known as phthisis pulmonalis, tubercular hydrocephalus, tubercular peritonitis, and *tabes mesenterica*. These are the main divisions of this form of cachexia.

The precise nature of this retrograde metamorphosis in the blood is not well understood, but it is quite evident that there is a diminution of the red corpuscles and an increase of the aqueous element.

TABES MESENTERICA

is a wasting disease, the name embodying both the Latin and Greek, and signifying a "melting away" of the mesentery. That is, the specific product of tuberculosis, known as tubercle, is deposited from the capillaries in the substance of the mesenteric glands, which thereby becomes more or less impaired in their function, according to the obstruction caused in the flow of the chyle through the convoluted lacteals that traverse them. As a consequence, there is defective nutrition or mal-nutrition, varying in degree and kind according to the interference of the lacteal currents running through the mesenteric lymphatics on their way from their origin in the summits of the intestinal villi, to their termination in the receptaculum chyli or thoracic duct.

The changes wrought upon this vital fluid as it passes through the mesenteric glands are very remarkable, and are the subject of profound study at this very time. We know these changes are physical and chemical and vital, and that in them are lodged the power of completing the complicated process of digestion which began in mastication. After traversing the lacteal convolutions resident in the glands, the chyle, having taken upon itself a new and vitalizing force not before possessed, undergoes no farther change, but hastens forward to replenish the blood, pouring its milky contents into the venous stream on its returning course to the heart and lungs for arterialization. It follows then, that this imperfect nutrition, this with-holding of repairs from the wasted tissues, necessarily resultant upon the exercise of the functions of life, must end in degeneration and emaciation, and if continued, disease and death will be the inevitable consequence.

Mesenteric disease usually confines its ravages to infants and young children and is found in all countries and climes, and is as widely disseminated as scrofula or cancer, and out-counting either of them in number of victims. In mediæval times, every child with a *protuberant belly* was thought to be affected with this form of tuberculization. This is now found to be an error, but it is certain that in fatality among tubercular affections, it stands third on the mortuary list, phthisis being *first* and hydrocephalus *second*. To no period of life is this malady exclusively confined, having been discovered in the fœtus of six or seven months, and in advanced age, but it is most common in childhood and between the ages of one and ten years. In Europe, this complaint is more frequent than in this country, though in large cities here it is quite prevalent and ranges high on the list of mortality under the name of marasmus, during the summer and autumn months. In some cases this disease is masked or associated with other forms of the scrofulous diathesis, so much so, as to prevent the diagnosis, till after death. In others, the tubercular diathesis appears to expend its force chiefly upon the mesenteric glands, then the disorder becomes prominent, well defined and unmistakable. It is then, in fact phthisis mesenterica, a division of phthisis abdominalis, and one of the internal forms of scrofula. According to statistics, it affects more boys than girls, and like all varieties of strumous affections prevail most in cold and damp countries, and is almost a stranger in dry and warm climates.

This is a serious disease, and rendered more so by reason of its escaping recognition till far advanced. By many it is considered incurable, and is in truth often very obstinate and slow to respond to the best selected remedy. If one could recognize it in its early stages the cure would be comparatively certain, but it reveals itself by such obscure phenomena and progresses so slowly that months and even years often elapse before the most acute observer shall have discovered its presence. Its general symptoms being similar if not identical with a vast majority of chronic diseases, the localization of its characteristic signs are seen only at an advanced period, and are then often ambiguous, yet, a summary of the dominant symptoms belonging to it will point out sufficiently its individuality.

SYMPTOMS.

Irregularity of appetite, voracious, perverted or absent, with retching, or at least nausea; bowels diarrhœic or the opposite, usually, however, relaxed; discharges variously discolored mucus, clayey, bloody, or chalky in appearance and extremely fœtid. There is abdominal pain, more or less constant, often colicky and severe, and generally increased by pressure. But probably the most prominent symptoms are the swelling and hardened condition of the abdomen, together with the emaciation of other parts of the body, especially the extremities. This tumefaction of the abdomen and wasting away of the tissues and general atrophy is considered characteristic, and is caused, of course, by the obstruction in the chyle ducts continued until an extreme degree of emaciation and debility exists, a mere *bony skeleton* with an enormous protuberant abdomen, eyes deeply sunken and ghostly, and every bone a promontory. Palpation over the enlarged abdomen reveals within, deeply seated, numerous, hard, rounded or knobbed tumors, varying from the size of a pea to a hen's egg or larger, which are the indurated and hypertrophied glands of the mesentery, undergoing the successive stages of tuberculization. When these are found, the diagnosis is unequivocal. They have been known to obstruct by their pressure the pylorus, simulating cancer, and the hepatic ducts simulating calculi. There is ardent thirst, wakefulness and gloominess. The child is silent, taciturn, easily weeping. There is extreme pallor, with purple semi-circle underneath the eyes, sour breath, and all the exhalations, excretions, and dejections are acid, with weakness increasing rapidly. The pulse is always accelerated, and towards evening a hectic flush comes on, and not uncommonly a cough sets in, indicating pulmonary complication, and the patient at length sinks and dies, anæmic and exhausted, after lingering long and suffering much. The hectic, the emaciation, and the pallor, are abundantly accounted for by the presence of the tubercular disease which has almost annihilated the processes of nutrition and assimilation.

Death does not always ensue, however, for occasionally, as in other chronic diseases, nature, by a heroic effort, resumes its sway, and a spontaneous resolution and cure takes place, much to the surprise and delight of physician and friends.

Recoveries have occurred by means of adhesive inflammation to the walls of the abdomen and the suppurating glands discharging externally; others by a similar process have been restored by the escape of pus made into the intestinal canal and evacuated per anum.

The diagnosis of this disease is sometimes difficult as it is liable to be confounded with several strumous affections as well as those obstinate and exhausting diarrhœas following the exanthemata. Its symptoms are quite similar to hydrocephalus, tuberculization of the bronchial glands, and tubercular peritonitis; but fortunately the distinction is unimportant.

CAUSES.

The causes of this dread disease are essentially the same as those of

other strumous maladies. The predisposition necessary to its development may be inherited, or results from the activity of various agencies calculated to impair nutrition and impoverish the blood. Among those causes are the eruptive fevers, the repelling of cutaneous eruptions, and the apparent cure of external scrofula by local appliances. A common cause seems to be an irritation of the intestinal mucous membranes, together with inertia of the liver, thus producing congestion of the whole portal circle, a fruitful source of the alternate diarrhœa and constipation, and the rapid reduction of the tissues as well as strength.

TREATMENT.

The grand desideratum in the treatment of mesenteric disease, is "to improve and fortify the constitution." Nourishing of a bland and unstimulating character must be used, adapted to the child's age and condition.

Beef tea, goat's milk, and ass's milk, with farinaceous preparations are often desirable. Raw meat finely bruised has been employed with marked improvement, children fattening under its use. Hot poultices will relieve pain, and warm clothing, and the flannel bandage should not be neglected. Pure air at the sea-side or in high altitudes, is often indispensable, where new life seems imparted at every inspiration and the blood circulates with renewed activity through the enfeebled frame. In any locality, daily out-door airing will do good. As a rule, cachectic children are not benefited by *cold bathing*, it produces a greater shock than they can bear. But with the auspicious surroundings of pure air, exercise not carried to fatigue, food which can be easily assimilated, together with the administration of the proper medicinal agents, the attenuated frame will loose its shrunken, wrinkled appearance; the "old woman" expression of the face will give way to the softer beauty of childhood, overspread with the rose-tints of health, soon to be followed by the restoration of a bright, blooming, happy child, before threatened with inevitable dissolution.

In regard to the remedies necessary for the successful management of this formidable disease, fortunately there are few whose field of action we need to investigate, and this, if true, ought to be welcome intelligence to any practitioner. Though we have garnered but little from the great arena of nature, and have yet no balm for every ill, no unerring guide to conduct humanity to immortality on earth, we can avail ourselves of that God-given therapeutic law, which is the latest and best discovery yet made in medical science and proven to be no phantom of the imagination. Good European authority limits the treatment to *Sarsaparilla*, *Aloes*, and *Colchicum*, in rotation, all vegetable, continuing each one week, and given three or four times daily. I have found refuge in three other remedies, *all mineral*, viz., *Hydrargyrum*, *Arsenicum*, and *Calcium*.

HYDRARGYRUM.

The quicksilver is characteristic for the jaundiced appearance, the foetid smell from the mouth, evening exacerbation of fever and pain.

the colicy diarrhoea with dark green or bloody stools, smelling sour and corroding the anus. These symptoms obtain in a great number of cases.

ARSENICUM.

The *Arsenicum* for general rapid sinking of strength, excessive debility, out of proportion to the other symptoms, followed by emaciation; insatiable thirst; a fiery burning within, and discharges, irrespective of color, involuntary; diminished memory, vertigo, stupefaction, weariness and melancholly. Patient weeps easily, despairs of life, talks little, has disposition to find fault and complain of everything.

CALCAREA CARBONICA.

My third and chief remedy is *Calcarea carbonica*, which, probably in its crude state is inert except mechanically and chemically, but when raised by trituration and succussion to the 30th or 200th potency it develops curative properties of remarkable character; not alone in tabes mesenterica, but in a vast number of chronic diseases. This remedy is not with me a *dernier ressort* for it is often indicated early in the treatment of the case. I do not favor the withholding the best remedy till the last in any disease, but I do say that, in my judgment, the *Calcarea carbonica* is the sheet-anchor in tabes mesenterica. It covers the following symptoms: Chronic dullness of mind; low spiritedness, forebodings; hair falls off; sweat about the head; face thin, wan and pale, dark areola around the eyes; wrinkled, old-woman face, circumscribed hectic flush in the afternoon, angles of mouth ulcerated, scurfy skin, upper lip swollen, cervical and maxillary glands swollen and hardened. Regurgitation of food, excessive distention of the abdomen and stomach, with the hard knobs within, spoken of as pathognomonic of the complaint, the same being the enlarged glands of the mesentery. There are occasionally stomach spasms, nausea, vomiting and fretfulness. Debility constant and excessive, appetite and thirst capricious, acid exhalations from the person, and all the functions of every emunctory are impaired or perverted. The wonderful emaciation is quite characteristic, the child looking like a "living skeleton," or rather like a dying victim of tuberculization. Always more or less diarrhoea, and the stools usually aqueous, vary from day to day, sometimes frothy then clayey, or yellow, or striated with blood, or white, or undigested, or sour; occasionally there is tenesmus, then again, the stools will be involuntary. It is not necessary that all these symptoms should be present in order to decide in favor of *Calcarea*, but a large number of them will be grouped together in each case of tabes mesenterica. Should the child be teething, or troubled with external scrofula or a cough, the indices are so much the stronger for *Calcarea*. I have cured all I have ever treated, and have added six more to the number this last summer, and *Merc. vivus* 6, trit., and *Arsenicum* 6, trit., and *Calcarea carbonica* 30, dil., did the work for me.

To those of you who live in crowded cities, and your little patients show no signs of improvement, let me say, I always recommend they

be furnished with a supply of *Calcarea* 30 or 200, and sent to the rural districts for rustication; where the mild influences of sunny landscapes pure air, green trees and fields, and balmy breezes will be sure to revive the dormant powers and invigorate the enfeebled constitution. I believe fervently in the "vis medicatrix naturæ," and our feeble endeavors at alleviation and medication, do only assist nature in her constant struggle for self-preservation.

Materia Medica Department.

THE THERAPEUTICS OF ACONITE.

BY PROFESSOR T. S. HOYNE, M. D., CHICAGO.

Read before the Illinois Homœopathic Medical Association.

Aconitum napellus.— Monkshood.

Antidotes.— Stimulants, *Camphor*, and *Nux vomica*.

Duration of Action.— Five or six hours.

Mental Symptoms.— The mental symptoms met by this drug are few in number, but very well marked. Predicts the day he is to die; he is afraid to go out; to go where there is any excitement; his life is rendered miserable by this feeling of fear. Fears death.

CASE I. Mr. S., aged twenty; since a severe fright three years ago, great timidity; afraid to go out unattended after dark; is unable to control his feelings of apprehension and fear. *Acon.* 3, morning and night cured. G. W. Richards.

CASE II. Dr. Bayes relates a case of delirium tremens characterized by acute mania, with terrible imaginings, frightful fancies and constant terror, the patient springing out of bed with great desire to go out of the house. Cured with *Acon.* 1.

Hyperæmia.— For this trouble *Acon.* is indicated when there is constant restlessness, great anxiety and fear of death.

Meningitis.— It may be employed in this affection with decided benefit only in the first stages, afterward other remedies are better indicated.

Cerebro-Spinal Meningitis.— In spotted fever the following symptoms call for its administration: Chilliness; high fever; hot, dry skin; dilatation of the pupils; restlessness, and great thirst. It is often sufficient to entirely cure the patient "by averting the morbid processes before they have reached the stage of plastic effusion."

Apoplexy.— Sanguineous apoplexy occurring after a great fright, with heat of the head, throbbing carotids, full and hard pulse, dry and hot skin requires *Acon.* for its cure.

Vertigo.—Various forms of vertigo are quickly relieved by this medicinal agent, viz: "Vertigo when shaking or turning the head;" "vertigo on entering a warm room;" "if the patient sits up in bed he immediately falls over in consequence of vertigo, and is afraid to rise again lest the same trouble should recur."

Headache.—*Acon.* proves curative in headaches characterized by stinging, beating pains in the forehead and temples, and aggravated by drinking and talking; often there is a sensation as if the whole of the brain would start out at the forehead.

Blepharitis.—Inflammation of the eyelids when the result of exposure to cold west or north-west winds, especially if the lids are swollen red and hard, and there is a mucus discharge from the eyes and nose, requires *Acon.*

Conjunctivitis.—Also conjunctivitis from the same cause or from foreign bodies having entered the eye.

Dr. Payr says, in treating acute catarrh of the conjunctiva, simple dry warmth without remedies will often cure mild cases if smoke, dust, sharp air, candle light, beer or wine are avoided. If the patients are restless, give *Acon.* before sleeping; also *Acon.* every two or three hours in serous infiltration of the conjunctiva. For blennorrhœa of the conjunctiva, warm dry compresses and *Acon.* In acute croupous blennorrhœa of conjunctiva, clean with cold water, bandage even, keep in bed; diet of light soup and toast; dry, cold applications. In first congestive stage, *Acon.* 2. For traumatic conjunctivitis, *Acon.* is the best remedy.

Trichiasis entropium.—Dr. Baelz advises the external application of *Acon.* for the cure of these affections.

Ophthalmia neonatorum.—Ophthalmia of new-born children is well met by *Acon.* when there is redness of the eye; restlessness; dry, hot skin and thirst.

Purulent Ophthalmia.—In purulent ophthalmia of infants Dr. Leadam advises *Acon.* 30 every three hours. He also advises that the eyes should be sponged frequently with very warm water. In fact, cold water is seldom beneficial in the treatment of diseases of the eye.

Ulcers.—Dr. Geo. S. Norton recommends *Acon.* for ulcers of the cornea from traumatic causes.

Amblyopia amaurotica.—CASE III. Dr. Hayden cured a case of amblyopia amaurotica with stitch pain in the eyebrow, of nine month's standing, with *Acon.* 30 (evening,) and *Bell.* 30 (morning,) within nine days.

Chorioiditis serosa.—Dr. Payr employs *Acon.* for chorioiditis serosa, exudativa, suppurativa and sarcomativa, in men of lively character and sanguine or bilious-nervous constitution.

CASES IV. AND V. Dr. Hirsch reports two cases of total blindness, produced suddenly by taking cold, cured with *Acon.* 3, in water, every half hour.

Otitis.—In affections of the ear *Acon.* is only of service in acute otitis with maddening pain. Here it is often superior to *Puls.* or *Cham.*

Nasal catarrh.—In acute inflammation of one side of the nasal

mucous membrane, a condition sometimes confounded with neuralgia, when there is intense pain in the frontal sinuses and in the antrum, the pain being aggravated by stooping the head or lying down *Acon.* is of immediate service. We employ it in the commencement of nasal catarrh when the affection is occasioned by dry, cold west or north-west winds; with tickling in the nose; pressure at the root of the nose; persistent, violent sneezing; dull headache, especially in the forehead; redness, burning, and watering of the eyes; photophobia; chilliness from motion; fever; thirst; restlessness; hoarseness; heaviness in the limbs.

Epistaxis.—Epistaxis in nursing babies, if there be febrile irritation, in plethoric persons, or in young persons at the age of puberty, is usually quickly arrested by this drug.

Influenza.—Dr. Greenleaf reports that in an epidemic of influenza the following symptoms were present and were relieved by *Acon.* 3 followed by *Allium* 3: Chill followed by heat; sometimes intense pain in the occipital and cervical spine; headache over eyes and in occiput; profuse lachrymation and nasal discharge; soreness and dryness of the throat; sometimes cough dry and racking.

Facial Neuralgia.—In this painful affection the remedy under consideration affords speedy relief if the pain is mostly on the left side; the cheeks are red and hot; the pain almost drives him crazy, he tosses about on the bed or floor, screaming.

Toothache.—*Acon.* cures toothache after a cold produced by exposure to cold west or easterly winds, with determination of blood to the head, burning in the face, and frequent hard pulse. The patient is almost frantic with the pain, and there is great agitation of body and mind. It is particularly suitable for children, especially when *Coffea* has failed to relieve. It is efficacious also for throbbing toothache confined to one side and occupying the lower jaw, with redness of the cheek.

In stricture of the œsophagus, from spasm, *Acon.* is serviceable when there is present a "violent pain in the middle of the chest through into the back, worse from motion; when swallowing it feels as though the food stayed lodged in the region of the heart; lying on the back is impossible."

Laryngitis.—We employ it in laryngo-tracheitis of children during its early stage, especially if brought on by exposure to cold west wind, also in adults with the following symptoms: "Fit of coughing after midnight, lasting nearly half an hour, from tickling in the larynx, causing pain in the larynx; the larynx is sensitive to the inhaled air as though denuded of the protecting membrane; roughness of the throat and hoarseness; the skin is hot and dry, the face red and hot; the pulse frequent and hard; light and noise are unbearable; the breathing through the nose during sleep is often interrupted, or is noisy and loud with open mouth; sensation of dryness in the trachea and hoarse cough, obliging him to sit up, with continual sensation of suffocation as though the windpipe were being constricted; the cough is mostly dry, only seldom yielding a frothy, thin, or gelatinous expectoration

and sometimes traces of bright red blood; cough better when lying on the back, worse when lying on the sides; drinking cold water, and tobacco smoke excite the cough."

Croup.—More persons have been converted to Homœopathy by the speedy cure of croup with *Acon.* than in any other way. It is indicated in this affection when there is high fever, dry skin, restlessness, cough, and loud breathing during expiration (not during inspiration); every expiration ends with a hoarse, hacking cough; the child is in agony, impatient, throws itself about. The attack comes on in the evening after exposure to dry west winds.

CASE VI. A child three years old; severe croup; at the point of suffocating. *Acon.* 1, one drop in a glass half full of water, a teaspoonful every quarter of an hour. After a few doses profuse perspiration broke out and the child was saved. Dr. A. Crica.

CASE VII. A fat healthy child, aged two years, was taken suddenly with croup after an exposure to a dry, cold, west wind. Face and skin burning hot; wants to drink constantly; agonized expression; constant restlessness; aggravation after sleeping. *Acon.* 200, two doses half an hour apart cured. Hoynes.

CASE VIII. Mrs. G., aged seventy-three, suffering from an attack of spasmodic croup, with all the frightful symptoms which occur in children; the hoarse crowing cough, whistling breathing, great anxiety, etc., though not much fever. *Acon.* 30 in solution cured her. She had been suffering about a year with constant pain in limbs, back, and head, of greater or less severity, the consequence of an attack of apoplexy, which disappeared entirely after the attack of croup.

Bronchial catarrh.—Another affection in which this remedy is rapidly curative is catarrh implicating the larynx and bronchia. The prominent symptoms are, "burning, feverish heat, with full, inflammatory pulse; hoarse, rough voice; painful sensibility of the part affected, with aggravation of the pain when taking an inspiration; short and dry cough, with constant inducement to cough, arising from tickling in larynx or in bronchia; shootings in the chest when coughing or taking an inspiration;" cough more hollow and violent at night; shorter and more panting during the day; thirst, sleeplessness; burning pain in the head; redness of face and eyes; slight expectoration of whitish mucus.

Bronchitis.—In bronchitis *Acon.* gives great relief during the inflammatory stage, when there is high fever, dry skin, and restlessness.

Meyhoffer advises it in dry bronchial catarrh. "The dry, spasmodic, extremely tormenting cough, and distressing dyspnoea experience often within a few hours a favorable turn; the cough grows looser and more rare; expectoration easier; breathing freer, and before many days have elapsed the patient recovers his relative health. *Acon.* displays its beneficial influence, also, in those long fits of dry morning and evening coughs, so trying to the patient from their everyday recurrence."

Asthma.—Asthma occurring in dark-haired plethoric persons who lead a sedentary life, where the attack follows the suppression of an

acute rash, or is aggravated in the spring, or after talking, requires *Acon.* for its cure. Particularly is it useful when the patient is anxious, irritable and peevish; can talk but little at a time; is averse to motion and complains of a band around his chest; the pulse is small, irregular, or intermittent; the tongue coated; the eyes staring; the respiration oppressed; the muscles of the chest rigid; the face red; the forehead bathed in perspiration, and the urine scanty and dark. After the paroxysm the expectoration is blood-streaked or yellow.

Whooping Cough.— This drug has been used successfully in whooping cough — catarrhal stage — when there was considerable fever.

Pneumonitis.— *Acon.* is almost a specific for the first stage of pneumonia, and if given during this stage will abort the disease. It should be remembered, however, that the first stage lasts but a few hours usually and the patient is generally in the second stage when we see him. Special indications are: Left lung involved; pains sharp and stitching about the nipple on breathing or coughing; skin hot and dry; cough short and dry; expectoration difficult and of a dark cherry-red color; patient lies on the back.

CASE IX. Mrs. S., aged forty-two, has had pneumonia twice. This afternoon, (March 4, 1870,) says she has all the signs of commencing pneumonia; sharp pain about the left nipple; short, dry cough; rusty expectoration raised with difficulty; has been sick over an hour. *Acon.* 200. Two doses were given and recovery followed in a few hours. Hoyme.

CASE X. John, aged twenty-six, took cold to-day and sent for me at 2 P. M. Says he felt well until noon when he had a slight chill, soon followed by a short, dry cough, and very sharp cutting pains about the nipple on breathing and coughing; the expectoration is scanty, but of a reddish color; has quite a high fever and excessive thirst. *Acon.* 200 was given every two hours, and the next morning he went to work as usual. Hoyme.

CASE XI. Pneumonia, with short, quick, panting respiration; immobility of the walls of the chest, respiration being performed only by the diaphragm; dullness of the chest on percussion; severe chill; small rapid pulse; restlessness, and anxiety. *Acon.* gave speedy relief. Afterward other remedies were given as they appeared indicated, and a good cure in two weeks was made in spite of the fact an abortion occurred as a complication. Dr. Swift.

Pleuritis.— We occasionally employ this remedy in pleurisy, when there is high fever; hot, dry skin; great thirst; accelerated pulse; dry, hacking, suppressed cough; stitching pain in the chest; anxious restlessness, and inability to lie on the right side. Some one adds to this, "absence of any dyscrasia."

CASE XII. Pleurisy from sitting at an open window. Stitches at the right side of the chest, through the lungs in different directions, causing her to cry out; the least motion causes much pain; breathing short and rapid; restlessness, although the movement of her body increases the pain. One dose of *Acon.* 50,000, dry, on the tongue, relieved the pain for a few hours, when it returned in all its force. Six

pellets of the same preparation, dissolved in water, acted better; after the first teaspoonful she fell asleep, awoke in a profuse, warm perspiration and by next morning felt entirely relieved. Dr. Lippe.

Coughs in General.—Dr. Hirshel says *Acon.* is useful in the primary stage of catarrhs and inflammatory states of the respiratory organs, especially when fever is present. In that stage it suits a loose as well as a dry cough. In chronic cough for intercurrent acute aggravations—cough with expectoration of blood.

Tuberculosis.—Many physicians mix *Acon.* 3. and *Dros.* 3. in the same bottle and administer it in bad cases of tuberculosis (pulmonary). It is true that often the mixture gives relief, but such practice is not to be commended, as the relief is due either to the *Acon.* or *Dros.* and the superfluous medicine is capable of doing harm.

Pericarditis.—Dr. Raue gives the following indications for the use of this drug in pericarditis: Chill at the commencement followed by fever heat; stitching pain in the region of the heart; impossibility of lying on the right side; great restlessness; frequent sighing and taking a deep breath; feeling of fullness in the chest; dyspnoea; fainting.

In *rheumatic endocarditis*, we may expect to derive benefit from the early employment of this medicinal agent, when there are sharp shootings in the region of the heart, and full, hard quick pulse.

Palpitation of the heart, unconnected with organic disease of that organ, especially in young people about the age of puberty, requires *Acon.* for its relief, if it is the result of fright, or stimulating drinks.

Diaphragmitis.—In that rare affection, diaphragmitis, it may be called for, especially at the commencement, if we find high fever; hot skin; great thirst; anxiety; restlessness; short and anxious breathing; dry, hard cough, which the patient tries to suppress; pain and heat in the upper part of the abdomen, with sensitiveness to pressure.

"In that pain in the left hypochondrium, occurring in young women and girls," so often a troublesome ailment under Allopathic care, says Dr. Bayes, *Acon.* 12, in three globule doses, two or three times a day, is of the greatest service. This pain arises from some irregularity in the action of the circulation in the uterus and its appendages, and is the result of vicarious congestion, which by some hidden law of the female constitution always affects their left side. It may occur anywhere between the left side of the vertex and the sole of the left foot, but usually it is in the hypochondrium. Nine times out of ten the patient comes to have her heart examined, not unnaturally thinking that this pulsation and pain must indicate heart disease. The next most frequent centre of this pain is just within the crest of the left ileum. In young girls and young women of sanguine temperament this pain is usually cured by *Acon.* and far more usually by the 12th, dilution. In some cases however *Puls.* and in others *Cimicif.* are more strongly indicated.

Gastritis.—*Acon.* will always prove beneficial in gastritis the result of taking cold, when we have high fever; dry, hot skin; great thirst, with vomiting after drinking; anxiety; fear of death; and burning

and pressing pain in the pit of the stomach. Also for the hæmorrhage which sometimes occurs in the course of this disease, with the above symptoms; or hæmorrhage from the stomach during the desquamative stage of scarlet fever, with excruciating pains in the stomach, anguish with fear of death, and cold sweat on the forehead.

Diarrhœa.— We use this drug for diarrhœas from checked perspiration or taking cold, after getting wet or over heated, when the stools are frequent, watery, scanty, and of a white, black or green color. The urine is high-colored. High fever and griping pains are often present.

CASE XIII. Child aged fifteen months, August 29, yellowish-green motions; a little griping before them; slight tenesmus; flushed; dry heat; thirst; restless; cutting teeth. *Acon.* 200, two doses in two hours. August 30, nearly well, became quite well a day after without other medicine. R. M. Theobald.

Dysentery.— *Aconite* is of service also in dysentery brought on by the same causes, and accompanied by high fever; intense pain in the bowels; anxiety; restlessness; full, quick pulse; hot, dry skin; excessive thirst; bloody stools, and more or less tenesmus.

CASE XIV. A., aged forty-eight, has great febrile excitement, with thirst; stools every half hour consisting mostly of blood and followed by tenesmus. He is very restless and anxious, fears he may not get well. *Aconite* 30 after every discharge. Cured. Hoyne.

In the summer complaint of children, we sometimes find *Aconite* beneficial, particularly when "wind and water comes from the anus at one blast," there seems to be much stool when there is but little; stools like chopped spinach, aggravated at midnight and after 9 A. M.

Cholera.— Ordinarily this drug is not called for in true Asiatic cholera although it is occasionally indicated.

CASES XV AND XVI. Dr. Bayes reports two cases cured with the tincture of *Aconite* root. They were in a state of collapse. "One had thirst, restlessness, coldness externally, yet feeling of burning heat; vomiting and purging of green watery fluid. The other had the same feeling of heat in the whole system demanding the removal of all covering; cold, clammy sweat. A sense of positive coldness to the hand of the spectator, but to the patient a sensation of burning; excessive thirst yet could retain nothing in the stomach." The characteristic symptoms should decide when the remedy is to be used in this as in other affections.

Hæmorrhoids.— Dr. Raue gives *Aconite* for bleeding piles with "stinging and pressure in the anus; abdomen feels full with tensive pressure and colicky pains, bruised feeling in the back and sacrum."

Colic.— Due to suddenly checked perspiration, or following exposure to sharp north west wind is speedily relieved by this drug, if the patient is anxious, restless and has intolerable cutting pains in the bowels almost driving him mad, the abdomen is very sensitive to the slightest pressure. So also is bilious colic if attended with high fever and caused by taking cold.

Worms.— Commonly we find *Cina* our most useful remedy for what is termed worm fever; in a few instances however I have found *Aconite*

beneficial, especially when there was high fever, great thirst, excessive restlessness, bloated and hard abdomen, itching and tingling at anus.

In Peritonitis.—The action of this remedy is seen to better advantage perhaps than in any other affection. It is remarkable how soon the inflammatory symptoms subside after a few doses, even of the 200th potency. The vomiting, meteorism, and inability to make water soon disappear under its influence. If the patient is not seen during the high inflammatory fever, *Ars.*, *Bell.* or *Bry.*, is better suited to the case.

Hepatic affections.—Dr. H. V. Miller gives the following indications for its employment in hepatic affections. Black stools; high fever; dry heat; great thirst; restlessness, anxiety, moaning; plethora; sanguine temperament, lively character, brown or black hair, and highly colored complexion; aggravation of symptoms from midnight to 3 A. M., and from 9 A. M., to noon.

Acute Yellow Atrophy of Liver.—*Acon.* has been recommended in acute yellow atrophy of the liver, but with what success I am unable to say.

In acute congestions of the liver and in jaundice, however the result of fright, its curative power is well known. Also affections of the liver during pregnancy, and in new born children, with alternating constipation and diarrhoea, high fever and excessive thirst.

Bright's Disease.—This medical agent gives great relief in acute Bright's disease of the kidneys when there is high fever, restlessness, desire to urinate with great fear, anxiety and distress and difficult and scanty emission of urine.

Nephritis.—CASE XVII. Dr. Baethig cured a case of inflammation of the kidneys in two days with *Acon.* 30. The main symptoms were, great stinging and pressing pain in the region of both kidneys had prevented sleep for many nights and was worse during daytime; urine scanty and hot, but without color and unusual odor; walking was somewhat impeded.

Cystitis.—You will find *Acon.* curative in acute cystitis brought on by exposure to cold dry winds, and accompanied by high fever, hot, dry skin, quick hard pulse, restlessness, burning urine of a reddish color and excessive thirst. Micturition is very painful, difficult, and often the urine is passed drop by drop. Children place their hands on the genitals and cry out with the pain.

Pericystitis.—Dr. Cooper thinks it the remedy in pericystitis.

Spasm of the bladder, the result of a cold, exposure to damp air, suppression of perspiration or when it is a symptom of hysteria is speedily relieved by this drug.

Gonorrhœa.—Many physicians think this remedy is always to be employed in the first stage of gonorrhœa, and it is true that the inflammatory symptoms are usually quickly subdued by it, and especially is this true in gonorrhœa of the female accompanied with great heat and scalding in making water. Hæmorrhage from the urethra in gonorrhœal affections requires *Acon.* when there is strong inflammation with hot dry skin and thirst, the penis being very hot and tense.

Prostatitis.—It may be employed also in inflammation of Cowper's

glands and in prostatitis, "when there is hot, dry skin, full bounding pulse, thirst, great restlessness, with burning and tenesmus at the neck of the bladder, with painful anxious urging to urinate, the urine being very dark, acid and frequently depositing a red sediment."

In stricture of the uretha, with inflammatory fever *Acon.* is useful when there is constant urging to urinate without being able to pass a drop. In the early treatment of venereal rheumatism, this drug is often indispensable where there is high fever, dry hot skin, thirst etc.

Chancre.—As an intercurrent remedy in the treatment of chancre, "*Acon.* is necessary when there is violent inflammation of the penis, following the exhibition of *Mercury*."

Retention of urine from cold, particularly in children with much crying and restlessness, demands this drug for its relief, also retention of urine with stitches in the kidneys, pressure in the bladder and pains in the loins, especially if there is heat in the neck of the bladder, continual urging to urinate, and febrile action.

Incontinence of urine also, is well met by this agent when the result of fright or cold, or in hysterical females, the urine being pale and watery.

Hæmaturia.—It is beneficial in hæmaturia when the patient is of a plethoric habit, or when the disease has arisen from external violence. Among the diseases of women for which *Aconite* is useful I shall mention :

1. *Ovaritis* when the result of exposure to cold winds, or a sudden fright during the menstrual flow checking it, accompanied with congestive headache, backache, colic, fever, thirst, anxiety and constant restlessness.

2. *Metritis* with similar symptoms.

3. *Amenorrhœa* with congestion of blood to the head, epistaxis, palpitation of the heart, anxiety and great restlessness.

4. *Dysmenorrhœa* with labor-like pains in the uterus, obliging one to bend double, but without relief; congestive headache; intense pain in the back; anxiety and restlessness. In the above affections it suits plethoric persons better than anæmic, persons of sedentary habits better than those of active habits. Dr. S. R. Beckwith says *Aconite* 30 and *Arnica* 30, prevents or controls severe inflammation following the operation of ovariectomy.

Asphyxia.—Dr. E. A. Farrington in asphyxia neonatorum advises *Aconite* if the child is hot, purple, pulseless, breathless as if apoplectic.

Puerperal peritonitis.—Dr. J. L. Newton reports the following case of puerperal peritonitis :

CASE XVIII. Laying with the knees drawn up; pained, anxious countenance; face red; eyes congested; skin hot and dry; pulse 100, hard; tongue white and coated; shrieks aloud on account of burning pain over the whole abdomen; pressure upon it insupportable; has had rigors and vomiting; fear of death. *Aconite* 30, in water, teaspoonful every hour; hot bran poultice to abdomen. Next day much better, but cannot bear poultice; diarrhœa and colic have come on. Prescribed *Coloc* 30. Recovery in a few days.

Meningitis spinalis.—Raué advises *Aconite* in meningitis spinalis after a sudden check of perspiration, or an internal injury, with high fever; crawling in the spine as of beetles; numbness, coldness and insensibility of the hands and feet. Dr. Maylander recommends this remedy in osteo-myelitis in the hip joint.

Rheumatism can be rapidly cured with this remedy when there are high fever; hot, dry skin; hard pulse; great thirst; anxiety; restlessness; scanty red urine; constipation and palpitation of the heart.

CASE XIX. B., aged forty-five, since sixteen weeks rheumatism across his hips and back, pains worse at night. *Aconite* 1, three times a day cured in a fortnight.

Acon. is often of service in white swelling of the knee, due to exposure to cold weather; or scrubbing in cold weather.

Tetanus.—CASES XX AND XXI. Dr. Wanderlich relates two cases of tetanus, one traumatic and the other idiopathic, cured by large doses of *Acon.* tincture. The indications in this affection are: Face constantly changing from red to white and back again; distorted eyes; anxious expression.

Convulsions.—This drug is frequently beneficial in convulsions of children, from taking cold, from irritation of seat worms, from fright and from teething accompanied with dry hot skin, high fever, thirst, anxiety and restlessness.

Paralysis.—Speaking of paralysis Dr. R. Hughes says *Acon.* is useful for simple anæsthesia without true paralysis.

In intermittent fever, this remedy is not often called for, however when we meet with a recent case in a young plethoric person with full, hard and frequent pulse, and great anguish during the heat we will succeed with it, particularly if the three stages are well marked. In other cases it shortens and controls the febrile paroxysm.

Yellow fever.—Dr. Taft uses *Acon.* in yellow fever, first stage, for burning heat and dry skin; full hard quick pulse, great restlessness and anxiety; delirium at night; dizziness on rising; pain in the forehead and temples; face red; eyes injected, sensitive to light; lips and mouth dry; great thirst; nausea and vomiting; heat in the stomach; short anxious respiration; pain in the back and extremities; great debility.

In measles, *Acon.* is usually indicated for the first stage, which consists of high fever, etc., catarrhal irritation from the eyes down into the bronchial tubes; disturbed sleep with much groaning and jerking; diarrhœa.

In scarlet fever this drug is scarcely ever indicated for the symptoms, usually, are more characteristic of *Bell.* Once in a great while, however, we meet with a case with the characteristic symptoms of *Aconite*.

Purpura hæmorrhagica.—CASE XXII. The following case of purpura hæmorrhagica was reported by Dr. W. C. Doane: There was oozing of blood from the skin, as though it were coming from a sponge, and light-colored blood was discharged from the mouth, bladder, etc. The pulse was 35. *Acon.* and *Hamamelis* were given and in about a week the patient was well.

Medico-Legal Department.

MEDICAL LEGISLATION FOR ILLINOIS.

EDITOR INVESTIGATOR: As much has been done and said, principally in other states, however, upon this subject, I am anxious to place my views before the profession, and urge that some action be taken to have them carried out, in some measure at least. As some preliminary propositions seem necessary to be agreed upon, before the necessity of such a law as I advocate will be apparent, I state the nine following, to me, self-evident truths:

First. All practitioners of medicine should either be as well versed in all departments of medicine, as they are known to the most progressive men at the time, or else there should be some way provided, that the public may be able to know, to what extent they are capable, and where said capability terminates.

Second. Under the present system the people knowing absolutely nothing of medical matters, are nevertheless entrusted with the judgement of the qualifications of medical men, and it is therefore not to be considered strange, if that judgement is more often wrong, than right; and in consequence, is not the inducement for the majority of medical men to become thoroughly posted in their profession materially weakened?

Third. Medical men should understand thoroughly all branches of the science as stated specifically, in what department they are qualified.

Fourth. The possession of a diploma is no prima facie evidence of thorough qualifications on the part of its possessor.

Fifth. The standard cannot be too highly elevated because it will then be reduced to a question of the "survival of the fittest," and those who cannot come up to it, should be obliged to abandon a profession for which they would be sure to have no capacity. This would seem the only way to check the enormous yearly production of medical men in this country, the great majority of whom are grossly ignorant of many of the most important departments of medicine.

Sixth. There should also be a way provided that would compel medical men to keep abreast of the times, and not to consider their medical education completed upon their graduation.

Seventh. When in any other department, the public, from lack of power or knowledge, is unable to protect itself, the government gen-

erally takes it in hand and furnishes them that protection. Why not in medicine ?

Eighth. Most persons would indignantly resent the imputation of preferring to employ the least competent medical men because they usually believe their man to be the most competent; their judgment being based upon ignorance however, cannot be considered at all reliable.

Ninth. A plan which would enable every one easily and impartially, to decide as to the qualifications of a given number of medical men in any place, and then give them the liberty of selecting the least competent if they choose, would seem to be of advantage, and could not well be objected to as an infringement of the liberties of any, but of quacks and imposters.

I would accordingly suggest that a committee be appointed by the Illinois State Homœopathic Medical Society to wait upon the Allopathic Medical Society of the state and see if an amicable arrangement cannot be entered into upon this subject, so some judicious legislation may be successful in the next general assembly. Allow me to suggest the following programme; a state board of seven members to be organized, four of these to belong to the Allopathic, two to the Homœopathic, and one to the Eclectic school. These men to be appointed by the governor by and with the advice of the several medical societies of these schools, and to be selected for their learning and integrity. Each member to take a solemn oath that he will be governed in his decisions solely by the medical attainments of the candidates, irrespective of peculiar views upon materia medica or therapeutics, unless said views are outrageously at variance with all schools represented in the board. No man to be permitted to practice medicine in the state under heavy fines and penalties, not possessing a license to practice from this board. Physicians to be graded just as school teachers, into first, second and third class, and a special list of branches with which men must be familiar in order to secure each certificate. These certificates to be publicly exhibited in the offices of the practitioners. In order to obtain a first class certificate the candidate to show a familiarity with, anatomy, physiology, hygiene, chemistry, surgery, obstetrics, pathology and diagnosis, a certain knowledge to be determined upon, of, materia medica and toxicology, medical jurisprudence, histology, diseases of the brain and nervous system, diseases of the eye and ear, and diseases of larynx, and use of the laryngoscope. A division to be made hereafter, establishing the curriculum of the second and third grades.

Then make each physician be examined every ten years. Upon such a basis as this I see no reason why all schools could not unite, and the result could hardly fail to be elevating in the highest degree to the medical profession in this state. There would then always be a demand for physicians of the requisite attainments to procure a first class certificate, while the higher honor connected therewith, would be a constant inducement for those holding only second or third class

certificates, to increase their knowledge in order to obtain a first class one.

Hoping the society will take some action in the premises and make a proposition to the other schools inviting their co-operation.

PEKIN, Ill.

S. J. BUMSTEAD.

HOMŒOPATHY VS. ALLOPATHY IN THE STATE OF MICHIGAN.

A LETTER FROM DR. J. B. TUTTLE, LATE PHYSICIAN TO THE STATE PRISON AT JACKSON, MICHIGAN.

In October, 1859, the authorities of the Michigan state prison, taking the lead of all similar institutions in the United States, first adopted the Homœopathic treatment in the prison hospital. Thinking it may be useful and interesting to the profession and the public, to know something of its success during the years in which I was in charge, I will give a summary of the comparative results, which are to be found recorded in the Annual Prison Reports.

Taking then first, the facts for three years under each medical system, we have the following result :

	Average No. of Convicts per Annum.	Total No. of Deaths.	Total No. of days labor lost.	Total cost of hospital stores.
Under Allopathic treatment in 1857, 1858 and 1859	435	39	23,000	\$1,678
Under Homœopathic treatment in 1860, 1861 and 1862	545	20	10,000	\$500

This improvement was obtained, notwithstanding I had to contend during the years 1861-2 with epidemics of small-pox, of which there were thirty-two cases ; of measles, of which there were thirty cases ; and of cholera, of which there were forty-four cases. Many of these latter were of a very severe type, but all were successfully treated and speedily cured by infinitesimal doses, and without any resort to any kind of "heroic medication."

And here I may remark that the success of the Homœopathic treatment was so great, that many of its opponents attempted to account for it in other than the right and legitimate way. They affirmed that the good health of the inmates of the prison was owing entirely to the abundant supply of pure artesian water which had been introduced a short time previous to my appointment. But they failed to see that the water lost its efficacy soon after Homœopathic practice was abandoned, and that it did not regain its virtues until that system was again adopted in 1872 ; all of which may be seen by referring to the Prison Reports for the next ten years, when Allopathy was "in" and Homœopathy was "out."

Taking another and later comparison, we find that, in round numbers :

	Days labor lost by sickness.	Cost of hospital stores.
Under Allopathic treatment in 1870 and 1871.....	24,000	\$1,800
Under Homœopathic treatment in 1873 and 1874.....	11,000	\$900

While the average number of convicts during the last two years was greater than ever before in the history of the prison.

I have omitted the year 1872, because my attendance began in the middle of the year, and I wished to compare only full years.

Thus it will be clearly seen that Homœopathy is far in advance of the ordinary method of practice in saving life, in abbreviating suffering or in diminishing expense.

The people of Michigan, in looking over these facts as contained in the Prison reports, cannot fail to perceive the great advantage of the new practice ; and yet it is well known, that, in obedience to partisan prejudice and political pressure, an Allopathic physician has lately been placed over these unfortunates, who costs the tax-payers of the state larger sums of money, and who keep the the prisoners upon beds of sickness many days in the year when they ought to be at work. And thus, in spite of demonstrated facts, this institution is managed without due regard to the best interests of the state, in either an economical or humanitarian point of view.

All of which is respectfully submitted.

JACKSON, Mich., February, 1876.

J. B. TUTTLE.

Gynæcological Department.

OVULAR MENSTRUATION.

BY J. H. MCFARLAND, M. D., HENDERSON, KENTUCKY.

Read before the Western Academy of Homœopathy, Oct. 5, 1875.

Perhaps no question has excited so much controversy and speculation, or such earnest desire and constant inquiry after truth, as what could be the cause of menstruation in women. The ancients had many superstitious notions in regard to it. The wonderful periodicity and regularity of their recurrence once in each lunar month, led to a general conviction, that, like the tides of the ocean, their return was governed by the moon.

Other hypotheses have been advanced and found favor, more, perhaps from the acknowledged ability of their authors, than from any merit which they possess.

SEAT OF THE MENSTRUAL DISCHARGE.

I may be permitted the remark, that but little diversity of opinion at this time exists in regard to the seat of the hæmorrhage. It is true some facts have been adduced in order to prove that, in some cases, the menstrual blood proceeds from the vagina, but it is conceded that the greater number of these observations have been either badly made or wrongly interpreted. The possibility of exudations of blood from the walls of the vagina is not denied, but, it is said, that, if they present the periodicity of the menses, they can be regarded in no other light, than as a misplacement of the afflux.

Cazeaux, an authority almost universally recognized, page 96, says, "There can be no doubt that the chief source of this hæmorrhage is the superficial vascular net-work of the mucous membrane; (of the uterus) and in woman who have died at this period (menstrual) the blood may be seen to transude through microscopic fissures." Again, page 107, he says, "What we have already said, whilst describing the changes in the uterine mucous membrane, during the ovarian evolution; leaves no doubt as to the source of the menstrual fluid. It exudes manifestly through microscopic fissures on the internal surface of the mucous membrane of the uterus. This fact, which is placed beyond a doubt by numerous autopsies of women who died during menstruation, had been already proved by the accumulation of blood in the cavity of the womb, where the neck was imperforate, and by the touch, and the speculum, whereby it has been both felt and seen to flow from the orifice of the uterus." Again, page 109, he says, "It is very difficult to say whether the blood is furnished by the arteries or veins, or by both together. In all probability, the blood exudes through the walls of the very delicate ramusculi which form the vascular network of the innermost layers of the uterine mucous membrane. The walls of the capillaries are ruptured and through this solution of continuity the blood escapes." * * * I might quote other authorities identical with the above, but, it would be only a repetition of a recognized physiological fact. (?)

When we consider, the acknowledged ability, and scientific attainments possessed by the advocates of uterine menstruation, the indefatigable research, large experience and ample opportunities for observation, it would be thought little short of insanity to doubt the correctness of their conclusions.

MENSTRUATION NOT A PHYSIOLOGICAL FUNCTION OF THE UTERUS.

It is then with great diffidence we take issue with such an array of talent, but nature must be true to itself. Although we do not deny that at certain stated periods, the erectile tissue of the uterus is somewhat distended manifestly with blood, still, that there is any exudation of blood or rupture of capillaries on the internal surface of the uterus at the *catamenial period*, or any other, we do most emphatically deny; except only, as a pathological condition, incident to disease.

Frequently we see cases of amenorrhœa in which hæmatomeses, hæmoptysis, hæmaturia, epistaxis or hæmorrhage from the bowels is a

very prominent symptom at every menstrual crisis. Yet no one would have the hardihood to say that either of these hæmorrhages, were in a physiological sense normal or purely functional! most assuredly not; but from such indications, you diagnose *vicarious menstruation*; a diseased condition, which if not promptly relieved, surely leads to more serious evils, perhaps disorganization and death. And when these hæmorrhages do prove fatal, as sometimes happens in spite of all remedial aid, there is usually found on dissection, a slight extravasation of blood, and more or less of an inflammatory appearance at the ruptured part. In fact the usual evidences of a lesion.

Now permit me in the spirit of inquiry, to ask; can the capillaries of any of the mucous surfaces in the human economy, be ruptured, and discharge from two to six ounces of blood, once in every month for the space of thirty or forty years, as the female uterus is forced to do, and still leave no trace of a lesion? A lesion it must be! That the menstrual blood, "exudes through microscopic fissures on the internal surface of the mucous membrane of the uterus." or that, "the walls of the capillaries are ruptured and through this solution of continuity the blood escapes," and not develop a pathological condition easily detected, is manifestly not in strict accordance with our advanced knowledge of morbid anatomy.

That menstruation is not a physiological function of the uterus, is proved by other facts, patent to the most careless observer.

A FALSE MEMBRANE IS NOT FORMED AND THROWN OFF.

Cazeaux page 110 says, "Those physiologists were mistaken, who supposed that at every menstrual period a free secretion took place upon the internal surface of the uterus and gave rise to a false membrane. Nothing of the kind has ever been proved by anatomical investigation; for the internal surface of the uterus, at whatever moment examined during the catamenial period, always retains the characters peculiar to the mucous membrane, remaining smooth and covered with epithelium." If now, a deciduous membrane was formed and thrown off at each menstrual menses, so also if a capillary were ruptured at that period. Dr. Cazeaux would have detected the lesion, and spoken of it in his peculiarly characteristic, lucid and positive manner, leaving no doubt of the fact; but inasmuch as he has not, we are left to conclude, that, no such evidences have ever been discovered.

CAUSE OF MENSTRUATION.

Leaving the discussion we will endeavor to present the views entertained in regard to the cause of menstruation. As I said before, when speaking of the seat of the menstrual discharges, there is no diversity of opinion in regard to the cause.

Singular as it may seem, all physiologists speak with a confidence fully warranting the belief, that, they perfectly understand the subject and that it will stand forth a naked truth, disrobed of every appearance of mystery.

Cazeaux page 110 says, "Few questions have given rise to more lively

discussion than the cause of menstruation. I think it useless however, to mention here the numerous and more or less whimsical hypotheses which have successively appeared in reference to it. The fact is that after having read all that has been written on this subject, the mind rests entirely satisfied in its ability to refer this singular phenomenon to one unchangable and easily verified fact namely, the successive evolution of the graafian vesicles. We owe this satisfactory explanation to the admirable labors of Negrier, Coste, Pouchett, Rokitansky, Robert Lee and Bischoff, so that the credit of so beautiful a discovery belongs almost exclusively to France."

The above is a patent fact plainly stated that the cause of the menstrual discharge is the evolution of a graafian vesicle; let us follow him a little farther, page 111, he says, "This, would be an indisputable proposition, provided we are able to show: 1. That the examination of woman who died during or shortly after the menstrual period, has uniformly revealed the above named changes in the ovary. 2. That the absence of ovaries involved of necessity the absence of menstruation. 3. And lastly, that there is a complete analogy between the anatomical and physiological phenomena of the heat of animals, and those which accompany menstruation in the human female.

1. Since attention has been directed to this subject, no one has succeeded in instancing the case of a single woman, who died at the menstrual period, whose ovary did not present a vesicle in a greater or less degree of development, or else one which had been already ruptured. The facts related Negrier, Coste, Pouchett, Rokitansky, and others, are so numerous that it would be impossible to reproduce in a work like the present. I might add, if it were necessary, a considerable number of cases to the others. This universal coincidence affords from the outset a very strong probability of the relation of causality which we wish to establish; but it would become an absolute certainty were it possible to prove that the absence of the ovaries involved of necessity the absence of the menses.

2. In the case of animals, on which the experiment can be repeated at pleasure, not a doubt is permitted, that the extirpation of the ovaries causes the disappearance forever, of all symptoms of heat. Analogy alone would lead us, in the absence of positive facts, to suppose that menstruation, also, would cease after castration. But although well observed instances of the performance of this operation on women are happily very rare, there is yet one which derives a great value in the present discussion from the name of the author. The following is an abridgement of it. A woman, says Percival Pott, had two small tumors, one in each groin, which were so painful as to render working impossible. It was decided to extirpate them. After having divided the skin and the sub-cutaneous tissues, a membranous sac was exposed which contained a body resembling an ovary; a ligature was thrown around it, and it was removed. The same operation was performed on the opposite side. The woman recovered; but the menstruation which before had occurred with the greatest regularity, never afterwards

appeared; the breasts, which had been voluminous, subsided; she also became thinner, and assumed a more masculine appearance.

3. Admitting finally, the incontestable analogy between the symptoms of heat and menstruation it will be sufficient to prove in order to deduce therefrom a favorable argument, that the former is always connected in animals with the ovarian evolution.

Now certain experiments do not allow of hesitation.

By these it is in fact proved (Coste) that, the females never enter into heat except when the preparation for spontaneous ovulation is going on in the ovaries, that the venereal erethism continues throughout the entire duration of the process of ovulation, and that it ceases when the rupture of the capsule has taken place.

Finally it is universally known that castration prevents the female from entering into heat, whilst those which have been deprived of the womb, but not of the ovaries, lose nothing of the ardor with which they receive the male.

EVOLUTION OF THE OVARIAN VESICLE NECESSARY.

Menstruation is, therefore intimately connected with the evolution of the ovarian vesicles, and cannot occur without it; and every time that it appears, we may feel entirely satisfied as to the existence of the vascular development. But, as an additional phenomenon, the uterine hæmorrhage may be wanting without hindering, in any degree, the regular march of the process going on in the ovary. In a word, the spontaneous ovulation which ordinarily gives rise to an exhalation of blood from the internal surface of the womb, may have its influence restricted to the ovary alone; and to assume the non-appearance of the menses as a ground for denying aptitude for conception, would be incurring the risk of frequent deceptions. Thus it happened that science possesses numerous examples of young girls who became pregnant before they had ever menstruated, as also of women who conceived notwithstanding a suppression which lasted several months."

Dr. Guernsey, page 249, says, "Menstruation requires to be particularly studied in connection with ovulation, since it usually forms an important attendant and consequent portion of the process. Although it, menstruation, is not always present, even in apparently good health.

Ovulation we have found to consist in the maturation of the ova, and in their extrusion from the ovaries. By the fallopian tubes these ova are taken up and transmitted to the womb. The uterus becomes then immediately and directly connected with the ovarian nissus, and at the same time it (the uterus) partakes in a very remarkable manner in the ovarian congestion. And in fact all the other parts of the generative apparatus, the vagina and the external genital organs, and indeed the entire sanguinous circulations, and nervous sympathies in this congestion and excitement. But although thus involving the whole system, the menstrual organism is entirely dependent upon the ovarian nissus. Where there are no ovaries there are neither sexual desires nor menstrual periods." * * * * *

After instancing cases, where the ovaries have been removed to prove this position, he continues " While in some other cases in which the womb was either wanting naturally or had been removed on account of disease, the mammary development and sexual desires remained unabated, and the menstrual discharge took place from the vagina. As long as the ovaries remain intact, the woman is a woman still, in external form and internal desires; although from absence of uterus or vagina, she may be incapable of conception or even of sexual intercourse. But let the ovaries be removed, and the woman loses at once all the distinguishing traits of the female character, her breasts diminish in size and she becomes masculine in features, form, and voice."

Now in the presence of such a respectable array of evidence, we must admit the fact, that the ovarian evolution is the sole and only cause of menstruation.

We have introduced evidence from standard authorities apparently sufficient to establish two propositions, first the *source* of the menstrual fluids, and secondly its *cause*. If I have succeeded in proving the latter satisfactorily; then must you take those statements of Dr. Cazeaux, and others who have, "*seen* the blood exude through microscopic fissures upon the internal surface of the uterus, in the case of those women who died at or about the menstrual period." "*Cum grano salis*." Especially when you take into account the established fact, that, a woman menstruates as well and regularly without the uterus as with it, and *does not menstruate*, in the absence of the ovaries at all.

It would be folly to deny that traces of blood might be seen in the cavity of the uterus at the catamenial period, in fact it would be regarded as rather singular if it were not, since as is well known, through that organ is its only course or channel of exit. So also, urine or indications of its presence might be found in a cask, from which that savory product of the grape was being decanted; but you would have no reason to believe that urine could be seen to issue or exude from the internal surface of the staves after the supply was once exhausted. It requires no considerable amount of logic to convince any intelligent person, that, after being once empty, urine would never be found in it again, unless, the cask had been replenished from the original source of supply no matter how plethoric the grapes might be with the juicy product.

One other simile. If water is found under the eaves of a house, or is seen flowing from a spout conducting from the roof of a house during a rain fall, (as Cazeaux has seen blood flow from the mouth of the uterus), you do not from these indications conclude that water is exuding from the roof. Your trough may be ever so nicely adjusted under the eave of the roof, the roof itself be ever so perfect in construction, and the spout a wonder of mechanism. Clouds may hang in dark and threatening masses over all, the lightning's flash pervade the gloom, the thunders peal till crack of doom, yet if no rain fall from the clouds, no water will be found in or about either of these receptacles.

So also, no blood will be found in the cavity of the uterus, however much engorged it, or its appendages may be, unless all of the indications are fulfilled, to wit, the evolution of a graafian vesicle by the ovary, the rupture of the engorged veins supplying that organ with blood, and the pouring out of that superabundant accumulation into the uterus, through its natural conductors, fallopian tubes, the whole process being incident to, and dependant on, the maturation and extrusion of the egg from the ovary.

In conclusion, it must be admitted in presence of all the facts here presented, that it would be erroneous to regard a discharge of blood periodic, or other wise, from the mucous surface of the uterus or vagina in any other aspect than abnormal, being as certain in disastrous consequences as maturia, hæmoptysis hæmatimasis or any other vicarious hæmorrhage.

If the popular theory as taught, relative to the functions of the generative organs, was perfect, the chain of continuity unbroken, if that which is seen by one could also be seen and recognized by another, thus verifying facts, the mind as Dr. Cazeaux, says, "would rest perfectly satisfied." But when we find one learned author say the blood exudes or transudes through microscopic fissures, and another equally as well informed says he has seen it pouring from ruptured capillaries that ramify the mucous surface of the cavity of the uterus; then the mind is left in doubt, more especially so, since no one except the favored few, has seen this sometime phenomenon, besides ruptured capillaries could be as easily seen by one as another, and fissures could not be mistaken for ruptured capillaries; all however agree in regard to the presence of blood in the cavity of the uterus during the menstrual flow, no disputing that fact, it has been seen of many, and can be seen by any one who will take the trouble to look for it at the menstrual period. This discrepancy of evidence as to the manner of the menstrual flow, can only be accounted for on the plea of professional pride and a praiseworthy desire on the part of each to be the first to discover the true source of this apparently singular discharge, thus in their overweening anxiety, persuading themselves that their eyes had seen, that which was only a vision of the brain, and never had existence as an actual occurrence.

In the discussion of this subject we have endeavored to present the popular views entertained by the profession in regard to this periodical discharge; thus showing some truth, some error, and much mystification; the *cause* of menstruation is undoubtedly well understood, in its intimate connection with, and dependence on the evolution of the graafian vesicle. But its *seat* still remains a mystery.

Now in order that I may be enabled to present the subject in a comprehensive form I will quote Dr. Dalton's beautiful description of the process of ovulation, which after what has been heretofore said, you will readily understand, is physiologically speaking ovular menstruation I will not however, in this article treat of the ova or its ultimate destiny any farther than in its immediate relation to the menstrual molimen.

Dr. Dalton, says, "In the earlier periods of life in man and the higher animals, the egg is contained in a graafian follicle which closely embraces its exterior, and is consequently hardly larger than the egg itself. As puberty approaches, the follicles which are situated near the free surface of the ovary becomes enlarged by the accumulation of a colorless serous fluid in their cavity. We then find that the ovary, when cut open, shows a considerable number of globular transparent vesicles, readily perceptible to the eye, the smaller of which are deep seated, but which increase in size as they approach the free surface of the organ. These vesicles are the graafian follicles, which in consequence of the advancing maturity of the eggs contained in them, gradually enlarge as the period of generation approaches.

The graafian follicle at this time consists of a closed globular sac or vesicle, the external wall of which, though quite transparent, has a fibrous texture under the microscope, and is well supplied with blood-vessels. This fibrous and vascular wall is distinguished by the name of "*membrane of the vesicle.*" It is not very firm in texture, and if roughly handled is easily ruptured. The membrane of the vesicle is lined throughout by a thin layer of minute granular cells, which form for it a kind of epithelium, similar to the epithelium of the pleura, pericardium and other serous membranes. This layer is termed the *membrana granulosa*. It adheres but slightly to the membrane of the vesicle, and may easily be detached by careless manipulation before the vesicle is opened, being then mingled in the form of light flakes and shreds, with the serous fluid contained in the vesicle.

At the most superficial part of the graafian follicle, or that which is nearest the surface of the ovary, the *membrana granulosa* is thicker than elsewhere. Its cells are here accumulated in a kind of mound or "heap," which has received the name of *cumulus proligerous*, it is sometimes called the *discus proligerous* because the thickened mass, when viewed from above has a somewhat circular or disk-like form. In the centre of this thickened portion of the *membrana granulosa* the egg is imbedded. It is accordingly always situated at the most superficial portion of the follicle, and advances in this way toward the surface of the ovary.

As the period approaches at which the egg is discharged, the graafian follicle becomes more vascular, and enlarges by an increased exudation of serum into its cavity. It then begins to project from the surface of the ovary, still covered by the albuginous tunic and the peritoneum. The constant accumulation of fluid, however, in the follicle, exerts such a steady and increasing pressure from within outward, that the albuginous tunic and the peritoneum successively yield before it, until the graafian follicle protrudes from the ovary as a tense rounded translucent vesicle, in which the sense of fluctuation can be readily perceived on applying the finger to its surface. Finally the process of effusion and distention still going on, the wall of the vesicle yields at its most prominent portion, and the contained fluid is driven out with a gush by the reaction and elasticity of the neighboring

ovarian tissues, carrying with it the egg, still entangled in the cells of the proligenous disk."

The rupture of the graafian vesicle is accompanied, in some instances by an abundant hæmorrhage, which takes place from the internal surface of the congested follicle, and by which its cavity is filled with blood. This occurs in the human subject and in the pig; and to a certain extent, also in other of the lower animals. Sometimes as in the cow where no hæmorrhage takes place, the graafian vesicle when ruptured simply collapses; after which a slight exudation more or less tinged with blood, is poured out during the course of a few days.

Notwithstanding, however, these slight variations, the expulsion of the egg takes place, in the higher animals always in the manner above described, viz., by the accumulation of serous fluid in the cavity of the the graafian follicle, by which its walls are gradually distended and finally ruptured.

The ripening and discharge of the egg are accompanied by a peculiar condition of the entire system known as the "rutting" condition or, "œstruation." The peculiar congestion and functional activity of the ovaries at each period of ovulation, act by sympathy upon the other generative organs and produce in them a greater or less degree of excitement, according to the particular species of animal. Almost always there is a certain amount of congestion of the entire generative apparatus, follopian tubes, uterus, vagina, and external organs.

In the bitch the vaginal mucous membrane becomes red and tumefied and an abundant secretion is poured out, which is usually more or less tinged with blood. In some species of apes it has been observed that these periods are accompanied not only by engorgement and infiltration of the neighboring parts but also by a considerable blood discharge from the vulva.

The menstrual epochs of the human female correspond with the periods of œstruation in the lower animals. Their general resemblance to these periods is too evident to require demonstration. Like them, they are absent in the immature female, and begin to take place only at the period of puberty, when the aptitude for impregnation commences. Like them, they occur during the child-bearing period at regular intervals, and are liable to the same interruption by pregnancy and lactation. Finally their disappearance corresponds with the cessation of fertility.

The periods of œstruation, furthermore in many of the lower animals, are accompanied as we have already seen with an unusual discharge from the generative passages, and this discharge is frequently more or less tinged with blood. In the human female the bloody discharge is more abundant than in other instances but it is evidently a phenomenon differing only in degree from that which shows itself in many species of animals.

The most complete evidence, however that the period of menstruation is in reality that of ovulation, is derived from direct observation. A sufficient number of instances have now been observed to show that at the menstrual epoch a graafian vesicle becomes enlarged, ruptured and

discharges its egg. Cruikshank noticed such a case so long ago as 1797. Negries relates two instances, communicated to him by Dr. Oliver D. Angers, in which, after sudden death during menstruation, a bloody and ruptured graafian vesicle was found in the ovary. Bischoff speaks of four similar cases in his own observation, in three of which the vesicle was just ruptured, and in the fourth distended, prominent and ready to burst. Coste, has met with several cases of the same kind. Dr. Michel found a vesicle ruptured and filled with blood in a woman who was executed for murder while the menses were present.

The process of ovulation, accordingly in the human female accompanies and forms part of that of menstruation.

Dr. Dalton, also Flint, says: If the cavity of the uterus be examined after death during menstruation, its internal surface is seen to be smeared with a thickish bloody fluid, which may be traced through the uterine cervix and into the vagina. The fallopian tubes themselves are sometimes found excessively congested, and filled with a similar bloody discharge.

It must be admitted that all the organs of generation, the uterus, fallopian tubes, and especially the ovary, are at this period engorged with blood, having with increased vascular excitement, also increased nervous sensibility, the fallopian tubes become erect. their fimbriated extremities closely embrace the ovaries, thus receiving the ova and the colorless serous fluid, ejected from the ruptured vesicle, at the moment of escape from the ovary; which it conveys by peristaltic action into the cavity of the uterus, through which it passes into the vagina, and thence is thrown off from the body. Nor must we deny the ovary the faculty of self preservation, else man's highest hope, the perpetuation of his race, will be cut off, ere it be well begun.

During the whole inter-ovular period of twenty odd days, the ovarian veins (which it must be remembered have no valves) become more and more distended with blood, which, if not relieved must result in inflammation or other diseased condition; here, "*vis medicatrix natura*," intervenes to save, where else, all is lost. The increased nervous irritability, and tenesness of fibre accompanying ovulation, together with the peculiarly spongy and elastic texture of the ovary, enables it after the rupture of the vesicle, to contract upon itself, thus compelling the ruptured bloodvessels to pour out their accumulated contents; which as before stated in regard to the ovule, is received by the fallopian tubes and conveyed into the cavity of the womb, from whence it passes by the law of gravitation into the vagina and so on out, leaving the ovary lessened in volume, limp, and exsanguined, its functions unimpaired falling back on its exhausted forces for renewed effort, and regular periodic repetition of the ovula menstruationa.

It can be very readily understood how hæmorrhage may take place from the ovary when we consider the peculiar structure of that organ. We find it is invested by peritoneum excepting along its anterior attached margin; beneath this is the proper fibrous covering of the organ, the tunica albuginea, which is extremely dense and firm in

structure and incloses a peculiar soft fibrous tissue, or stroma, abundantly supplied with blood vessels, which as the menstrual nixus approaches, receive a much larger supply blood, the ovi-sacs show a great increase in bulk and vascularity, so that, when they appear at the surface of the ovary, they present themselves as pisiform turgid elevations, which when ruptured, discharge not only the ovule, but also the engorged blood.

Immediately after the rupture of the graafian vesicle and the consequent expulsion of the ovule, an effusion of blood, according to some, and plastic lymph, according to others, takes place into the emptied cavity. I shall not attempt to follow the diversified theories and hypotheses that have been entertained by the numerous learned authors in regard to the formation of the "corpus luteum," but will content myself by saying, that, according to MM. Rokitsansky, Pouchett, Dalton, and others, "There is at first an effusion of blood which soon forms a clot of greater or less density, and if the ovaries be examined eight, ten or twelve days after the cessation of the menstrual discharge, a small, rounded tumefaction surmounted by a red spot like an ecchymosis, and presenting in its centre a slight linear fissure, will be found on the surface of one of these organs."

Now then you will perceive the fissure here spoken of in the surface of the ovary, is evidently a rupture of the graafian vesicle and escape of the ovule.

The tumefaction and red spot, like an ecchymosis is undoubtedly a slight inflammation and extravasation of blood, indicating the precise locality of a lesion.

The clot of blood found in the cavity of the ruptured ovi-sac, would be prima facia evidence of previous hæmorrhage in any other locality. Why not here also?

In conclusion I will merely recapitulate some of the main points in the argument, which go to show conclusively that menstruation is a function exclusively of the ovary, incident to ovulation and that the uterus is merely a viaduct together with the fallopian tubes, conveying the blood into the vagina.

The blood itself is found in the vagina, cervex and cavity of the uterus, in the fallopian tubes and in as I said before the ruptured vesicle, farther than this we cannot go, a stream cannot rise above the fountain, the inference then is plain, that the blood flows from the ovary, for the simple reason that no lesions is found elsewhere, in the uterus, vagina or fallopian tubes.

REMOVAL OF BOTH OVARIES AND RESULT.

Extract from *The Medical News and Library*, published by Henry C. Lea, Philadelphia, July Number, 1874, Vol. XXXII., Number 379:

Mr. C. G. Wheelhouse, surgeon of the general infirmary at Leeds, reports (*British Medical Journal*, March 21, 1874,) it has once fallen to his lot, on removing an ovary in the case of a young lady aged nineteen to find that the other one was also in a state of incipient disease. This he removed at the same time, and thus perfectly unsexed his

patient. It is three years ago this month (of March 1874) since the operation was performed, and I have watched the case ever since with the greatest anxiety. There has never been any attempt at menstruation, nor has any vicarious discharge ever taken the place of the natural one; but, beyond this, I see no change of any kind. The general health is now as perfect as it ever was, and so far from any uncomfortable symptoms of masculinity having occurred, the voice remains as soft, the bust as full, and the whole aspect and demeanor are as perfectly feminine as in any other young lady of my acquaintance."

Removal of ovaries, Flint, page 303, Vol., V, says:

"As we should naturally expect, from the connection between menstruation and ovulation, removal of the ovaries especially when this occurs before the age of puberty, usually produces arrest of the menses. It is a well known fact that animals do not present the phenomena of heat after extirpation of the ovaries. Rokitansky has reported cases of which the menses were arrested; but this rule does not appear to be absolute, as Dr. H. R. Storer reports at least one case in which menstruation continued with regularity for more than a year after the removal of both ovaries."

In a foot note same page he says:

"As these pages are going through the press, we have received, from Prof. T. G. Thomas, the following very interesting account of five operations in which both ovaries were removed:

'In reply to your note of to-day, I would state that I have extirpated both ovaries in menstruating women five times, with the following results:

CASE I. Heard from two years and eleven months after the operation. No symptoms whatever of menstruation.

CASE II. Heard from two years and a half after the operation. No symptoms whatever of menstruation.

CASE III. Not heard from.

CASE IV. Heard from nearly six months after the operation. Up to this time this patient has manifested no symptoms whatever of menstruation, but now states that she has a bloody discharge from the vagina and all the symptoms accompanying the menstrual function.

CASE V. Heard from five and a half months after the operation. No symptoms whatever of menstruation.'

Flint, page 305, Vol. V., says:

The mechanism of the hæmorrhage, which will be considered more fully when we come to study of the changes in the uterine mucous membrane during menstruation, is probably the same as in epistaxis. There is a rupture of small blood-vessels, probably capillaries, and blood is thus exuded from the entire surface of the membrane lining the uterus, and sometimes from the membrane of the fallopian tubes."

A CERTAIN METHOD OF PREVENTING THE SECRETION OF MILK IN THE BREAST.

The *new* method recommended by John W. Lane, M. D., in your issue of March 15th, I was taught forty years ago by Fleetwood Churchill, I believe he did not then claim it to be new.

It is not at all reliable. If the breasts are large the tight strapping is distressing to the patient and will not keep the breast flaccid because the milk will gradually secrete in the cells and dilating the breast will stretch the plaster and leave nothing but an uncomfortable covering.

I have tried many things, even *Phytolacca*, but they were not satisfactory, at last the rubbing in freely with *Ung. hamamelis* entirely answered the purpose, whether it is for one or both breasts.

We sometimes have cases where one breast is incapable of being used, and if allowed to secrete must terminate in mammary abscess, the free application of the *Ung. ham.* will positively *dry up that breast and will not interfere with the secretion of milk in the other*, that is my experience in several cases. It will also perform its mission when the child being weaned you wish to stop the secretion.

LANSING, Mich.

R. W. NELSON.

HAMAMELIS DYSMENORRHŒA.

Miss B., aged twenty, blonde, large blue eyes, brown hair, leucophlegmatic temperament, mental and motor, active.

From fourteen has slept to eight or nine o'clock in the morning in an apparently natural but sound sleep from which she could not be awakened. For a few hours subsequent to this she would be languid and irritable, then lively and pleasant, but not very fond of company. In other respects health pretty good. Menses did not appear until past sixteen. Menstrual nixus very irregular and preceded by pain in back; uterus, vagina and cerebral congestion; cold feet and hands; sensitive to cold; constipation, leucorrhœa and irritation of vagina; mental depression. She would, during the menstrual period, continue from two to three days in the sleepy, trance-like condition, insensible to everything, but would partake moderately of liquids. When she became conscious she had no recollection of anything that had transpired during the two or three days of sleep. Was weak, nervous and sluggish. In a few days would recover her usual buoyancy and health, but the late sleep in the morning with the accompanying symptoms continued from one nixus to the other, to give place to the days of prolonged sleep.

During the five preceding years she had been under the medical care of four Homœopaths, including myself, and three Allopaths without any material benefit. *Puls.*, *Sepia*, *Actea rac.*, and a host of other remedies had been used.

In December, 1874, she again applied to me. I put her on *Hamamelis virg* 6x, every four hours, previous to the appearance of the menses and an occasional dose of *Sepia* 6x. Menstruated in three days after commencing use of *Ham.* without pain or sleep, and to date enjoys good health and is free from all her abnormal symptoms.

She continued to use the *Ham.* at long intervals for several months.

TWINS IN SACKS.

Mrs. B., multiparæ, large frame, pregnant, full term, unable to walk for a week previous to parturition from the fœtus being "so low down."

When called, March 19, 1876, she had been in labor four hours; pains strong, frequent, expulsive. Made examination and found large pelvis, parts soft, and with os uteri *well* dilated, fœtus in lower strait, breech presentation, membranes *not* ruptured. In thirty minutes made another examination, found child rapidly popping through the vagina, membranes *not* ruptured; endeavored to rupture them but could not before the child, female four pounds, was expelled inclosed in membranes, ruptured and delivered the head. Child somewhat suffocated. Diagnosed twins, and by the time I had given the proper attention to the first child, cutting and tying the funis, etc., the other child, boy, five pounds, presented at the vulva, head presentation, and was immediately expelled in the membrane unruptured. Disengaged child and proceeded to deliver placentas in the usual way without any unusual hæmorrhage. Mother and children did well.

VALLEY FALLS, Kan.

A. M. COWAN.

OBSTETRICAL PECULIARITIES.

I have recently attended in confinement a lady about thirty years of age who has been the mother of seven living children in three years and eleven months, viz., as follows: First year, *twins*, a boy and girl; second year, *twins*, two girls; third year, *twins*, a boy and girl; fourth year, a boy. These children were all born on the 9th of the month, the last being on April 9th. What gives additional interest to the case is that they were also all born on the first day of the week, Sunday, and not far from the same hour.

DEF. HUNT.

ABSCESS OF BREAST.

The root of *Phytolacca*, bruised and applied as a poultice at the commencement, will generally abort the abscess; if it does not succeed, *Hepar sulph.* 8x, every three hours, will effect a cure. A piece of black silk should be worn over the breast, next the skin.—*Hom. World.*

Sanitary Department.

TRUE OR NATURAL PROPHYLAXIS FOR AVOIDANCE OF DISEASE.

BY G. W. BOWEN, M. D. FORT WAYNE IND.

Read before the Western Academy of Homœopathy.

If the adage that "cleanliness is next to Godliness" is partially true, the expression of "health is essential to happiness" is entirely so.

Health can not be retained, or secured when lost, except by a compliance with the laws of nature; and in communities if there is not a willing observance, an enforcement *must* be made by legal enactments with powers to compel submission for the public good. Hence, cities should be held under the surveillance of a board of men who have made sanitary science a study, and being amply qualified should be duly armed with authority to abate a nuisance, and remove all causes that may engender or propagate noxious exhalations detrimental to the health of community. Most of their work should be done in the spring, or early summer before fermentation and germination has been established. They should also exercise their authority to prevent any deep or extensive excavations being made during the heated term of the year, thereby letting loose malarial gases, held in suspense in the soil. The sale, or use of decomposed fruits, vegetables and diseased meats, should be strictly forbidden, to those who from ignorance, cupidity, or inability would, or might purchase and thereby engender disease to contaminate by infection the public.

I have found much in our cyclopædias on the subject under consideration, some of which I have deemed a loss of time in its perusal, all of which I shall leave out of consideration in this paper, (as any one can read that at their leisure) and only give what has been learned by observation of myself, and a few qualified friends.

My friend Dr. Morse, has told you how to construct a healthy man, and some few additional remarks will be made to aid in sustaining his valuable suggestions.

In my proving of malaria, a synopsis of which was printed in the transactions of the Western Medical Institute, there was pointed out the effect produced from air and water, impregnated by decomposed vegetable matter, which is not here introduced.

SOIL AND DRAINAGE.

Clay soil absorbs decomposed vegetable and animal matter and excretions slowly, hold them tenaciously, and give them back to the

air slowly. Such earth holds more of morbid products than either sand or gravel, hence the greater need of their being better and more effectually drained. All drains to be successful must have a reasonable fall or be constructed with valves to prevent the up shift of air that will naturally ascend, if not partially filled with liquid going down, and its inlet must open from the house, to the east if possible. It is neither safe or prudent, to have a drain pass from the house or well through an out-house or privy with the expectation of thereby keeping that cleansed by the waste water. No grease or vegetable should ever be cast into a drain, unless you have a constant volume of water to carry it to the main channel, and even then it is not always safe.

HABITATION AND LOCATION.

No residence should be erected over a natural ravine or water course or near its outlet, as the deposit of vegetable mold, however deeply buried, does, and will be, constantly undergoing decomposition, sending off and up its malaria, to find its way up through the walls of the structure, to be worse than a thorn in the flesh, to effect with its baneful influence the most loved and susceptible members of the family first. Nor can it be considered prudent to build east of a swamp or at the curve of a river that drifts from the west. Even east of a large city, the amount of miasmatic gases that will drift on it will leave it more liable to be invaded by epidemics from the accumulations of diseased or vitiated air, more or less prone to exhibit its baneful work on its occupants, unless it is protected by a rank growth of vegetation to absorb the noxious emanations thrown upon it by the almost constant western current of air.

SHADE AND PROTECTION.

A house to be healthy must be protected by shade (a live one the best,) on the north, west, and south, not alone to arrest or absorb the malarial matter held in the air, but to shield it from the sun, and wind storms. Under certain circumstances partial shade from the eastern sun might be admissable, but in general would be detrimental as no interruption of the morning sunshine should be allowed, as all of that is needed on the walls at least as a sanitary agent. For a while in the morning the sunshine should be allowed free access to the building, and its purifying influence be stored up, if not in the house, at least in the heart for future use, as all will need it, if not for themselves for gratuitous distribution. To repeat, a heavy shield from the west, a light one on the north and south, none on the east. Probably all remember the ado made by Lieutenant Mauray, with his sunflowers that absorbed the noxious gases at the national observatory. Most physicians knew all of that before.

WATER.

From careful observation made though many years, on various families of different grades of society, it has been made satisfactory to

me, that rain or surface water cannot be used in safety. The water should be obtained from a strata so deep that the percolations from above cannot reach, or if it does, it has been deprived of all its decomposed animal or vegetable products by its filtration through the earth in its transit down.

If it should be impregnated with lime, iron, or sulphur, it does not make so much difference as it would if there was a little of last, or former years vegetation, or the drainage from an out-house. The rain (except after a hard, steady fall,) holds so much of decomposed vegetable matter in solution, that by no filtration, except by chemical means, can it be rendered fit for drinking or entirely harmless. Like *Mercury*, the system will absorb its deleterious properties, and store it up until it has acquired a sufficient potency to act, and we see developed its familiar results, but unfortunately too many times to be attributed to other causes.

AIR AND VENTILLATION.

Of all periods of the day, no time of the daily cycle is so dangerous, or so productive of diseases of an atmospheric nature, (at least through the south and west,) as those few hours found between three and nine o'clock in the morning. Then, by radiation and evaporation, all, or nearly all, of the contamination of the air is made.

The reduction of the temperature at night usually stops the extraction of humidity from the earth, its upward tendency is arrested and much from its gravity is precipitated back to its surface, there to dissolve as much soluble matter as its capacity will extend over, and hold it in solution, to be lifted up by sun power to be again precipitated back as rain, to be used in the propagation of vegetation, or, if used by man, to aid in the production of disease.

Whoever constructs a building for habitation at this age of reflection without the capability of through ventilation is almost unfit to have one, and would be better off with the Nomadic tribes of the West. Air, pure air, is not only necessary for the preservation of property, but of health and life itself. Churches, cellars, and shut up parlors need daily change of air, all other apartments need hourly, if not constant renovation by free and fresh introduction of the purifying and invigorating element. No building can be safely erected (even for horses,) if health or happiness constitute factors, (more especially on clay soil) without having ventilators from the basement, tapping its upper strata of air, and running up above the building, either outside or inside of the walls. It will only partially subserve the purpose if it opens out. With a ventilating pipe leading to the top of the building, all noxious gasses, can, and will escape without finding their way up through the floor, or up the walls, to be taken up in the rooms by the encouraging warmth of the apartments. But of all apartments of a house, the one in which most of the time is passed needs ventilation the most, and yet it has it least. In the sleeping rooms, usually one-third of the life is spent, and in those hours of rest, the system while in that prone position can, and will receive more aid from the pure air

than while engaged in the daily avocations of life. There is nothing deleterious or baneful in the night air until three or four o'clock in the morning, and its free ingress should not be thwarted up to those hours. Drafts of course would not be admissible even in a bedroom. Those offered by our patients are a responsible bank, not to be rejected.

Many a winter have been passed by myself and family, with an open window in our bedroom with only the blinds for protection from storms. The morning air must be excluded in the summer and autumn until the dew has ascended, then the admission of the sunlight is essential. Feather beds are a curse entailed upon us by our kind-hearted grandmothers, and a systematic course of influence should be exerted to prevent their being used. Even for pillows, feathers are sometimes objectionable.

DIETETICS.

That a healthy structure must be made from good material is an axiom that needs no proof to sustain, as it is not only evident to physician, but is recognized by all of moderate intelligence, and especially noted and acted upon by those who make a specialty of propagating rare or valuable stock. Hence no remarks need be made except to show the application of material, as regards time and place. There is here much to be taken into consideration, and especially must the chemistry of food be placed in the category of conditions, and its physiological applicability to the various seasons of the year, as well as the different phases and conditions of life.

In the colder portions of the year, the use of those materials that possess the capability of generating heat to sustain the system at that temperature essential for the production of the power we would expect it to produce, must be advocated. While, when the temperature is uncomfortably elevated, then it is as requisite to keep the generation of heat at the lowest minimum, if we would obtain the maximum of power or happiness, much of which can be accomplished by a judicious course of diet. In other words, man can, to a great extent regulate his temperature, and thereby secure a better and more harmonious action of the human organism, thus bringing a greater degree of health and the capacity to enjoy as much of mundane happiness as may be secured.

All forms of food or nutriment in the construction of which grease, sugar, starch, or alcohol, forms even a decimal fraction must not, and cannot be used in safety in hot weather or climates, or by those who lead a sedentary life. Neither is their use judicious by those who from some inherent cause are naturally feverish, as in scrofula. While to those who are emaciated, or far advanced in years, they are essential to generate the amount of caloric necessary to keep the temperature up to a normal standard, especially during the winter months.

Fruits and vegetables are better for the sedentary and scrofulous, to facilitate digestion, as they aid by their acidity to keep down the irritability of the mucous membrane so prone to arise, especially during the summer months. Yet with those of a dropsical tendency, fruits

must be limited from their excess of humidity and defibrinating effect on the blood.

Thus if the public could, and would be taught a few of the rudimentary laws of nature as applicable to themselves, our labors as conservators of the public welfare would be lessened, and the means of more happiness enhanced.

World's Homœopathic Convention.

WORLD'S HOMŒOPATHIC CONVENTION.

Many of the members of the profession are possibly not aware of the importance the World's Homœopathic Convention is likely to be. Comparing the programme, as published by the committee of arrangements, with that of the Old School's meeting, the convention is likely to prove the most interesting medical meeting ever held.

Almost every country, from Russia, Austria, and Hindoostan, in the East, to Columbia and Brazil in the West, will be represented, if not by physicians in person, by valuable essays from the pens of their representative men.

The committee of arrangements has received the contributions, and are having them printed to be furnished to the debators, for study and consideration, at or before the meeting in June. Among them are the following :

Hysteria.—An elaborate essay, of about sixty pages, on this protean neurosis, by Dr. Davidson, of Florence, whose essays on epilepsy and myelitis have attracted much attention. It discusses the disease from the newest pathological standpoint and represents many novel and striking suggestions for hygienic, prophylactic and curative treatment, and for specific medication.

Intermittent Fevers.—Is an exhaustive paper by Dr. Charge, of Marseilles, giving, beside a general discussion of this disease and its treatment, the precise indications for a large number of Homœopathic remedies, some of which are seldom named by American authors. The paper combines broad scientific and ethical views with Hahnemannian precision.

Valuable papers on the same subject, are presented by Drs. Panelli, of Naples, and Pompilli, of Rome.

Mercury and Its Preparations.—By Dr. E. Huber, of Vienna, is an exhaustive treatise, giving a physiological and toxicological study of *Mercury* in all its forms and its application in Homœopathic practice. This and a paper by Dr. Gerstel, of Vienna, on *Mezereum* is the contri-

bution of the famous Austrian Homœopathic Society to the World's Convention. They are worthy of its fame and of the occasion.

Apis mel.— A physiological and therapeutic study by N. Goullon, Jr. M. D., of Wemar, well known as the author of essays on *Graphites* and *Thuya* which was crowned by the National Societies of Germany and Spain.

Pulmonary Congestion.— By Dr. Meyhoffer, of Nice, whose special studies of the diseases of the respiratory organs have been esteemed in our school. He draws clearly the important distinction between this frequent and curable affection and the rarer tuberculosis proper, and indicates the line of treatment.

Arnica.— A physiological and therapeutic treatise by Dr. Imbert-courbeyre, Professor of *Materia Medica* at Clermont-Ferrand, which displays the learning and brilliancy which characterize that author's essays of *Arsenicum* and on *Conium mac.*

The Etiology of Chronic Diseases.— By Dr. Nunez, and a paper on Miliary Pneumonia represent, worthily, the Homœopathic Society of Madrid.

An essay on Modern Therapeutics.— By Dr. Sharp, of England, brings into discussion the *modus-operandi* of the Homœopathic remedy and certain fundamental principles of our method. This essay, with one upon Epilepsy, especially in relation to *Hydrocyanic acid*, by Dr. Richard Hughes, represents the Homœopathists of Great Britain.

Metrorrhagic Chlorosis.— By Dr. A. Claude, of Paris, and Latent Senile Pneumonia and *Digitalis*, by Dr. Jousset, the well known physician of the Hospital St. Jacques in Paris.

Uro-Lithiasis in Russia.— Is an account of one hundred and forty-eight cases of vesical calculus operated upon by Dr. Bojanus of Moscow during the ten years he had charge of the Homœopathic Hospital of Kishni-Novgorod. Seventy-two of the calculi, with tabular records of the cases are sent to the convention, to be afterwards given, in the name of Dr. Bojanus, to the Museum of one of our colleges. The paper contains an elaborate study of the cause of lithiasis according to the most modern pathology; of the influence of these causes upon diathesis and of the consequent indication for preventive and curative treatment.

Besides these papers on scientific subjects, there will be presented to the convention, reports of the history and present status of Homœopathy in every country of the world. Being prepared under the direct auspices of the national societies of the respective countries, and generally by physicians who are among the veterans of our school, they will present such a history of the origin and progress of Homœopathy as has never been presented to the public. These reports are of the most interesting character and quite extensive.

The transactions of the World's Convention will therefore comprise a scientific and historical presentation of Homœopathy of great value and interest to all who are interested in our method.

A limited number of copies will be printed for distribution to members of the American Institute of Homœopathy and to the delegates

and contributors to the convention. From others who may desire to possess them, cash subscriptions of ten dollars for a copy of the transactions will be received, up to July 15, 1876, by the chairman of the committee of arrangements and an order given on the treasurer of the Institute for the transactions when published.

Medical News.

Annual Report of the Cincinnati Homœopathic Dispensary for 1875: Eye and Ear Department—Eye diseases, number cases treated, 470; ear diseases, number cases treated, 297; whole number of treatments, 5,032; number of operations performed, 102. Medical Department—Number patients treated, 1,878; number prescriptions, 6,927; number visits, 1,424.

Errata.—On page 435 and line 15 from below it reads, "it is not indicated," instead of "if it is not," etc. On the same page and line 6 from below it reads, "deceptive," instead of "defective." On page 436 and line 16 from above it reads, "one of the causes," instead of "as that one of the causes," etc. On the same page line 20 it reads, "much extended," instead of "much esteemed," etc.

On Nasal Catarrh. By L. D. Morse, M. D., Memphis; \$1.00. This is an exceedingly practical little work. The indications for the remedies are clearly given and their therapeutics well illustrated. Dr. Dake writes: "I have read the manuscript of Dr. Morse's treatise on Nasal Catarrh very carefully, and with much pleasure. He has in his practice, as well as display of remedies, both recognized and magnified the Homœopathic law. He has, on the one hand, avoided and very properly denounced the miserable *local treatment*, by many considered scientific, and on the other given us briefly and pointedly the remedies indicated by provings, and sustained by the most careful clinical experience, without a rehash from repertories of all the *possible remedies* that could be thought of. I do not hesitate to pronounce his little work the very best contribution to our literature upon nasal catarrh, and well worthy a place in every medical library."

Jackson County (Mich.) Homœopathic Society held its regular quarterly meeting at the Council chamber, April 18th. The meeting was called to order by the president, Dr. J. B. Tuttle. Dr. O. Q. Jones, of Hanover, and Dr. G. W. Williams, of Concord, were elected to membership. The following delegates were elected to the societies named:

State Medical Society.—Drs. W. J. Calvert, Jackson; L. M. Jones, Brooklyn; W. A. Gibson, Jackson.

American Institute of Homœopathy.—Drs. L. M. Jones, Brooklyn; W. A. Gibson, W. J. Calvert, Jackson.

Michigan Institute of Homœopathy.—Drs. S. P. Town, Jackson; J. F. Brown, Leslie.

Nebraska Society.—Dr. J. E. Smith, Jackson.

Western Academy of Homœopathy.—Dr. N. J. DePuy, Parma.

Dr. P. Porter then presented a paper on the Importance of Pathology. Each member was requested to select some clinical case of interest, occurring in his practice, and report thereon at the next meeting. The society then adjourned to meet again the third Tuesday in July.

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Hospital Department.

VENEREAL CLINIC.

SERVICE OF T. S. HOYNE, M. D., PROFESSOR OF MATERIA MEDICA
AND THERAPEUTICS HAHNEMANN MEDICAL COLLEGE CHICAGO.

RUPIA.

Oct. 23, 1874, G., aged thirty-five, actor by profession, has had syphilis for the past four years. Has been under treatment most of the time, partly Homœopathic and partly Allopathic. Does not wish me to give him any mercury as he says Homœopathic physicians gave him three times the amount of mercury that his Allopathic physicians did. He has found out that *Mercury* has been a damage rather than a benefit to him. At the present time has rupial sores on the forehead and scalp (eight or ten) from $\frac{1}{4}$ to $\frac{1}{2}$ inches in diameter and $\frac{1}{4}$ to $\frac{1}{2}$ inches in height. No particular pain anywhere. Bowels constipated. Gave him *Nitric acid* 200 to counteract the *Mercury*, (six pills morning and noon,) and *Sulph* 200 for the constipation (six pills at bed-time).

Nov. 6th. Reported constipation entirely relieved. Rupial sores about the same in appearance. *Ars.* 200 was now given, six pills twice a day.

Dec. 27th. He called again. The scabs have fallen off and the flesh underneath looks very well indeed. The medicine was continued six pills every night at bedtime.

Jan. 3, 1875. No signs of sores about the forehead or head. Feels very well with the exception of slight pains in the limbs at night and in damp weather. Considering these pains due to the *Homœopathic* (?) doses of *Mercury* he had received *Nitric acid 200* every three hours was ordered. In two weeks he reported cured. Duration of treatment eighty-six days. Have seen the patient frequently since, even as late as May 1, 1876, and he has no signs of syphilis about him.

PARAPHYMOSIS.

M., student, aged forty contracted syphilis in a "round about way" as he says, six weeks ago. Has received plenty of *Homœopathic* treatment, for instance *Merc. iod. 1x*, *Merc. sol. 1x*, *Merc. cor. 1x*, etc., etc. Was partially salivated, but his chancre has grown larger instead of smaller. It is situated on the head of the penis, is about the size of the thumb nail and is discharging a copious yellow slime. Paraphymosis is a distressing accompaniment. The prepuce seems to be filled with a large quantity of water. *Apis 200* every two hours was ordered. Little if any improvement followed this prescription. In fact the paraphymosis grew worse. *Rhus. 200* was then ordered every two hours, *Nitric acid* (1 to 200) was applied as a dressing to the chancre. Considerable improvement followed this prescription which was kept up for several weeks. *Nitric acid 200* was used after the paraphymosis had subsided and a perfect cure followed.

PSORIASIS PLANTARIS.

Mrs. R., aged thirty-four, contracted syphilis from her husband two years previous to treatment. Has now psoriasis plantaris and mucous tubercles in the vagina. Has been *Homœopathically* treated with large doses of *Mercury*. Was confined eighteen months ago and lost her baby two weeks afterwards, it being covered with a syphilitic eruption, which the physician pronounced rose rash. *Nitric acid 200* one dose a day for a week. Afterwards *Ars. 200* one dose a day, was given for nearly if not quite six months.

Confined Mrs. R., in November, 1875. Her baby has never shown any sign of syphilis, and is in appearance as healthy a baby as one can find any where. Mrs. R., has shown no signs of syphilis since she discontinued treatment at the dispensary.

FIG WARTS.

Mrs. A., widow, aged thirty-five, *unfortunately* caught syphilis in a water closet (?). Has been under treatment for a long time. At present shows no signs of the disease except fig warts. Has over a dozen of them, *Thuja 200* one dose every night entirely cured in a little over two weeks.

Mrs. H., aged twenty-nine has had syphilitic fig warts for several years. Has been treated scientifically and regularly. The warts have been

tied off, burnt off, cut off, etc., etc., but never kept off. She has over a hundred of them. *Thuja* 200 internally three doses a day, and *Thuja* 1x, externally nearly cured in about three weeks. I say nearly for she left the hospital at the end of that time nearly well and we have not heard from her since.

C. K., aged twenty-one, German, fig warts of four months duration. Has pain in the external genital organs which keeps her awake at night. Urine is very acrid corroding the parts, and is of a dark color with yellowish sandy deposit. Prescribed *Thuja* 200 and *Carbolic oil* locally. One week later, great improvement. Continued the prescription. One week later about the same as last week. Continued the treatment. Did not see this patient again and the result of the treatment is unknown.

CHANCRE.

John aged twenty-two, coachman of Dr. W., (Allopath) says he has been unfortunate. Three days ago noticed a small sore on the prepuce, which he did not think amounted to much until he compared notes with other members of the fraternity. The discharge as yet is slight in quantity, and of a grayish color. Has taken no medicine whatever. *Merc. cor.* 200 every three hours. Entirely well in one week without other medicine.

S., carpenter, aged thirty-two, has a small Hunterian chancre on the prepuce. First noticed it day before yesterday, eight days after an impure connection. *Merc. cor.* 200 every three hours cured in less than a week.

E., aged twenty-one, hard chancre of two weeks duration. Prescribed *Nitric acid* 3. No subsequent report was received.

A., aged thirty-three, Dane. Hard chancre of three weeks duration, has been under Allopathic treatment; prescribed *Nitric acid*. Did not come to the dispensary again.

G., aged twenty-eight, French. Chancre of six weeks duration contracted in London, England. There is one deep, and one phagedenic chancre. Has been treated Allopathically.

Oct. 22, 1874. Prescribed *Nitric acid* 3 and *Carbolic oil*.

Nov. 4th. Improving. Continue prescription.

Dec. 12th. Still improving. Continue medicine. No subsequent report.

SYPHILITIC ULCERS.

Aug. 15, 1874. Mary F., aged thirty-five, has syphilitic sores on the leg, ankle and knee. Has been treated Allopathically for a long time. Prescribed *Nitric acid* internally and *Carbolic cerate* locally.

Aug. 22d, and 29th. Reported better and the same prescription was continued.

Sept. 12th. Ulcers looking indolent; edges everted; surface of ulcers covered with a lardaceous substance; prescribed *Merc. sol.* and *Carbolic cerate*.

Sept. 26th. Ulcers looking much better. Continued.

Oct. 10th. Ulcers about the same. Prescribed *Hepar sulph* and *Cundurago* wash.

Oct. 17 and 24. Continued improvement.

Nov. 4th. The large sore shows healthy granulations and new skin is forming. Continue the medicine.

Some months afterwards reported cured. The above medicines were given in the sixth.

Sam G., aged forty-six, Colored. Syphilitic ulcers on the right side of the tongue extending nearly the whole length. Also has a fig wart on the penis. Says he never had syphilis. Prescribed *Thuja*. Did not come a second time.

The above patients with three exceptions came under our observation from time to time.

WEAKNESS OF THE SEXUAL ORGANS.

July 21, 1874. Mr. W., aged thirty-four, complains of complete prostration of the sexual organs, induced by excessive sexual indulgence. Prescribed *Lyc.*, did not report again until April 11, 1875, when he said that the medicine cured him, but within a week the trouble had returned. Prescribed *Lyc.* No report since that time.

SYPHILITIC LARYNGITIS.

July 25, 1874. Mrs. B., aged forty, comes to the hospital with this disease; almost complete aphonia. Prescribed *Nitric acid*.

Aug. 8th. Better. Continue.

Sep. 19th. Has been out of medicine some days. Throat worse again. Continue *Nitric acid*.

Oct. 17th. and Nov. 14th. Repeated the medicine, and a complete cure was the result.

GONORRHOEA.

Pat. M., aged twenty-six, Irish. Acute gonorrhœa; discharge whitish; burning pain on urinating; severe erections. *Gelsemium*. Eight days later, improving. Continue medicine. Two weeks later acute symptoms have disappeared. Prescribed *Sepia*. Have not seen him since.

W. F. W., aged forty-two, had a primary sore on the penis five years ago which was followed by a non-suppurating bubo. He is now troubled with a slight erosion of the mucous membrane of the prepuce, and nightly pains about the hip. Prescribed *Nitric acid* 6. Did not report again.

The above cases are reported to show the difficulty one experiences in a dispensary practice. When patients are cured they very seldom report the fact at the dispensary, and it is only by chance that we learn whether they are cured or not. Often we learn it from other patients whom they send to us. In the cases above reported cured the fact was learned only after careful inquiry from the persons named or from their friends.

SURGICAL CLINIC.

SERVICES OF W. DANFORTH, M. D., PROFESSOR OF CLINICAL AND OPERATIVE SURGERY HAHNEMANN MEDICAL COLLEGE, CHICAGO.

Reported by Albert Schloemilch, M. D., Hospital Physician.

FRACTURE OF THE HUMERUS, LOWER THIRD.

CASE LX. Henry K., aged thirteen, fell under the wheel of a wagon, which passed over his arm producing fracture of lower third of the humerus. This is a compound fracture, the bones protruding through the flesh, and in consequence of its location a dangerous one, if we splint this arm tightly to-day mortification of the forearm will in all probability supervene, to-morrow ending in amputation and death the day following. We should never put these cases up in close splints at first, but *always* support the arm in the easiest manner for three or four days, or indeed until the swelling has in a good degree abated and then and not until then, apply our splints and bandages.

NOTE.—Patient was kept in bed four days, arm irrigated with *Arnica* water, and then swelling having partially subsided an angular splint was applied to outside of arm, with a single convex anterior one, supported by roller only moderately tight, and great care taken not to displace fragments, passive motion of elbow joint was commenced the third week, and continued daily thereafter until firm union was established about the fifth week, without deformity.

INDOLENT ULCER OF LEG.

CASE LXI. Mary J., Danish woman, thirty years of age, has had this indolent ulcer on the inner side of left leg for the past three years. You see it is about an inch and a half in diameter, the edges are very hard and red, it is shallow and secretes but little thin pus. This patient tells us she has taken all sorts of medicine and had the leg bandaged to no purpose. There is a dull pain in the limb which incapacitates her from walking on it. You observe that there are no varicose veins communicating with this ulcer, that it is simply an indolent sore which does not heal.

Now I have found that earth dressings applied to these cases, induce most rapid healing in many instances. And I propose to adopt the earth treatment in this case, to that end the patient will be kept abed for ten days and fresh prairie soil applied to the ulcer night and morning, washing it off in the redressing with warm water. Patient will also take *Graphites* 30, three times a day. You ask how the dry earth benefits these cases? It benefits it in this that it acts as a disinfectant and at once absorbs every particle of pus or acrid secretion that is poured out on the abraded surface thereby favoring the tendency always present to heal. You see this is not a phagedenic ulcer, it remains in *statu quo*, and is prevented healing by the atmosphere decomposing its secretions and keeping up a continuous irritative action, now fresh earth allays this irritation intercepts the atmospheric

action and absorbs secretions, thereby stimulating successful granulation, and all things considered is undoubtedly the best application that can be made to all foul suppurating surfaces.

NOTE.—Patient improved steadily, ulcer completely healed on the fifth week from admission.

LIPOMA.

CASE LXII. John H., twenty-one years of age, presents with this small tumor on right side, you observe that it is as large as an egg, semi-solid, doughy feeling, not painful, this is a lipoma, and is best treated by excision. I say best because no medicine will remove it and if untouched will grow to an unknown and inconvenient size, this is the kind of tumor that cancer doctors make capital out of. They first diagnose it a cancer, and then paste it with *Chloride of zinc* and *Arsenic* until circulation is arrested when it sloughs off and heals, making a brilliant cure. We upon the contrary call things by their right names diagnose this a lipoma, excise it and put you in possession of the facts in the case.

CONGENITAL NÆVUS ON CHEEK.

Myrtle H., aged three years, presents with this nævus on right cheek, not quite as large as a cherry, was there at birth, is essentially an arterial tumor, full of blood, pulsating, not painful, we meet with three varieties of nævi, i. e., arterial, venous, and capillary, these divisions should be kept in mind as they have to do in qualifying your treatment. If capillary the hot iron would readily corrugate the vessels and effect a cure, if subcutaneous and arterial (as in this case) the hot iron would produce too much deformity. Excision is the better treatment. There are a variety of means more or less efficient that may be used in the treatment of these cases, injection of the nævus with *Perchloride of iron*, *Nitric acid* or *Potassa fusa*. Electrolysis, may also effect a cure, but in this case I believe we shall incur the minimum of risk, and secure the maximum of good by excision. You see the growth is upon the cheek of a delicate girl, and its removal by the knife will only leave a faint scar, and that is a better result than I can promise by any other treatment.

NOTE.—The nævus was carefully dissected out, considerable hæmorrhage followed which was controlled by the application of *Alcohol*, the wound closed with adhesive plaster, and healed by primary union, leaving scarcely a perceptible scar ten days afterwards.

EXOSTOSIS OF CLAVICLE.

CASE LXIV. Elson R., aged eight years, presents with a very firm immovable tumor springing from the upper surface of the scapular end of right clavicle, this growth was first noticed five years ago when it was about the size of a buck shot, now it is the size of an egg, you observe that it is nodular and rough upon its upper surface, constituting a true homologous osteomata or outgrowth from pre-existing bone, in this case springing from the periosteum of the clavicle, these osteo-

mata are innocent growths sometimes attaining considerable size, in this case inconvenient by reason of its situation, there can be no doubt the nature of this tumor, it is perfectly immovable, and solid as bone. The boy is in good health, and we propose to reflect the superimposed skin from the growth and break or chisel the excrescence from its bed.

NOTE.—Patient etherized, skin dissected off, and chisel applied at base of tumor readily separated it from clavical, wound closed with adhesive plaster, and healed kindly in two weeks.

DISLOCATION STERNAL END OF CLAVICLE.

CASE LXV. Anna H., aged eight years, fell and dislocated clavicle at sternal extremity. This is to be a very troublesome case, as the rule is that such dislocations are never cured, that is, do not satisfactorily reunite. Do what you will, some deformity and motion of joint remains.

We shall put this case up as for fracture of clavicle, with the addition of adhesive straps passing freely over the shoulder so as to compress the head of clavicle and retain it in as absolute rest as possible, and this is the best that can be done. The mother of this girl agrees to co-operate with us and watch and care for her patiently for three months before she will expect the desired result.

NOTE.—Patient treated as above described and came before the class five weeks after the accident with an apparently good result—a quite firm ligamentous union having been obtained.

SARCOCELE OF RIGHT TESTICLE.

CASE LXVI. Wm. R., aged thirty-four, married, first noticed a small nodule on the testicle about a year ago, which steadily increased in size until it is now twice the weight of its fellow and hard as stone; it has been the seat of constant, dull, with occasional sharp, shooting pains, during the night; there is no enlargement of inguinal glands, and our patient is in all other respects healthy. You observe that the testicle is not inflamed or painful to touch.

This is unquestionably a case of cancer, and as such deserves immediate removal, the more so, in this case, because the cancer cells are very likely to be transmitted through the epididymis and vas deferens to the abdominal viscera and so destroy our patient.

NOTE.—Castration was at once performed, the arteries being secured by ligature and wound closed with hare-lip pins. Nothing untoward occurred in the healing of the case, but a good deal of induration and pain remained in the cord for a month. Patient finally leaving the hospital quite well. Subsequently (some two months,) he came back presenting the true cancerous cachexy, with hard and painful abdomen, and very much emaciated. He left thirty days afterward not in any way improved. The testicle proved on microscopic examination to be a mixed cancer.

ANAL FISTULA.

CASE LXVII. David F. M., aged twenty-six. This man has a complete fistula in ano. He does not know when it first appeared, as

he supposed he was suffering from piles, but is sure that it is of three or four years standing. You see he is very much emaciated, wholly unable to work or earn his living—is in fact reduced to beggary on this account. Can we cure him? Let us see. You perceive there is a cicatricial condition all about the anus, which plainly indicates previous violent inflammation. This man has suffered everything but death, and is still suffering and getting worse and worse. He cannot ride horseback; cannot sit up at ease anywhere; cannot walk any distance, or work continuously for two hours at any real labor; hence it becomes a matter of very great importance to him that he find a remedy, or die. To linger on in this way is worse than death.

Now for the treatment. Owing to the cicatricial condition all about the anus I am satisfied that the only operation which promises anything in his case is the division of the fistula by rubber ligature. If we cut with a knife it will not heal, and the patient will be injured by our interference. If we inject with *Tinct. Iodine* or *Nitric acid*, sloughing of the parts will in all probably follow.

NOTE.—The rubber ligature was passed through the fistula and tied pretty closely; patient was quieted by *Gels.* 3x, and in ten days the ligature had divided the tissues completely, and healthy granulations filled up the chasm. Parts healed very slowly, and patient left hospital quite well five weeks after operation.

NECROSIS OF RIGHT HALF OF INFERIOR MAXILLARY.

CASE LXVIII. Henry C., aged thirty-two years. Eleven months ago this man (then being in good health,) first experienced pain at the angle of his jaw. Thinking it was a toothache he consulted a dentist, who told him that his teeth were not in any sense decayed or diseased and declined to extract them. But the pain continuing and increasing in severity he determined to have the wisdom tooth extracted, and, after a day of fearful suffering, he had it removed one night about nine o'clock. There was a good deal of hæmorrhage following and the pain was not at all diminished. Finally his face became swollen and erysipelas with plegmonous inflammation supervened, which continued to increase for several weeks terminating in suppuration, abscess pointing externally; it was finally lanced and discharged a large quantity of very fœtid pus.

Now there are two conditions which give rise to disease of the jaw-bones: 1. Eruptive fevers. 2. Phosphorus fumes. But this man is a shoemaker by profession and has not had eruptive fever or been exposed to the fumes of phosphorus, and yet he has absolute necrosis of one half of the jaw. I do think this is a very remarkable case in this that it seems to have commenced as an idiopathic peritonitis referable to no usual or known cause.

Well after his face was lanced and had discharged an immense quantity of pus he thought he should rapidly improve, but it was not so, for the swelling in both jaw and face continued for months and months, suppurating and discharging, from time to time, large quantities of pus—in fact, his wife says she knows that more than twenty

quarts of pus has been discharged from his face, and yet you see he is pretty well preserved. But if you observe carefully you will discover that complete necrosis of the left half of inferior maxillary exists — the bone is dead, the teeth are all out, an intolerable fetor is constantly present, a bloody ichor weeps from his mouth, the man is in a horrible condition, and standing mutely before us yet makes a most powerful appeal for help. Nothing short of removal of the dead bone will at all advantage him, and this may be, nay, must be done to-day, (Jan. 12, 1876). You observe that his face is still very much swollen and that there is an entire separation between the living and dead bone at the symphysis — the necrosed portion moving independent of the other. Extensive dissection will be required to remove this sequestrum — for such the dead bone practically is. We shall have to cut down upon it through the swollen tissues, commencing at the symphysis just below the lip and by a curved incision passing along the lower border to the ramus and thence upward in front of the ear reflecting the tissues up and down so as to expose the bone, which must be seized with forceps and brought away through the incision, the facial and other arteries severed will be secured by torsion and wound closed by hare-lip pins and allowed to heal.

NOTE.—The operation was performed in accordance with the foregoing plan — patient etherized. There was no involucrum about the jaw bone, but it seemed to lay in a cartilaginous bed and was readily drawn through the incision. The wound was closed by numerous hare-lip pins, patient reacted well and made a rapid recovery. The parts healed kindly, fluid nourishment was given freely and was well borne, the long-continued swelling subsided, so that our patient left the hospital ten days after the operation quite well.

OBSTETRICAL CLINIC.

SERVICE G. A. HALL, M. D., PROFESSOR OBSTETRICS AND DISEASES OF CHILDREN, HAHNEMANN MEDICAL COLLEGE CHICAGO.

CLINIC No. XXVIII. Feb. 12, 1876, Miss Minnie —, aged eighteen, strong motive temperament, primipara.

Those of you who were here this morning and made careful examination of this case will remember that you found the head presenting at the brim of the pelvis, in what is termed the third vertex position. That is, with the occiput presenting to the right sacro, iliac synchondrosis, with the forehead at the left ilio-pectineal eminence. Thus bringing the long diameter of the head, into the right oblique diameter of the strait, at that time, the lips were somewhat attenuated, the os slightly dilated, the pains at intervals of ten minutes not very strong, but spasmodic in their character.

You remember that we called your attention to the peculiar forma-

tion of the pelvic cavity which we find in females of motive temperaments resembling that of the male. The cavity is deeper, the diameters usually less, and we expect in such cases more or less delay in the first stage of labor.

It is now ten hours since you made your first examination. You find the head still presenting, at the superior strait, the dilatation of the os somewhat increased, the bag of waters protruding slightly, and as we are informed by those who have been watching this case, the pains have been irregular and spasmodic, the patient becoming more or less irascible and petulant.

Under the influence of *Nux.* and *Bell.*, the pains have been corrected in their character and are now much more regular and forcible.

EIGHTEEN HOURS LATER.

We find our patient still suffering, with marked evidence of exhaustion, having taken but very little nourishment during the last twenty-four hours, and getting very little or no sleep. The face is pale and haggard the pulse is quick irritable and feeble. We find that the head has engaged the superior strait, the frontal bone now presenting to the left acetabulum.

You will remember we told you the natural termination of the third position is by full and complete rotation of the head, into the second. When the expulsive power of the uterus is thrown on the occipital pole of the long diameter of the head, this pole takes precedent in the pelvic cavity of the mental pole and is driven down until it strikes the plane of the ischial spines. The broad, expanded forehead is now resting against the pubes, and the mental pole is pressed upwards until it strikes a plane above that of the occipital pole. When the occipital pole has been driven down into the pelvic cavity sufficient for and in advance of the mental pole it strikes upon the right anterior ischial plane and is glided forwards and downwards under the pubic arch. The frontal prominences are now carried above the left ischial spine and backwards, the long diameter of the head corresponding nearly with the axis of the superior strait. The frontal bone glides over the posterior left ischial plane towards the left sacroiliac synchondrosis, until the long diameter of the head rests in the left oblique diameter of the strait, the occiput forwards. And thus the case terminates, as the second occipito-anterior position.

But the efforts of nature are not always sufficient to accomplish this rotation. The broad, expanded forehead comes down and rests against the sub-pubic arch, the superciliary ridges resting against the pubes. The force of pain is expended upon the occipital pole with a view of driving it down into the pelvic cavity. This you see would bring the long diameter of the head in the conjugate diameter of the inferior strait. In deep pelvic cavities as we have in this instance this movement on the part of nature only serves to retard labor.

We find in this case labor protracted until the patient shows signs of exhaustion. There are two ways of aiding the progress of this delivery. First to introduce the vectis or the finger under the pubic arch and

over the frontal bone bringing down the frontal pole of long diameter so as to facilitate its passage under the sub-pubic arch.

You now make that effort. We find owing to the acuteness of the sub-pubic angle this would be a very difficult matter, and if we should succeed in bringing down the face until it rested under the pubic angle, the occiput would be forced down by the expulsive efforts of the uterus and greatly endanger laceration of the perineum. We will therefore try the other method. By pressing the finger against the frontal prominence, crowding the frontal pole up into the pelvic cavity until we crowd it about the pubis to a plane above the ischial spines, making our effort with the action of the uterus which has a tendency to force the occipital pole downwards, we now have the long diameter of the head approaching the axis of the superior strait. We will apply the forceps in such a manner as to bring down the occipital pole and aid rotation.

You see the forceps are now firmly applied. The same care should be exercised in making your effort which you have received before about using traction only during the expulsive efforts of the uterus, and not sufficient to endanger a rupture. We have now a strong leverage, which will enable us, to assist nature in accomplishing this rotation. As the parts are now in full view, I want you all to watch the mechanism of this labor.

You observe as the parts become distended a peculiar rotation of the hand and forceps from right to left, of the patient. I am now sweeping the occipital pole down over the left anterior ischial plane; the right frontal prominence sweeping over the right posterior ischial plane, and here you see the head passing now into the left oblique diameter. The head is now presenting in the second occipito-anterior position. The forceps should now be removed and applied to the head as in occipito-anterior position.

We continue our efforts, until we now find the head pressing strongly at the external parts. This is the crowning stage. The face is now sweeping over the perineal walls, and here its comes into the world, without the least rupture, or injury to the inferior commissure.

The forceps are now removed. We will, by placing the fingers under the ramus of the jaw assist the passage of the shoulders through the inferior strait, and you find the process of restitution, the same as in the second occipito-anterior position.

You will now ligate the cord and place the hand upon the fundus of the uterus to insure its contraction, forcing the placenta down into the vaginal canal, and then by gentle traction upon the cord, the third stage is completed.

CLINIC NO. XXIX. Feb. 16, 1876, Mrs. —, aged twenty-six *pluriparæ*. Second confinement.

This case has been in labor forty-eight hours. The first stage is now about completed. You will make a careful examination note the position, which is, occipito-anterior, first.

The pains have been of reasonable force and in frequency at intervals

of about five minutes with a desire on the part of the patient to make considerable expulsive effort.

For some reason, which is not altogether obvious, this case has been protracted much beyond the usual period of natural labor. I can give you no good reason for this delay. But you may be sure, when you have an occipito-anterior position with a reasonable roomy pelvis and the head not over large, if the time of labor is extended beyond twenty-four hours you have some unusual conditions of the fœtus or occult influence operating to cause this delay.

As this patient already presents some signs of exhaustion, and as the members of the class who have been watching this case, present also signs of exhaustion, we will proceed to assist the delivery of this child with the forceps.

The forceps are now applied as in the usual manner, we make traction in the line of the parturient canal, and you will observe that it requires considerable force to cause the least progress. Our efforts are continued and the head is now brought down, the occiput presenting under the sub-pubic arch. The pains are increasing in severity. Your efforts with the forceps should be moderate, for fear you may injure the perineal walls. Here comes the head, passing now through the crowning stage, the face sweeping over the perineum and into the world. Behold! Gentlemen, here is the cause of delay. You notice this little foot resting upon the sternum directly under the chin, the limb being thrown across the body, occupying the ventral surface with the foot resting under the chin. This certainly is a strange and unexpected position to find the extremity of the child, and the cause no doubt of all this tedious delay.

The effect of the foot resting in such a position is to prevent the complete flexion of the head, thereby preventing the long diameter of the head from taking the line of the parturient canal. In other words, throwing the long diameter of the head partially across the pelvic canal acting as a wedge or keystone, and the expulsive efforts of the uterus were alone unable to accomplish this labor in a shorter period of time.

Had we not interfered with the forceps at this juncture, this case would have been protracted an indefinite length of time. Possibly it might have terminated by the unaided efforts of nature alone. But, you will always be warranted in rendering your patients instrumental assistance after a reasonable length of time has elapsed, and you are well convinced there must be some good reasons for this tardiness in delivery. Had it not been for this mal position of the right limb, this case would unquestionably have terminated within twenty-four hours from the onset of labor.

We find the afterbirth not readily expelled. Introducing the hand through the external os and passing it up into the uterine cavity, we find firm adhesion to the right superior part of the fundus. I will now pass my fingers gently between the placental surfaces and the uterine walls, detaching the afterbirth. Now it is in the hollow of my hand, I bring it down gently, with the action of the uterus, my left hand

resting upon the fundus externally to secure its permanent contractions and the whole mass is brought into the world, and the third stage is completed.

MYOPIA.

BY W. H. WOODYATT, M. D., PROFESSOR OF OPHTHALMOLOGY AND OTOTOLOGY, HAHNEMANN MEDICAL COLLEGE, CHICAGO.

The belief that myopia is always inherited and congenital and only to be *ameliorated* by the use of carefully adjusted glasses and the observance of certain general hygienic measures is very wide spread, and founded upon the statements of most eminent authorities.

All authors of text-books treat the condition as an *incurable* one, and after giving directions concerning glasses and the hygienic behavior of the patient dismiss the subject. It is only in the periodical literature that we find reference made to the therapeutics of myopia, and this but occasionally.

About eight years ago the application of *Atropine* to myopic eyes was made by a Russian professor, who found that spasm of the ciliary muscle would yield partially or entirely under its use, and that the spasm was present in short-sighted eyes much more frequently than had previously been supposed. This observer admitted the influence of hereditary predisposition and yet met cases where this influence could not be traced out, in which emmetropic and even hypermetropic eyes became myopic under continued use in near work.

Four years later, or about four years ago, the use of *Atropine* locally was adopted and advised by a French physician, who came to the conclusion that, in many cases of short sight, organic changes were preceded by a condition of spasm of the ciliary muscle. Finding spasm present in a little over 85 per cent of his cases and being able to remove it in 69 per cent, he advanced the idea that cure, diminution, or arrest of the myopia, were within the power of the *Atropine*. He believed that the trouble manifested itself in certain cases independently of any hereditary predisposition.

Dr. Hasket Derby, of Boston, published in 1874, a list of sixty-seven eyes treated by the *Atropine*. In 89.5 per cent, spasm of the accommodation was present. Fifteen of his cases were cured, forty-five improved, and seven remained unchanged.

Here and there through the journals single cases may be found confirming these facts. On the other hand, Dr. Steffan (German,) states that in sixteen cases of progressive myopia in school children to whom he administered the *Atropine* it gave no permanent result.

Up to October, 1875, we had no report of cases treated Homœopathically, so far as I am aware. At that time I called the attention of our school to the beneficial results which had followed the internal admin-

istration of Calabar bean, in potentized form, in a number of cases under my care. The object was not then to present the subject in statistical form but rather to secure a trial of the remedy by others interested in this department that we might learn its possibilities and exact scope. So far as personal experience should govern a conclusion it is justifiable to claim for the *Physostigma* all that is claimed for the *Atropine*. In the cases treated thus far, full use of the eyes has been allowed, but only in a proper position. No protective glasses have been required and the patients have not suffered the annoyance of a largely dilated pupil. These are the points of advantage gained by the Homœopathic treatment.

The results to be expected from this, and doubtless other remedies, are: (a). Cure of the myopia. These cases will be the fewest, necessarily, until it is more generally known that the condition of short sight is amenable to treatment. This fact once known by the people, parents will be on the look out and observe the first indications of a contracted vision and seek advice. (b). A diminution of the refraction. This will be manifest in that weaker concave glasses will give the same vision or more. (c). A more extended range of accommodative power. (d). An improved vision even when the refraction remains unchanged. Cases exhibiting a marked amblyopia have become emmetropic under treatment. (e). Arrest of organic changes.

In many of the cases the first effect of the remedy has been manifest in the increased range of the accommodation. In examination of myopic eyes, previous to giving the remedy, and while it is being taken, a uniform method will assist in developing new truths as well as correcting errors which may creep in. I have adopted the following: Determine the amount of distant vision without glasses for each eye, separately; the power of accommodation in each; the amount of myopia and the vision, with suitable glasses; the ophthalmoscopic appearances. I would suggest that others who make trial of the remedies pursue the same method.

(NOTE.—Accommodation means the distance between the nearest and farthest point at which Snellens 1½ type (finest,) can be read; " means inches; ' means feet; 20-20 means that Snellen type No. 20 can be seen at twenty feet; 20-200 means that type which should be read two hundred feet away can only be read at twenty feet. In all the fractions the numerator stands for the distance from the type at which the observer stands, and the denominator for the number of the type. The number of the type expresses the number of feet distant at which it should be read clearly.)

The subjoined cases will illustrate and confirm the above statements:

CASE I. Miss B., aged sixteen. Complains of short sight which has been noticed for three years, and latterly of a pain in the eyes when continuous work is attempted. Occasionally sees things double, and is troubled at times with bright flashes before the eyes.

Letter test.—Right eye, vision 20-200; left eye, vision 20-200; Snel-

len 1½ read with right eye at 3½" and 23", accommodation 19½"; snellen 1½ read with left eye at 3½" and 20", accommodation 16½".

Glass test.—Myopia 1-20, vision 20-20.

Ophthalmoscopic examination negative.

Received *Physos.* 3x, four times daily. One week later record reads, vision 20-100 for each eye; right eye, accommodation 19½"; left eye, accommodation 18½"; myopia 1-30, vision 20-20. Two weeks later, vision 20-70 each eye; accommodation 23½" each eye; myopia 1-36, vision 20-20. Length of treatment, one month. Unaided vision improved; myopia diminished; power of accommodation increased; pain relieved.

CASE II. Mr. H., aged twenty-two. Complains of his eyes being sensitive to light, and that after exposure to a glare he sees colored rings before his eyes. Use is not accompanied by pain, but for a little over a year he has noticed that he was short sighted. He is not aware of any short sight in the family.

Letter test.—Right eye, vision 20-70; left eye, vision 20-200; reads Snellen 1½ with right eye at 4" to 14", accommodation 10"; left eye 5" to 7", accommodation 2".

Glass test.—Right eye, myopia 1-15, vision 20-20; left eye, there exists a myopic astigmatism, corrected by concave 10 combined with a concave 42 cylindrical, axis vertical, vision 20-20.

Ophthalmoscopic examination negative.

Received *Physostigma* 3x, which was taken a four times daily for one month. The last record reads, right eye, vision 20-70; left eye, vision 20-200; Snellen 1½ read with right eye at 4" and 18", accommodation 14"; left eye, 4" and 10", accommodation 8"; in each eye myopia 1-20 and vision 20-20. In this case unaided vision remained the same. Accommodation was increased 4" in the right eye and 8" in the left. The myopia was diminished to 1-20 in the right eye, and in the left eye the astigmatic complication disappeared leaving simple myopia of 1-20.

I am warranted in believing that more would have been accomplished here if the patient had been able to remain in the city.

CASE III. Miss C., aged fourteen. Myopia supposed to be inherited one generation back.

Letter test.—Fingers counted at 10'; Snellen 1½ read at 4" and 12½", accommodation 8½".

Glass test.—Myopia 1-10, and concave 10 made vision 20-20.

Ophthalmoscopic examination negative.

Prescribed *Physos.* 3x, four times daily. In eleven days fingers were counted 18' with right eye and 20' with left eye. No other change. The medicine was continued fourteen days longer (twenty-five days in all,) with the following result: Vision 20-200 in each eye; Snellen 1½ read at 4" and 14½", accommodation 10½"; myopia 1-14, vision 20-20. Here the vision was a little more than doubled; accommodation increased 2'; strength of glass diminished from 10 to 14.

CASE IV. Miss M., aged twenty. Complains of being short sighted, and of having pain on trying to use her eyes continuously for near work. On relaxing the accommodation, after reading a short time,

she noticed bright flashes and spots before her eyes for a moment. Neither father nor mother are short sighted, but one of the grandparents was. Vision 20-200; myopia 1-40, and with concave 40, vision 20-20. Reads Snellen $1\frac{1}{2}$ between 3'' and 15'', giving a power of accommodation within 12''.

Ophthalmoscope shows no change in the left disk. The boundary of the right eye was indistinct and its surface more hyperæmic than the left.

Gave *Physostigma* 3x, four times a day. Patient was studying hard and was allowed to continue as much as the pain would permit. Ten days later, vision 20-70; bright flashes and spots had disappeared shortly after commencing the medicine; pain as bad as ever; ophthalmoscope showed both disks congested.

Twelve days later, vision 20-70. At this time patient could and did undertake more studies, reading with the book on the knees and head bent over, and kept it up for a week before she was seen again. This position had been especially prohibited.

Returning a week later the record reads: Right eye, vision 20-200, doubtful; left eye, vision 20-70; right eye, myopia 1-18; left eye, myopia 1-36, and with properly adjusted glasses a vision of 20-30 was the best that could be secured. This was attributed to the overwork in a bad position, and the remedy continued. The vision remained at this point for four weeks, during the last three of which *Agaricus* 3x had been administered. Not perceiving any result it was determined to use *Atropia sulph.*, four grains to the ounce, applied locally three times a day. After six days use the record reads: Right eye, vision 20-100; left eye, 20-40. The local treatment was continued eighteen days longer, twenty-four days in all, and the test revealed the same condition. The record at that time reads: Right eye, 20-100; left eye, 20-40; right eye, myopia 1-30; left eye, 1-40; vision, with suitable glasses, 20-20. For twenty days nothing was done and the test showed a slight return of the spasm in the left eye, vision being 20-50 instead of 20-40; the right eye remained at 20-100. At this time toothache on the left side was complained of and the pain extended up to the left eye. Two carious teeth in the upper jaw on that side seemed to be the cause of the pain, and it was thought that the eye might be influenced thereby. To meet this condition *Plantago maj.* 3x was given every three hours. Under its use the pain in the teeth disappeared quickly, and in two weeks the vision of the left eye rose to 20-30. Vision in the right eye was still 20-100 but the myopia had decreased to 1-30; left eye, myopia 1-40; vision, with proper glasses, 20-20.

CASE V. Mr. R., aged nineteen, has noticed that during the past six months his vision for distance has been diminishing. Has no pain nor photophobia. He has been studying quite closely giving considerable time to the Greek.

Letter test.—Right eye, vision 20-50; left eye, vision 20-30; reads Snellen $1\frac{1}{2}$ '' with right eye at 4'' and 18''; with left eye at 4'' and 20''; showing accommodation 18'' and 20'', respectively.

Glass test.— Right eye, myopia 1-24; left eye, myopia 1-30; and with concave glasses numbers 24 and 30 placed before his eyes, vision 20-20.

Ophthalmoscopic examination showed no changes in the fundus. Patient was not aware of any short sight existing in other members of his family. This case bears the evidence of a simple myopia of a low degree, the refraction being different in each eye. The only annoyance experienced was the inability to distinguish clearly faces across the street, which he had observed was greater at one time than another.

Following the commonly accepted teachings in such cases this patient should have been supplied with a pair of spectacles suited to correct the refractive anomaly and allowed to go. He was placed upon *Physostigma* 3x four times daily and allowed to study the same number of hours as before. The second test made four days later showed an increase of the trouble in the right eye for distance, but an increased range of accommodation.

Letter test.— Right eye, vision 20-70; left eye, vision 20-30; with right eye, reads Snellen $1\frac{1}{2}$ at 4" and 20"; with left eye, at 4" and 22"; making accommodation 16" and 18" respectively; which is a gain of 2" on the first trial. After seventeen days use of the drug, the left eye was emmetropic with power of accommodation of 20". At the end of thirty days the following is the record, right eye, vision 20-40, accommodation 18"; myopia 1-42, vision 20-20. At that time a concave 42 accomplished as much as a concave 24, one month previously.

CASE VI. Miss B., with right eye counts fingers at 10'; left eye, vision 20-30; reads Snellen $1\frac{1}{2}$ " with right eye at 5" and 12"; with left eye at 4" and 17"; right eye, myopia 1-15, vision 20-30; left eye myopia 1-48, vision 20-20.

A crescent in the right optic disk at upper and inner quadrant; no changes apparent with the ophthalmoscope in the left. *Agaricus* 3x, was taken four times daily.

Studying was continued as formerly. In five days the record reads, right eye, fingers counted at 20"; left eye 20-20, made perfectly clear with concave 60; right eye, myopia 1-15, vision 20-30; reads Snellen $1\frac{1}{2}$ with right eye at $3\frac{1}{2}$ " and 13"; with left eye, at $3\frac{1}{2}$ " and 17". *Agaricus* 30 continued twenty-one days later. After twenty-six days treatment, left eye emmetropic; right eye, vision 20-200; myopia 1-18, vision 20-20; accommodation $13\frac{1}{2}$ " the same as the left eye. There was no myopia in father or mother, but grandparent on father's side was short sighted.

CASE VII. Miss E., aged seventeen, has been aware of a short-sighted condition of the right eye for several years but has paid no attention to it. Pain in both eyes after use has made her seek relief. The pain is, if anything, worse in the left eye, and occurs sometimes when the eyes have not been used at all. The following is the record of the first examination: Left eye, vision 20-30; right eye, counts fingers at 10"; left eye, accommodation 13"; right eye, 7"; left eye, myopia 1-48, vision 20-20; right eye, myopia 1-15, vision 20-30. The right eye could not be made emmetropic by any glass. The concave 15

was the best but even with it vision was 20-30. It was supposed that the asthenopic symptoms might be due to the unequal refraction, especially as displayed in the range of accommodation.

Physostigma 3x, four times daily was taken for five days when the record was, left eye, vision 20-20; doubtful but made perfectly clear by a concave 60. Right eye counted figures at 20". Myopia in the left had diminished from 1-48, and the vision in the right had doubled. The myopia in the right remained at 1-15, and vision with the glass at 20-30. She took the remedy twenty-four days in all and the last record reads, left eye, emmetropic; right eye, vision 20-200; myopia 1-18, vision 20-20; accommodation in each eye 13½". Without glasses vision was a little more than double, a glass three sizes weaker than the one used in the first test gave emmetropic vision and the range of accommodation had increased from 7" to 14½". The patient was thus enabled to use both eyes at the same time upon near work.

Mr. H., aged thirty-three, called upon me to try the effect of medicine on his short sight. He had not worn glasses except occasionally but required them to see distant objects distinctly. Latterly had noticed that he held his book very close to his eyes and on measurement it was found that the usual distance with him was five inches for fine print.

Letter test.—Vision with each eye 20-100; Snellen 1½ read at 5" and 12", hence accommodation 7".

Glass test.—Myopia 1-48, and with 48, vision only 20-30; no other glass made the vision as good.

Ophthalmoscopic examination negative.

No history of short sight in the family.

Physostigma 3x, was taken four times daily for three weeks. He was then able to read Snellen 1½ at 3½" and 22", giving range of accommodation of 18½", an increase of 11½" on the first test. Myopia 1-36, and vision 20-20.

CLINICAL LECTURE UPON FIBROUS ANKYLOSIS.

BY ALBERT G. BEEBE, A. M., M. D., HAHNEMANN HOSPITAL APRIL,
15, 1876.

The patient, to whose case I desire to call your attention this morning, was only to-day transferred to my department, from the medical wards, where she has been for sometime under the care of my colleague, Professor Mitchell, with an exceedingly severe and persistent attack of acute articular rheumatism. This has now been completely controlled, but she still carries abundant evidences of the ravages of the disease, and it is to these that the surgical interest of the case attaches.

We have here, a woman about thirty-six years of age, a Canadian, apparently of good constitution and in possession of good health, up

to the time when attacked by this disease; one week after which, she was delivered of a male child, at term. When the inflammatory process in the various joints was finally quenched, it is not surprising that she found several of them useless. She was unable to move them, either by any effort of her own will, or allow any one else to move them for her. In short, they were ankylosed. You observe that all the fingers of the right hand are flexed and cannot be extended. The right elbow is extended and fixed in that position; the shoulder of the same side admits of but little motion and the left wrist is rigid and useless. The function of eleven joints is, therefore, obliterated; three of them being large and important ones. We will not now attempt to review the pathological steps by which ankylosis is brought about, but it is important that we bear in mind the two important varieties of ankylosis, viz. Fibrous (or false) ankylosis—the result, of adhesions between the articular surfaces, following non-destructive inflammation of the joints. Bony (or true) ankylosis—the result of actual bony consolidation, following destructive processes, involving the loss of the synovial and cartilaginous tissue and the consequent approximation of the denuded and diseased articular extremities of the bones themselves. There is, also, an intermediate condition, characterized by the interposition of bony outgrowths (osteophytes), from small portions of denuded surface, thus obliterating mobility.

The first question which naturally arises when an ankylosis presents itself is. Is this *true* or *false*? In determining this, the history of the case is to be first considered. If it be found to have originated in a simple inflammation, without any indications of suppurative or destructive changes as in the case before us it can hardly be otherwise than fibrous. If, however, there is the history of prolonged and profound changes, sinuses giving vent to pus, ichor and bony detritus, there is strong reason to suspect that we have to deal with an actual *synostosis* or bony consolidation. Fibrous adhesions are usually sufficiently lax to allow some mobility, which may be discovered by careful manipulations, but should no motion nor even elasticity of the joint appear from the ordinary examination, you are not justified in pronouncing it true ankylosis until you have fully anaesthetized your patient, so as to do away with all muscular resistance. If then you can discover no mobility nor *elasticity* on thorough examination, and particularly if the history points in the same direction, you would be compelled to pronounce it *bony*. In this case, in view of the history and of the presence of more or less mobility in all these joints, we need not hesitate as to our diagnosis.

The prognosis, in this case, should be favorable to the recovery of the use of all the affected joints. In general, it may be said that we are justified in expecting to be able to restore very nearly all cases of *false ankylosis* to a useful *position*, if not to a full and natural *use*. This latter result may, undoubtedly, be attained in a very large proportion of cases, when *properly treated at the proper time*.

It is greatly to be deplored that the want of practical familiarity with this subject, on the part of surgeons even, has condemned to

hopeless deformity very many who should be in the full use and enjoyment of all their members. The numbers who are seen about our streets and in all public places with crippled joints are a sad commentary, not upon the inadequacy of our resources for their relief, but upon the ignorance and timidity of the profession.

Let us consider, then, what are the resources at our command for the treatment of such cases, and in doing so, we would naturally touch first, upon the preventive measures, which may avert this catastrophe, when it seems imminent. It is seldom, comparatively, that cases come into the surgeon's hands in time for the employment of preventives, the mischief being already an accomplished fact, but every physician should be fully prepared to do all that is possible to arrest this result, following such inflammations of the joints, as he may be under the necessity of treating, and certainty I need not say, that any surgeon, having such cases in hand, would not wait for ankylosis to occur before undertaking to counteract this tendency. It is not to be inferred, however, that these preventive measures are always simple or readily and certainly successful. Of course all measures tending to control or limit the inflammatory process in the joint are the most directly preventive of ankylosis. Of these, absolute rest, pressure and extension are the most important. In many cases, especially traumatic inflammations from fracture, implicating joints, careful passive motion should be as early and as thoroughly practiced as is practicable. There are, however, many other cases in which the inflammatory processes are so severe as to preclude all attempts, except those tending directly to the relief of the inflammation, and we must consider ourselves and our patients fortunate if, when that is accomplished, no greater damage has been done, than the production of a fibrous ankylosis. This is especially true of rheumatic cases, in which the inflammation is so constantly fed and so frequently rekindled by the original cause.

Supposing then, the inflammation has subsided leaving behind it a stiffened joint! What is to be done? The too common answer to this query has been. *Do nothing.* This may be the correct solution of the problem, provided the position is such as to render the member available for service, and if in addition, the adhesions are very dense and inveterate, or the general conditions, age or circumstances of the patient are such as to render an operation impracticable. In a large majority of instances, the do nothing policy is only the refuge of ignorance or cowardice. Something *can be and should be* done and done successfully for the relief of these deformities. For this purpose, there are two general methods of procedure, which we may designate as the *gradual method* and the *immediate method*. Of these the former is much the more generally employed, mainly for the reason that it seems to involve less risk and requires less surgical skill and can be abandoned at any time should the surgeon or patient become demoralized. On the other hand, it involves much time, patience and suffering, and even then is successful in a very limited number of cases. It is based upon the fact that fibrous material is extensible, especially

when of recent origin, and can be stretched out to almost any extent by persistent traction. Acting upon this principle, the joint is carefully manipulated and subjected to passive motion as fully as can be borne from day to day, by the hands of the surgeon or nurse, or by some mechanical appliance adapted to the limb which performs the same service by the agency of a screw, spring or a weight. You are probably all familiar with these instruments, as they are figured in nearly all works on surgery and to be found in most of the instrument shops. If, by their constant pressure upon the limb above and below the joint, they do not too seriously impair the circulation and nutrition of the parts; if the adhesions are few and slender, and if no contracted tendons interfere, this method may, in time, prove measurably successful. In many cases however, the surgeon will have the chagrin of seeing the same deformity creeping back as soon as the apparatus is removed.

It is clear to all, or at least to all who have had experience in such cases, that a large number, probably a very large majority of cases can not be satisfactorily treated by the gradual method, either because it is not applicable on account of too great firmness of the adhesions, or it becomes intolerable from the severity of pressure or tension upon irritable parts, or because of the strong tendency to relapse when treatment is discontinued.

On the other hand the immediate method is not beset by these disadvantages. There are very few cases in which there is any considerable difficulty in breaking up fibrous adhesions, however firm or inveterate. Even osseous union will often give way when properly manipulated. No long-continued extension is required and hence no intolerance of pressure is encountered, and when once this method has been successfully applied there is little liability of the recurrence of the original malady. This method has been sometimes called "forcible extension," although it might perhaps be better styled, in some cases, "forcible flexion." It is called by the French, and often by surgeons everywhere, "brisement force," or forcible rupture. It consists essentially, as its name implies, in forcibly breaking up the adhesions in the joint, and of course while the patient is fully anesthetized. In order to do this safely and successfully there are some points which require to be carefully attended to.

In the first place, the original inflammatory processes must have entirely subsided. There is nothing which both patient and surgeon would dread more than the rekindling of an inflammation in a joint which has once been severely affected, and it is doubtless the fear of this which has so greatly deterred surgeons from resorting to this method. You will find that both have great respect for, and treat with the utmost consideration, such joints; they are willing to conciliate them to almost any extent, rather than renew the old conflict. Experience has fully demonstrated, however, that if we will wait till the inflammation has once fully subsided, we need fear no serious rekindling from this operation, if it is skillfully managed.

In the second place, we must carefully dispose of all muscles or ten-

dons which, by their contraction or contracture, interfere with the full extension and play of the joint. This is of the greatest importance. Just here let me remind you that it is not a difficult thing to mistake contraction of the flexors of the fingers, for instance, for ankylosis of the joints. In either case the joint cannot be extended, but if the tendons are contracted or adherent to their sheaths from inflammation of the theca it can usually be determined by careful examination, if you are upon your guard.

In most cases of ankylosis with flexion of the joint the flexor muscles are more or less "contractured," and if the attempt is made to break up the adhesions these muscles will prevent free motion, or if they do not prevent extension they will be put upon the stretch when the limb is extended and will give rise to the most violent pain, inflammation and constitutional disturbance; so much so as to render the operation a failure, in many cases, unless they are first disposed of.

This leads us, necessarily, to the employment of tenotomy. The obvious rule is to divide all tendons which would be put upon the stretch by complete extension. If, however, we were to resort to the "brisement force" at once, after performing tenotomy, there would be great risk, in many cases, of enlarging the punctures made by the tenotome into extensive lacerations, which would be followed by inflammation, suppuration and malunion or non-union of the divided tendons. It follows, then, that we must wait until these punctures are healed, say five or six days, before resorting to the other operation.

Fortunately, in the case before us, the positions of the joints are such as not to allow of contraction of tendons, except in the fingers, and in these the tendons will not require division. The patient will therefore be at once put under the influence of *Ether*, and we will illustrate the *modus operandi* according to the immediate method. We use *Ether* in this case, not because it is the best anæsthetic for this purpose, for it is not, but because it is considered safer and is more popular at present, and surgeons are hardly considered at liberty to employ *Chloroform*, nowadays. Undoubtedly *Chloroform* is preferable for cases where we desire complete muscular relaxation, as that cannot often be secured under *Ether*.

The patient being fully anæsthetized we will commence with the fingers, which are successively straightened and then worked until the joints play freely and with comparatively little roughness. Proceeding now to the elbow, the arm is held firmly to the table while I seize the forearm firmly near the wrist and with a quick, forcible jerk, I flex the elbow. As I do so you hear the loud crackling as the adhesions give way. A few sharp alternate flexions and extensions, without employing any great force, are sufficient to break down all resistance and the elbow joint is free again. Fixing now the shoulder firmly to the table and with the humerus as a lever the adhesions in that joint are readily obliterated in a similar manner. The wrist upon the other side is now limbered up by the hands alone, and the operations are finished. It only remains to strap these larger joints firmly with adhesive plaster, incase them in splints of molded pasteboard, cover all with a firm

flannel roller, and put the patient to bed. There will probably ensue pretty severe pain for a few hours, and considerable soreness and swelling for three or four days, but by the time we meet here again, one week hence, she will be able to come in and have these joints thoroughly worked again (probably under *Ether*), and after that, passive motions will suffice to complete the cure.

There are, of course, many cases in which it would be impracticable to attempt to secure mobility of the joint, and in such we should content ourselves with placing the limb in the most useful position, in a suitable splint, and allow it to become again ankylosed.

NOTE.—The case progressed favorably, as anticipated. The following week the operation was repeated, and in four days the patient was allowed to go out of the hospital, since which time she has not been seen, but has reported herself as steadily progressing.

**CLINICAL EXPERIENCE WITH SOME NEW REMEDIES
TOGETHER WITH SUGGESTIVE FRAGMENTARY
PROVINGS OF THEM.**

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

It does not much matter at which extremity a child presents. In the hands of a skillfull accoucher it will sometimes be born vigorous and active. So it does not much matter at which extremity a remedy presents itself, its *clinical* or its *pathogenetic*. If the former, the pathogenesis, when we get it will confirm the Homœopathicity of its cures—*per contra*, if you have provings—clinical experience only confirms the truth of the law of similia.

My own experience with the following remedies has been very small with the exception of the *Chionanthus*, which I already value highly. But I believe I can do no better service than to collect, and preserve in our literature the little that is known.

CATALPA CARDIFOLIA.

This is an ornamental tree, cultivated in the northern states for the beauty of its flowers. It is a native of the south, and called the Indian Bean. It is reported poisonous, and has not been proven or used in medicine. It belongs to the Bignonia family, where the *Gelsemium* once was placed. The bark is said to be tonic, stimulant and anti-septic and the honey from the flowers poisonous.

Dr. Holbrook, of Baltimore, writing of *Catalpa* says: "I tried a fluid extract of it in dysmenorrhœa, of a very aggravated form, in which *Macrotys*, *Gels.*, etc., gave only partial relief, with the happiest results. Relief was almost instantaneous. This lady was suffering so much that she was obliged to remain in bed. In half an hour from the first dose of *Catalpa* extract she was up and about comparatively comfortable."

Dr. Scudder commenting on the above says: "It has been employed in the treatment of asthma and some nervous diseases of a painful character, with reported good results."

CHIONANTHUS.

This newest of our indigenous remedies of which I made brief mention in my Therapeutics of New Remedies, appears likely to prove a valuable one. Since the appearance of Dr. Goss' article which I quoted other papers have appeared and from the pen of Drs. Gale and Scudder (Eclectics) and the latter made a brief proving on himself and others. It may not be known to all members of the Homœopathic school that Dr. Scudder, who is the leading and representative man in the Eclectic school, and editor of one of their best journals, is making rapid strides in the direction of Homœopathy. He believes in proving drugs on the healthy in order to arrive at their specific action on the human system, and as a guide to their administration in cases of disease.

The following proving by Dr. Scudder I quote from the *Eclectic Medical Journal*, May, 1876:

"Monday, March 12th.—In good health, with the exception of some derangement of the brain taking the form of aphasia. Took thirty drops of a strong tincture at 1 P. M.; at 2:30 P. M., sensations of contractions in the stomach, as if some living thing was moving in it, with uneasy sensations in the region of the liver, and occasionally in the spleen; rheumatic pain in left ankle and tarsal bones. Unpleasant sensations in the stomach and hypochondria increase, and at 3 P. M., they have become very annoying; sensation like spasms, or palpitations of the heart, in the stomach; uneasy sensation in the region of the sigmoid flexure, as if caused by flatulence, uneasiness in right hypochondrium, extending to left iliac region; tongue coated yellow in the centre—previously clean; pulse markedly smaller and weaker; rheumatic pain in left carpo-metacarpal articulation of left thumb; evacuation of bowels at bedtime of a black tarry looking fæces.

Slept well; on waking had pain for a short time in the spine, from the seventh to the tenth dorsal vertebræ. The head was remarkably clear for a few hours, and all the symptoms of aphasia had disappeared (unfortunately they returned the next day, though not so bad.)

The sensation in the region of the stomach, liver and spleen, were so marked that no one could mistake the locality of the action, or the certainty of the action. The effect was shown in coating the tongue, in the evacuations of the bowels, and in the urine—which evidently contained a considerable amount of bile coloring material.

I gave it to Mr. G., with about the same results, and to Mrs. N., who found a single dose of ten drops produce all the sensations named in so unpleasant a form, that she could not be induced to repeat the remedy.

In the last case there was a feeling as if the bowels were about to move off violently, from the action of a purgative, with the nausea usually associated with such action, though there was no discharge from the bowels."

Dr. Scudder, verifies the trustworthiness of his proving by narrating his experience with *Chionanthus* in catarrhal jaundice with the following symptoms:

"Commencing with considerable pain in the right hypochondrium, after a time involving the stomach, and associated with colicky pains

in the abdomen. The patient complains that everything stops in the stomach, and both food and drink increases the sufferings. The skin is dry and harsh and shows at first an unpleasant, dirty brown hue; the features are pinched and the eyes dull and sunken. Soon the skin and eyes assume a golden color. The region of the liver becomes tender, afterwards, tenderness of the entire abdomen. In some cases the patients cannot bear to be moved, and tympanitis occurs. The ordinary remedies *Pod.*, *Bry.* and *Acon.* failed to remove the condition. *Chionanthus* was given fifteen drops every three hours. The second dose, he says, generally gave relief, and in twenty-four hours great improvement had set in. He treated severe cases, all successfully.

From the scanty data already collected relating to this remedy we cannot give any clear idea of its sphere of action, but it seems to me that it can be classed with *Agaricus*, *Chilodonium*, *Carduus*, *Podoph. Leptandrin*, *Myrica*, and possibly *Ptelea*.

(Since writing the above I have used the *Chionanthus* in chronic congestion of the liver, and observed in verification of Dr. Scudder's proving, that in doses of ten drops, a peculiar griping pain in the right hypochondria and epigastrium followed each dose, lasting half an hour or more.—*Hale.*)

Dr. Gale, (an Eclectic) says of its use in disease, after quoting Dr. Goss' high praise of it, he says: "I can say that I too have tried it in hypertrophy of the liver, with uniform success, and also in obstructions of the liver in malarious districts. It is as near a specific in jaundice as *Quinine* for periodicity." * * * I think its most useful field of action, lies in the power it possesses in chronic cases. He narrates two cases of gastro-hepatic disorder, marked by, "sallow, yellow skin, sombre, dark, expressionless countenance, constipation alternate with diarrhœa, occasional nausea and vomiting, loss of strength, etc." Both recovered rapidly from the use of *Chionanthus* after the failure of other remedies. He also recommends it in chronic disease of the kidneys, or any disease where the patient is "*yellow and heavy skinned.*" This appearance of the patient (a *muddy skin.*) appears to be a "key-note" for its use in all cases.

YERBO SANTAS.

Eridyction glutinosum is described by J. H. Bundy, M. D., of California, in the October number of the *Eclectic Medical Journal*, 1875.

It is commonly known there as "*Yerba santa*" given it by the Spainards, meaning "Saint herb," also as "*Mountain balm.*" The plant is two to four feet high, presenting a beautiful appearance. The leaves are petiolate and oblong, and on account of the gum resin contained in the upper surface presents a dark green color, the under surface has a silvery appearance. The leaf is the part used in medicine, the stems are said to possess no medicinal virtue. I will quote a proving by Dr. Scudder, in the same journal for November, 1875. The dose was not given. "In two hours, some constriction of larynx, sensation as if something pressed on the trachea near the supra-sternal notch, pain and constriction extending to the clavicle in the direction

of axilla, dryness of throat and air passages. In three hours, severe pain in left knee, with difficulty in using the leg, aching of the muscles of both legs; continuing during the afternoon and evening. The constriction and dryness of the larynx continued for three days distinctly, gradually wearing away."

Clinical experience with *Eridyction*, reported by Dr. Bundy :

CASE I. J. P. R., came for treatment, had suffered severely with laryngitis which had extended to bronchiæ. There was almost entire loss of voice, could hardly speak above a whisper, cough hoarse and husky, expectorating a thin mucus occasionally streaked with blood; pain in upper part of chest; throat dry, and as he expressed it—it was burning and smarting from the root of his tongue to his lungs. I prescribed fluid extract *Collinsonia* in full doses for four months, *Macrotys*, *Acon. Oil stillingia*, *Ipecac*, *Lobelia*, and inhalations such as I thought proper in his case. But with all this he grew worse, and I finally thought of *Eredyction* and prescribed *Conc. tincture* ozs. ii, *Syr. Acacia* ozs. j; M. S. Take one teaspoonful five or six times daily. In two weeks he came back and could talk as well as ever, but still there was some irritation remaining. I again gave the same, and in two weeks more he came and reported himself well. And to-day he is well.

CASE II. Mrs. J. E. P., had suffered two years with laryngo-bronchitis, and after treating for several months she returned to the states, for treatment where she was treated six months with but little improvement. When she returned to California again she again came to me for assistance and having such success with the former patient I put her upon the same treatment, and now, after six weeks time she is well and wishes to know why I kept her sick so long and did not cure her, and now cured her so quickly. My explanation was that her case was a bad one, and that I had discovered a new remedy that had done the work.

Those cases of hæmorrhoids which had been treated with every conceivable remedy for piles, and one had been operated upon, but without effecting a cure. I studied like this; a remedy that will influence mucous membrane so perfectly in one place will in another, accordingly I gave prescription containing tincture *Eridyction*, ozs. iv., S. Take one teaspoonful three times a day in a little syrup. The result was that in four weeks time every case reported themselves cured.

PENTHORUM.

This plant belongs to the same family as the *Sedum acre* (Mossy Stone-crop) of Europe, of which there exists some brief provings somewhere in our literature. The *Sempervivum tinctorum* (Houseleek) (*New Remedies*,) also belongs to the same family.

This species of Stonecrop (the *Penthorum*,) is found in wet places everywhere. It is a homely plant, about one foot high, upright, a weed-like perennial, not fleshy like the rest of the family, with scattered leaves, and yellowish-green flowers, loosely spiked along the upper branches of the cyme. Sepal, five; petals rare, if any; stamens,

ten; pistils, five, united below, forming a five angled, five horned, five celled pod, which opens by the falling off of the beaks; many seeded.

It has an astringent taste although it is not really an astringent, but rather the contrary. It is styled in old books a demulcent.

Proving of *Penthorum sedoides*, with the tincture :

“Swallowed ten drops in water. No distinct sensation. In an hour, twenty drops more. A prickling, burning sensation on the tongue as though scalded; increased flow of saliva; a peculiar wet feeling in my nares as though a violent coryza would set in, which did not; the secretion from the nose became thickened and pus-like, but not increased; afterward had the same wet feeling in trachea and bronchia, passing from above downward, as if a coryza would set in, followed by a slight feeling of constriction, which passed from above down through the chest; a few very cold chills rushed in succession up the spinal column; a full sensation in supra-orbital region, (a hearty supper); pulse regular at 58.

At 3 P. M. swallowed forty drops. The above symptoms were confirmed. Nares felt stuffed as if swollen. The fulness in the sinicput became an ache, as though a weight pressed down upon it. Reading interfered with because of mental dullness. Eructations and dejections of little collections of odorless flatus expelled with force. A clawing, uneasy sensation about the umbilicus, which gradually passed to lower bowel. Borborismus. A crawling sensation in lower rectum as though a worm tried to escape. Urine clear, passed more frequently. (Supper.) Headache continued, could not read. Went to hear Boutwell, followed his argument with difficulty, was much annoyed by the little noises made by the audience. Itching of the hairy scalp. Twitching of muscles in abdomen. A few hot prickings in the skin. Fantastic dreams. Sexual orgasm. Parieties of abdomen felt thickened. Arm went to sleep (numb). Hand felt swollen. In the morning a cough seemed to come from deep in the chest, with soreness throughout the chest. Discharges from nares thick, pus-like, streaked with blood, and an odor as if from an open sore. Urine still increased in flow with burning along the urethra when micturating, otherwise well.

At 9 A. M. swallowed sixty drops. Was costive when commencing proving, had two natural stools from yesterday's medicine. The catarrhal feeling repeated itself, and headache came on again.

At 10 o'clock swallowed fifty drops. Mind became so dull I gave up reading and lay upon the lounge, on closing my eyes felt like I was floating—vertigo. The prickings and itchings repeated themselves. Urine continued in increased flow for more than a week, as did the burning in the urethra. A dull aching in kidneys; the bladder became sore to pressure. While on the lounge the muscles of the leg were suddenly contracted, jerking up the foot as in stepping; in a moment the right one performed the same maneuver. The inner superior tarsal border of both palpebra itched and burned. Appetite increased. When commencing the proving, had a dull, heavy headache, with heat

and soreness in the sacrum; this was cured. A trembling feeling of legs for several days, with soreness of knees. Waited until the 29th and re-proved. Swallowed one hundred drops. Urine actively acid, as shown by litmus; no cloud on boiling; threw down a sediment with *Sulph. acid*, *Ammonia* and *Argent nitricum* and *Nitric acid* when boiled. The next day after the latter dose it was alkaline, as shown by litmus, and only precipitated with *Argent nitricum*; slightly cloudy with caloric; unloaded but increased in quantity.

The above symptoms repeated themselves, aching through basilar region from back to front, a catarrhal aching in forehead, ringing and singing in both ears. A soreness in epigastrium. This symptom appeared at first, not recorded because thought idiopathic. Voluptuous dreams and increased sexual desire, sympathetic with urinary excitement. Burning in rectum at stool, continuing through afternoon. The aching in sacral region reappeared, but subsided as the medicine was eliminated. During both provings the mind was dull and exceedingly discouraged and desponding. Everything wrong but dinner. A secondary symptom, a drawing or contractile feeling of the muscles of the side of the nose affected with catarrh. Itching in the nares. Itching of face and forehead. A long cured impetiginous eczema reappeared on both legs. The posterior nares feel raw as if denuded of epithelium. The bloody sputa continues. The catarrhal headache intermits, as do the urinary symptoms."—*Dr. D. B. Morrow, Eclectic Medical Journal, 1875.*

Supplementary to Dr. Morrow's proving, he reports some secondary symptoms namely: Some weeks after proving suffered from constipation, an atonic condition of the bowels and rectum; itching of anus; hæmorrhoids, with aching in sacrum and in sacro iliac symphysis. An erythismus of the sexual system, almost a satyrasis; a slight varicocle of long standing was apparently cured. This condition was succeeded by a corresponding depression of sexual function approaching impotence, after months of time returning to the normal condition. Cured a severe acute catarrh with fluid coryza; headache; vertigo; cough; sticking pains in thorax; heaviness and trembling of lower limbs; pulse 110; with *Penthorum* 3 in pellets, relief speedy.

PROVINGS II. "I took of the tincture twenty drops, and had the following symptoms. An unpleasant sensation of disgust and nausea, lasting for three hours, but not interfering with the following meal, which was eaten with greater relish; in four hours an unpleasant heavy pain in the forehead, about the edge of the hair; sense of fullness of the nose and ears. Semi-fluid evacuation of the bowels next morning, having been somewhat constipated. The young man in my office took the same quantity and had similar symptoms, the frontal pain and discharge from the bowels being especially marked."—*Dr. Scudder, Jr.*

There is also given by the last prover the following clinical experience: "I have given it in three cases of chronic catarrh; in two with very decided benefit. In one case of mucous diarrhœa; result, a cure

by the second day. One of the cases of catarrh had been of long duration, and was treated by the best physicians of the country. Employing the nasal douche spray apparatus, curved spray syringe for the posterior nares."

Further provings will doubtless show us that this drug is an analogue of *Sticta*, also *Sambucus*, *Gelsemium*, *Teucrium* and perhaps *Phytolacca*. It will probably prove an addition to our catarrhal remedies.

HOMŒOPATHIC HOSPITAL WARDS ISLAND, NEW YORK CITY.

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REPORT OF CHIEF OF STAFF.

TO THE HONORABLE BOARD OF COMMISSIONERS OF PUBLIC CHARITIES AND CORRECTION.— *Gentlemen:* I beg leave to submit the subjoined annual report of the institution committed to my care, to-wit: The Homœopathic Hospital, the Inebriate Asylum, and the Soldier's Retreat, for the year ending December 31, 1875.

The Homœopathic Hospital was formally opened September 10th, 1875. The first patient was admitted September 14th. Admitted during the year, males, 370; females, 106. Whole number treated, 476. Discharged recovered, males, 48; females, 25. Discharged improved, males, 40; females, 25. Discharged unimproved, males, 5; females, 2. Died, males, 15; females, 3. Whole number discharged, 145. Remaining, Dec. 31, 1875, males, 262; females, 51.

The whole number treated includes one-hundred and twenty-seven insane patients, suffering mainly from chronic dementia. At the opening of this hospital frequent and unavoidable delays occurred,

such as almost always oppose the progress of a new enterprise. Still, an organization was soon effected, and the work of preparation for the reception of the sick was pushed with vigor. A careful inspection revealed the necessity for numerous and varied repairs throughout the building. These were at once attended to, so far as somewhat limited appropriations for expenditure would permit. Considerable carpenter work, such as making desks, shelves, doors, etc., was accomplished by the workhouse help. The walls and ceiling of the building were freshly calcimined; bath and water closets, steam and gas pipes were overhauled and repaired; the boilers were encased in new brick jackets, and the boiler house re-roofed; measurements for the entire structure were made, and every room and ward fitted up for the expected occupants.

The duties of officers, physicians, attendants and nurses were defined. Rules and regulations were sparingly promulgated; it being considered the better plan to have a few laws, rigidly enforced, rather than a multitude of complicated and cumbersome regulations.

ADMISSION OF PATIENTS.

Patients are admitted to this institution through George Kellock, Esq., superintendent of the Out-Door Poor, who grants all permits after being satisfied that the person applying is a fit subject for a charity hospital. Those who so elect are sent here for treatment, being first examined by the examination officer of the department. Those having no choice of treatment, are sent *pro rata*, according to the number of beds in each, to Charity, Bellevue, and the Homœopathic Hospitals.

On arrival patients are examined and assigned to appropriate wards, then bathed, and if necessary, clad in clean clothes.

VENTILATION.

Foremost among necessities for the comfort and welfare of the unfortunate sick is a plentiful supply of fresh and pure air. The building in which the hospital is located has numerous ventilating shafts extending from basement to roof, and communicating with the several wards. These shafts are perforated at the base for the admission of air, and the quality of that passing through them to the wards depends largely on the condition of the basement. Therefore, the initial work was to thoroughly cleanse the basement of everything filthy or impure. The next step was to insert ventilators in all the windows of the cellar, thereby insuring a constant and steady stream of fresh air from without. By these means an untainted atmosphere is allowed to penetrate and permeate the entire building.

These window ventilators are inexpensive and are constructed after this plan: A pane of glass is removed from the sash, and a wooden case four inches in width with an opening at the top is fastened within. The glass which has been removed is then inserted, the inner border of the case, and through the opening at the top good ventilation is secured.

DIET.

The dietary table of the Homœopathic hospital is modeled after that in use at the New York City Asylum for the Insane. It is liberal in quantity, and affords an excellent variety; yet by reference to our *per capita* expense table, it will be seen that the average daily cost of feeding each patient at this institution is only about twelve cents. A good, plain but wholesome and nourishing diet will I believe ere long be regarded as an imperative necessity in all our hospitals. That it will prove a real economy, we hold for these reasons, with proper and sufficient nourishment patients can easily dispense with the large quantities of expensive wines, ales, and liquors which are sometimes so lavishly used, and whose indiscriminate use tends to the breeding of pestilence among the people, rather than to the healing of their disease. The right kind of food appropriately selected for each individual's wants, tends to rapidly and surely build up the wasted and half starved systems of the impoverished sick who throng our wards. A shorter stay in the hospital is thus secured, and patients are sent out better fitted to cope with the duties of life than if their depleted energies have been falsely recuperated with delusive stimulants. While an undue encouragement to pauperism, by feeding and caring for the sick, should be scrupulously avoided, it is conceded by the highest authorities that a judicious diet is one of the wisest, and most prudential means for restoring health and strength to enervated and blood impoverished patients. An appended table shows the daily allowance of food for each inmate of the hospital.

It extends over the space of a fortnight, in order to afford greater variety than could otherwise be obtained. In addition to the regular fare extra diet is issued when ordered by the visiting physicians to such patients as are unable to partake of the ordinary diet. These "extras" consist of beefsteak, eggs, milk, rice, cocoa, toast, etc.

CAUSATION OF PAUPERISM.

The causes of pauperism, and consequent disease and crime, have received careful and thorough investigation by those long enjoying favorable advantages for observation. Many reasons for this fearful and rapidly increasing pauperism among the people have been assigned, but that which takes precedence above and beyond all others is the curse of intemperance. It is this which robs the pockets of the poor man; this which benumbs his brain and destroys his faculties; and this which predisposes himself and his children to fatal disease. It is this which breeds sensuality in all its protean and disgusting forms; this which induces shiftlessness and irresponsibility among the masses, and this which saps the life from those who otherwise would be healthy and vigorous. The statistics of alms houses, work houses, penitentiaries, asylums and hospitals all attest this dark and gloomy fact. A sure remedy for this sweeping scourge so devastating in its deadly influence, is beyond human ken. Yet if the malignant character of this enemy of the peoples health and its far-reaching tendencies to disease and death were more thoroughly understood a revolution of

sentiment on this question might the more readily be inaugurated. If the masses of intelligent citizens will examine carefully the records of our asylums and the case books of our hospitals they will find in them most convincing evidence that a large proportion of pauperism and life destroying disease is caused by the excessive use of alcoholic liquors. The creation of an almost universal popular sentiment, that shall not only uphold the passage, but insure the enforcement of restricting laws is the most hopeful remedy.

OUR NEEDS IN THE HOSPITAL.

One of the greatest needs yet experienced in this hospital is a large number of wards, in order that a proper classification and division of patients may be made. A very limited number are now at our service, for general patients, in consequence of nearly half the building being occupied by the insane and inebriate. It is impossible at present to separate, as should be done, the various classes of disease sent to us for treatment. If the chapel, which is much larger than necessary, were partitioned in halves a commodious ward could thus be afforded and abundance of room be left for religious services. Suitable accommodations for holding autopsies at this hospital are much needed. By the addition of another story to the present dead house, ample room would thus be afforded, and that too at a very moderate expense. A thorough overhauling of the steam and gas pipes in this building will shortly be necessary. Some of the steam pipes are old and rusty and are frequently bursting, which causes much inconvenience and difficulty in heating the hospital. The gas fixtures and pipes (at least portions of them) want renewing. In the kitchen two large kettles should be added to the number now in use, and the range needs thorough repairs, in order to facilitate the proper preparation of food for our steadily increasing numbers.

DEPARTMENT FOR INSANE.

At the opening of this hospital one hundred and twenty-five patients belonging to the New York City Asylum for the Insane were transferred to this institution. They were at the time inmates of the building given over to our use. Most of these patients are cases of chronic dementia and victims of masturbation and alcoholism, for whom there is little hope of recovery. They cannot be discharged cured, and they die very slowly; hence their long continued occupancy of a considerable portion of the building which might otherwise be filled with curable patients militates against the hospital. These unfortunate demented beings will probably be a burden of expense to the city of New York during the remainder of their lives.

Humanity dictates for them generous care and kindly treatment. Yet a wise and judicious economy would, I believe, be displayed in furnishing this class of insane persons permanent homes in pavillions, which can be erected at a moderate cost to the city. In these they could be afforded all necessary comforts. Most of our insane patients being in fine bodily health, do not need to be surrounded by the

expensive and elaborate appliances considered so essential in a first class hospital. Therefore I would venture to suggest the construction of wooden buildings to accommodate the insane now under my charge.

INEBRIATE ASYLUM.

This institution was established in 1868. Its history is marked by large expenditure and comparatively meagre returns. An appended table shows the number of admissions, discharges, elopements and deaths from its inception in 1868 to the close of the year 1875. Of late the admissions and discharges have been few, but the number "permanently cured" can, I fear, be estimated only by zeros. As a reformatory this, with most similar institutions, has met with somewhat unsatisfactory results. The frequent return of inebriates who have been discharged apparently "cured," has been a source of chagrin and disappointment to the most sanguine friends of these infirmaries.

If these institutions are indeed failures, so far as the radical cure of the drunkard is concerned, the question arises, should they be continued in their unfortunate existence? For the sake of humanity, and that the drunkard may feel that he is not utterly a castaway, I believe that institutions of this kind should be perpetuated. But they should be looked upon in their true light, not as sanitariums or reformatories, but as "Cities of Refuge," to whose protecting walls the harried victims of inebriety may flee for temporary safety at least.

An inebriate asylum should be located in a quiet, secluded place, where temptation may be removed as far as possible from these weak and yielding slaves of appetite. In such a locality an asylum of moderate proportions could be made self-sustaining, and prove both a credit to the one establishing it, and a blessing to those compelled to avail themselves of its privileges.

THE SOLDIER'S RETREAT.

This was established in 1869, during which year General James Bowen began gathering together the disabled veterans of the late war (residents of New York City,) and furnishing them quarters in the unoccupied portion of the Inebriate Asylum building. During the past year a large proportion of these men have gained admission to National Soldier's Homes, the majority going to Hampton, Va., and Dayton, Ohio. By this means the city is relieved of an expense which is now borne, as it should be, by the general government. Those ineligible for admission to National homes, and able to work, have been discharged. A few soldiers in the retreat were too infirm to be sent away, and were consequently transferred to the Homœopathic hospital. They accepted a transfer willingly, yielding a soldierly obedience to Macbeth's command to Seyton, "Get thee to bed." The last inmates were discharged or transferred Dec. 14, 1875, and the Soldier's retreat, as such, passed out of existence.

ACKNOWLEDGEMENTS.

To your Honorable board I tender my earnest thanks for your ready

compliance with every reasonable request made in the interests of this hospital as far as limited appropriations would admit. The members of the medical board have, one and all, cordially supported and encouraged me in the performance of various, and at times trying, duties; and to them I am indebted for valuable suggestions and cheering words, which have greatly lightened my labors here.

C. A. Bacon, M. D., of the medical board gave timely and much appreciated assistance at the organization of the hospital.

The young gentlemen composing the house staff have been assiduous and untiring in the performance of their every duty, and for the energy, zeal, and enthusiasm they have at all times manifested for their work are deserving of the highest praise.

The hospital is indebted to several benevolent persons in the city and elsewhere for handsome contributions of books, papers, magazines, mottoes, etc., together with fruit and delicacies for patients most needing them. Many a restless convalescent has been soothed and quieted and his recovery promoted by aid of these timely gifts.

The spiritual wants of our patients have been ministered to most faithfully by Rev. Fathers Duranquet and Galinas of the Catholic faith, and Rev. Messrs. Willing and Willets of the Protestant faith.

CONCLUSION.

The wards of our various hospital are the receptacles for the diseased, shattered and degenerated elements of society. Among our inmates are many who have never known the meaning of the term prosperity; and also numerous deformed and crippled ones who have never enjoyed the blessed boon of health. And there are not a few, too, who were once in the happy possession of both purse and health, but who are now reduced to the darkest and saddest straits of life, that of being compelled to seek a refuge within the welcoming arms of a charity hospital. These stranded wrecks of humanity, constantly increasing in number, are, and will continue to be, an evergrowing burden of expense to the city. But it is a burden which should be cheerfully and generously borne; and no spasm of economy should ever be permitted to contract the usefulness or curtail the hospitalities of this most charitable department.

Nowhere else in this city is money more judiciously and benevolently expended.

In the hurrying strife for wealth and position peculiar to Americans, there is danger that the importance of our noble charities may be under-estimated, and that they may not receive that sober-minded attention and earnest regard which they so much deserve. From the gay and volatile French we might learn a valuable lesson of love for these beneficent institutions.

A distinguished medical gentleman who has recently made the hospitals of Paris a careful study, speaking of the estimation in which these places are held, says, "The Frenchman may be on the crest of the wave or in the trough of the sea, in so far as his individual experience goes, but he never forgets the hospital. The Frenchwoman may

bestow a surplus of affection on a lap-dog or a kitten, a tan-colored terrier or a chirrupy companion with his inevitable cigarette, but she will not fail to love the hospital. The rich are interested in them because they afford an asylum for the needy and destitute, and the poor because they are a last and unfailing resource, a special Providence against the mutabilities of health and fortune. They all magnify the grace of charity. Prisons and palaces may be destroyed and their churches desecrated, but their monuments of mercy are touched only by the hand of time. The commune may burn the Hotel de Ville, but will spare the Hotel Dieu."

With such an affection for these places of sweet refuge to the stricken victims of disease, it is no wonder that the city of Paris alone supports over twenty thousand sick beds, at an annual expense of more than two millions of dollars, and that too without scrambling or grumbling.

It is most devoutly to be hoped that ere long a similar regard may popularly prevail for the eleemosynary institutions under the control of this department; and that in the work of charity the city of New York may stand a peer with any in the world.

SELDEN H. TALCOTT, Chief of Staff.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

COUNCIL BLUFFS, Iowa, May 19.—Since writing, pneumonias have occupied our attention.

CASE I. Pleuro-pneumonia; great prostration, red tongue, delirium of the business of the day, dry cough, nausea on sitting up in bed, thirst for large draughts of water, constipated, sharp pains in the lower lobe of the right lung, relief from turning on the painful side. *Bry.* 30 in water, teaspoonful every hour, relieved. There became on the third day, restlessness after midnight, tongue fiery red, constipation relieved. *Phos.* 200, in water, as before for *Bry.* Perspiration followed, relief from the nervous restlessness, dullness of percussion decreasing, no expectoration; attacks of retching, tongue red, papillæ elevated; dry cough, worse mornings. *Tart. em.* 200, completed the treatment.

CASE II. Maiden lady of seventy years; found her lying in bed with her hands pressed over the lower portion of right lung; pulse 120, full; tongue red, cough incessant, skin dry and hot. *Acon.* 10 till per-

piration, then *Bry.* 200. These remedies completed the treatment in three days.

CASE III. Girl eight years old; coughing incessantly, sharp pain behind sternum, nausea, tongue coated whitish, thirst for much water, no appetite, worse from sitting up. *Bry.* 30. This ameliorated all the symptoms except the cough; the tongue becoming red, with raised papillæ, *Tart. em.* 200 was given. On these remedies she was on her feet in six days. A little cold increased the subsiding cough, there became suffocating attacks at night, tickling behind the sternum. *Rumex crispus* 10.

Cases all doing well with nothing new to record. Some of these cases had a typhoid squint. WALTER D. STILLMAN.

CONSULTATION CASE.

FOR DR. BREYFOGLE'S CASE.

In case reported by Dr. E. S. Breyfogle in THE UNITED STATES MEDICAL INVESTIGATOR, page 355, April 15th number, I would prescribe *Calcareo carbonicu* 200, a dose every night for one week, then wait action.

CORNING, Iowa.

C. W. HIGGINS.

EXPLANATION.

In reply to a query of Dr. J. C. Morgan for details of case reported in April 1st number, page 301, we have the following:

In the case referred to I gave *Lachesis*. First, on account of its pneumo-gastric nerve symptoms (see Hughes' Pharmacodynamics); second, by observation of a serpent-poison case—the same symptom, that is, spasmodic pain in the stomach followed by vomiting; third, *Apis mel.* would have been identical, not similar, hence not Homœopathic. It was partially experiment, but succeeded well.

QUINCY, Mich.

Z. W. SHEPHERD.

EXPERIENCE WITH THE POTENCIES.

Dr. Sarchet. in issue of May 15th, page 453, says, "I believe it is accepted beyond all doubt that syphilis cannot be cured by the high potencies." I beg to differ with him on that point, for my experience as well as others are directly contrary. If *Mercury* is the remedy used it will fail but *Nitric acid* 5000, or upwards, one dose will cure every

time. Let those who have not tried it do so and report the result in your journal unbiased by their prejudices in favor of high or low potencies. Give *one dose*, and plenty of *Sac lac* and await results. I am indebted to my friend Dr. Foote for this treatment.

STAMFORD, Conn.

J. F. GRIFFEN.

SMALL-POX EPIDEMIC.—CALIFORNIA.

Early Friday morning, May 19th, the steamer Colorado arrived in this port from China. Four Chinese passengers had been left in the hospital at Yokohama sick with the small-pox. The vessel was then fumigated and no other cases occurred on the voyage, but that of the ship's quartermaster. He was isolated, received medical treatment, recovering rapidly.

When the Colorado arrived, instead of awaiting the arrival of the quarantine officer in the lower bay, for certain reasons assigned to the captain, she was brought directly to the wharf. There she was boarded by the officer and the above facts elicited by him.

Until investigation by the board of health the Chinese passengers were not allowed to go on shore. Thirty-five cabin passengers came ashore in the morning with their baggage. The steamer, in the afternoon was towed out to quarantine ground. While lying in Mission bay, she was twice thoroughly fumigated, Saturday and Sunday; besides, the crew, and those of the passengers who were not protected, were vaccinated by the ship's surgeon.

At a meeting of the board of health, Monday afternoon, the quarantine officers reported the Chinese passengers as in good health, and the vessel *clean*, and he saw no reason why the quarantine should not be removed. At that meeting, the health officer reported that on the day the steamer arrived, a case of small-pox was discovered in the French hospital. On the next day, Saturday, another case was found on Vallejo street, and another in Brenham place. On Sunday another was discovered in Waverly place. These last three are near the Chinese quarters. Another was found on Hayes street. The first and last are distant from the Chinese quarters and almost equally distant from each other, in different parts of the city.

One man had been hauling goods from the China steamer. He could not learn that the others had been exposed, and was certain they had *all* commenced before the arrival of the steamer. Believed there was an atmospheric condition which was favoring its spread, and that it had commenced in the Chinese quarters.

On Tuesday three more cases were reported. All the cases but two, reported to that time, being within a few blocks of the Chinese part of the city. It can scarcely be doubted that we are on the eve of a small-pox epidemic.

More than usual, at this time of the year, cases in my practice have been associated with forms of continued fever, bordering closely on

the typhoid, though not realizing that condition completely. A blood condition, however, has been evinced among the sick generally, on which such a disease as small-pox might easily, by contagion or otherwise, engraft itself. Two or three weeks since we had an unusually long period of hot weather, seven or eight days. This was followed by a week or less of—for us—exceedingly cold weather, and for three days past the weather has been warm again. One showery evening and some fogs (not unusual) during the time. By this evening's *Post fourteen* new cases have been discovered during the week, and alarming circumstances are evincing the endemic and epidemic nature of the disease are that the *cases are scattered all over the city* and more of them are known to have been exposed to the disease previous to its inception.

There seems to be a strong disposition to lay the thing onto the Chinese; but the only circumstance favoring that idea is that most of the first cases were discovered in the neighborhood of *their* quarters. On the other hand none of them are known to have been attacked by the disease.

Active means are being taken to prevent the spreading of the disease.
 SAN FRANCISCO, Cal. May 26. W. N. GRISWOLD.

A PECULIAR CASE.

HISTORY OF CASE AND RESULT OF POST-MORTEM EXAMINATION,
 REPORTED BY P. M. COWLES, M. D., CHARDON, OHIO.

Miss Josie V., age twenty-three. Native of this place and of American ancestors for several generations. Her maternal grandmother died many years ago of disease diagnosed at the time as occlusion of the pyloric orifice of the stomach. Maternal grandfather living and eighty-eight years of age. Parental grandfather died some thirty years ago under peculiar circumstances detailed at the conclusion of this article. Her mother has always had trouble with her stomach, and Miss V., who had the appearance of a strong, healthy, and well developed young lady, being of medium stature and weighing one hundred and forty to one hundred and fifty pounds, has from infancy had the same trouble. She was a good singer and had a very strong, heavy voice.

Some time last fall she left home to attend college, at Akron Ohio, and on March 12th last, returned home, sick. She had been troubled, during the winter, with a lack of appetite and a tired, languid feeling, and some cough. Some two weeks before her return home, she returned to her room, from school, at 4 or 5 P. M., and had a chill of an hour or more duration, followed by fever and sweat, and an entire loss of appetite, but *no pain* of any kind, and from that time forward had chills and fever, but after a day or two, had no more sweat at any time during her illness. She received no treatment until her arrival

at home, when an Eclectic physician was called, who diagnosed the case as intermittent fever and a very bad condition of the liver. During his treatment the chills were suppressed, and the character of the fever changed, by some medicine which had also the effect of a physic. (Her bowels during the whole of her illness, except while this physic was operating were inactive, only acting when stimulated by injection) and as soon as her chills ceased her stomach, which had been somewhat troublesome, took on still more irritable symptoms and the least quantity of food taken into it caused "a distressed feeling" and sensation "as of a heavy load or stone in her stomach." From the commencement of her sickness, her strength had failed and she had emaciated rapidly.

On the 12th day of April, I was called to attend the case, and found the following symptoms: Pulse one hundred and twenty to one hundred and thirty, and at irregular times, the continuous fever heat would increase, with a circumscribed almost purple redness of one or both cheeks, when only one, the left one; a slight hacking cough; respiration good and normal in frequency; dullness on percussion and absence of respiratory murmur in the lower part of right chest up to fifth or sixth rib, which I considered either the result of an old and unabsorbed hepatization, (but could not find upon inquiry that she had ever had pneumonia,) or a crowding of the liver upwards into the thorax. Urine passed morning and evening, in somewhat reduced quantity, very high colored and tubulent and on standing a few hours, separating into a deep redish-brown color, and a pinkish white cloud of sediment of about one-third of the bulk of the whole mass, the urine becoming clear by heating or by adding *Nitric acid*. Tongue dry and brown, mouth very dry; no secretion of saliva, a piece of elm bark chewed for five minutes showed scarcely a trace of moisture; frequent thirst (drank but little as it gave her more distress to drink much), no appetite and feeling of "distress," not a pain, and as of a hard lump in the stomach and a terrible nausea and retching, but no vomiting for a long time after taking any thing into her stomach; bowels inactive, longing for acids and a disgust for anything sweet, diet principally oat meal gruel, three or four teaspoonsfull once in two or three hours. Very much emaciated, but had strength sufficient to sit up in bed or in a chair, if well supported; good sweet sleep during her whole sickness, except the last two nights, slept a good deal day times. *No pain* anywhere, *no tenderness* on pressure over the chest, stomach, or abdomen. For a few months, the courses had been once in three weeks, of usual quantity, and no attending symptoms of any moment. Mental symptoms lively, hopeful, and ready to laugh and joke with her friends; mind clear, as in health still able to sing, and enjoyed music and singing. The emaciation, though general did not appear to affect the fullness of a naturally broad full face very much, until a few days prior to death, and the brightness of the eyes, and slight flush upon the face, from the continuous fever, made her appear when seeing only her face very little changed from her appearance in health. She was not in the least nervous, nothing disturbed her,

except sad or disagreeable callers. The mammary glands still remained larger than with the average of ladies in health.

TREATMENT.

Ars. 3 and *Bry.* 30 this treatment ameliorated the stomach symptoms so far that, after a day or two, there was no more complaint of the sensation of a hard lump in the stomach and in two or three days the cough had entirely ceased, but the "distressed feeling," and nausea, still remained unaltered; gave *Ipecac* 3 two days with no effect; then *Nux v.* 3, and afterwards 30, in alternation with *Lach.*, which relieved entirely one symptom viz., a tired bad feeling and heightened fever on awaking from sleep, and appeared to somewhat relieve the nausea and retching, and by April 26, the retching had nearly ceased, the distressed feeling still remaining, but not so bad. Her almost invariable answer to how she felt was, "just comfortably sick, with no pain, but so weak, and that distressed, bad feeling at my stomach."

April 26th. The patient has failed in strength and continued to emaciate, and quite large spots of ecchymosis, of a dark purple color have appeared upon the flexor surfaces of the arms and legs and upon the mammæ. Can find no symptoms for diagnosis of any disease, but there are more symptoms contra indicating, than there are indicating it, and find a great lack of symptoms to prescribe upon, from the same cause, can see no effect of medicine in checking onward course of disease, can only lop off single symptoms. Told her mother I was unable to decide upon a diagnosis, and requested privilege of council. Called T. H. Sweeney of this place, a Homœopathic practitioner of twenty-five years standing, a thorough examination of the condition of patient, and history of case, was made and his diagnosis, was similar to what I had considered as the most probable one, viz. Ulceration of the stomach, but there were the contra indicating symptoms to that diagnosis, that there was no tenderness to hard pressure over the region of the stomach, and the mental symptoms were different from any I had ever seen or heard of in disease of the stomach, in being far from despondency and irritability. We did not consider an examination for urine trouble, with reflex action, necessary as there was *no nervousness*, *no leucorrhœa*, nor any abnormal sensations in the uterine region.

Her mother fearing that medicine, which would produce such prompt cures as ours will in some cases, must be very deleterious if misapplied, and knowing that we considered the diagnosis doubtful, and also considering the fact of the nausea caused by taking even a teaspoonfull of water containing the medicine, decided to use no medicine for a few days but requested me to keep a watch upon her case. About this time commenced giving nourishing injections, to keep up her strength and allow rest to the stomach; though for a few days, there had been, not exactly an appetite, but still a feeling of goneness at the stomach, which caused more of a desire for food, and every few hours three or four teaspoonsful of oat meal, or other gruel was given. There had been much less nausea and retching during the last few

days of treatment, and she continued about as well after the cessation of medication, but the "distressed" feeling continued unabated, and she had become so weak that she did not try to sit up in bed, (but could turn herself in bed, if necessary, without assistance up within two or three days of her death,) but was lifted from one bed to another to have her bed made and aired, and sometimes complained, now of its hurting her back and around on her side over the ilium when being lifted; *still no complaint of pain any where*, has had no headache during any part of her sickness; pulse sometimes as high as one hundred and fifty, fever heat and flush of face appear to be higher after having unusual trouble with her stomach.

She failed gradually, as she had done when taking medicine until May 1st, when the *terrible* retching returned. This retching was so severe all through her sickness, that convulsions seemed imminent, whenever it appeared. On this day, May 1st, had another consultation at which T. H. Sweeney, M. D., Mrs. Theresa Corlett, M. D., and myself were present, and after a thorough examination and canvassing of the symptoms and history of the case was had, a vaginal examination was made, found the vagina so small that with a very small speculum, the operation was quite painful; on this examination found a small superficial ulceration of the cervix uteri surrounding the os, which ulceration was some three-eighth of an inch in diameter. (This was treated locally next morning, by Mrs. Corlett, M. D., by an application of *Hydrastis can.*) Treatment, gave *Nux v.* 200, one dose a day, and *Hydrastis can.* 3, three or four doses daily. At this time the respiration was normal in frequency, and very smooth, full, and easy.

The fatigue from the last council, and from the vaginal examination and local treatment which followed, appeared to have been too great for her weakened condition, and she sank rapidly until, at 7 P. M. of May 3d, I found her somewhat delirious, (the first time during her illness) but still, by a little effort of self-control, she could talk rationally. Pulse one hundred and sixty; was quite restless, a new symptom, and there was a spasmodic twitching of the muscles of the face and extremities, the respiration full but somewhat hurried. Told her friends I thought it doubtful if she would live until morning; gave *Hyos.* 6. Called again at 10 P. M., and found her somewhat easier, with no spasmodic or convulsive symptoms remaining.

May 4th and 5th and until afternoon of sixth, very little change, except a gradual failure of strength; gave very little medicine, as there was no thirst, and the sight or thought of medicine would cause nausea and retching. Made a watery dilution of *Ars.* 6, and also of *Hyos.* 6 (the alcoholic dilutions were detected by taste,) and had a drop of these, alternately put into the water or food given her, whenever she would take drink or food. In the afternoon of May 6th she began sinking quite rapidly, pulse at wrist almost imperceptible, and too fast to be counted.

May 7. Was called at 1:30 A. M., found her threatened with convulsions, hands and feet cold, respiration very frequent and somewhat labored. Tongue and mouth so dry it was difficult to understand her

conversation. She had slept very little or none since the night before. Gave *Hyos.* 3, three doses, a drop once in half an hour, the spasmodic action ceased, and at 7 A. M., she breathed her last, without a struggle or even a shudder, simply breathed slower and slower until the respiration entirely stopped.

RESULT OF POST-MORTEM EXAMINATION.

May 7. At 3 P. M., eight hours after death, a post-mortem examination was held. There were present, T. H. Sweeney and myself, two "Regular," and one Eclectic physicians. Found extreme emaciation of all the muscular tissues. The abdomen was, as it had been through all her illness, so flat that the vertebræ could be plainly felt through it, from the pit of the stomach to the lumbo-sacral junction. The mammary glands quite large round and firm. On making incision found the pectoralis major muscle meeting from opposite sides across the sternum. On opening the thorax, found the apex of each lung firmly adherent, and of the right lung, more than one-half of the upper portion was almost a solid mass of tubercles, just entering upon the suppurative stage, and the shrinkage from this cause, in connection with the firm adhesions, had drawn the whole lung upward, the healthy tissue overlapping the diseased in front sufficiently to give a normal sound in front, in a not very thorough examination of the thorax. The dullness on percussion, spoken of in the history of the case, was found to be caused by the liver, which was found occupying the space made vacant by the drawing up of the lung, and extended as high as the fifth rib. The upper one-fourth or one-third of the left lung was a mass of tubercles, except where vomica of one-half to one inch in diameter were formed, which appeared to have been of long standing. On telling this to the family, was informed that some two or three years ago she had a cough, and raised tubercles, also that she had hæmorrhage from the lungs one year ago. The heart was smaller than an average, empty and apparently healthy. The liver apparently healthy, except a few tubercles in the upper surface. The stomach quite small, nearly empty, and the whole mucus lining, except a portion of the greater curvature, very highly inflamed, and in some places, the inflammation had passed on to the ulcerative stage, some small points of ulceration having formed. The mesenteric glands were enlarged, and almost invariably contained tubercles. On raising the omentum, the ileum and especially the lower portion, showed frequent discolored patches from ulceration, and a portion of that intestine near the ileo-colic valve about ten inches in length was removed and opened, and in this piece were found seven or eight of these ulcerated spots, and the hyperæmic condition, surrounding the ulceration, almost blended from one ulceration to the other, in two of these spots the ulceration had penetrated the mucus and muscular tissue, in the rest the mucus tissue was alone involved. The spleen was smaller than an average, but apparently healthy. The pancreas apparently normal. Examination of the uterus showed its body to be considerably smaller than an average in adults, and the superficial ulceration around

the os, (spoken of in history of case) extending up the cervical canal, in the form of a gradually fading hyperæmia, for one-fourth to three-eighths of an inch. The body appeared healthy. By an oversight the kidneys were not examined.

The peculiarity of this case, to me, was the scarcity of symptoms, either subjective or objective, for the amount and kind of diseased tissues—there being not enough to make even an intelligent prescription, much less to make an intelligent diagnosis.

We had contra indicating tuberculosis—absence of cough, of pain or tenderness of chest; the easy, satisfying respiration; the regular catamenia; the full, firm mammæ; the absence of night sweats; and until last fall, full, muscular condition. There were no symptoms whatever indicating the ulceration of the bowels, no tenderness, no diarrhœa, nor any other, objective or subjective. Of the condition of the stomach no definite idea could be formed from the only explanation of the feeling the patient could give, viz., “a distressed feeling, not a pain,” and the nausea and retching, with absence of the least tenderness on pressure.

THE CASE OF THE PATERNAL GRANDFATHER OF THE DECEASED

I have just received from an old gentleman, a neighbor of his at the time of his decease, some thirty years ago. “He was a farmer, a strong, active, apparently healthy man and was so considered, had no cough, and no appearance of consumption.

One day, on retiring to his home, he found a neighbor’s sheep in his fields and ran until he became quite tired, in getting them out, returned to the house, complained of feeling sick, and went to bed, and in a few hours was dead. The sudden death occasioned surprise, and a post-mortem examination was had, and it was found, (in the language of my informant,) “that all his lungs were gone, or shrunk up, except a little portion of one of them.”

CASE OF HEMIPLEGIA—BELLADONNA.

BY H. V. MILLER, M. D., SYRACUSE, N. Y.

The following record of my case may be of some interest to the profession :

I am forty-six years of age, and of a bilio-nervous temperament. During the past two years I have been annoyed more or less by a sensation of tingling or of cobwebs on the face (fifth pair of nerves), temporarily relieved by brisk friction with the hand. This symptom was doubtless premonitory of paralysis.

On Dec. 14, 1874, I was attacked with pneumonia complicated with bronchitis. During the first two weeks after the onset of pneumonia, I also had violent neuralgia of the heart attended with intermitting

pulse, rapid palpitation and bellows-murmur of the tricuspid valve, which scarcely permitted me to sleep or lie down day or night. There were intolerance of clothing in cardiac region, and generally an aggravation of pain after sleeping. *Lachesis*.

For several years previously I had been subject to such attacks in a milder form. Subsequently to this attack for several days there was a general improvement in health, appetite and strength until Jan. 1, 1875, on which day complete anæsthesia of the left arm suddenly occurred and after a short time disappeared. I ate rather heartily at supper but experienced no distress or inconvenience therefrom in the digestive organs. The first part of the following night I slept quietly but just before midnight awoke from severe pain in left lower extremity occasioned by spasms. I then found myself speechless with complete paralysis of the right side of the body. The right upper eyelid drooped; the right side of the face was expressionless (*portio dura*); the tongue was protruded with difficulty; but it did not curve to either side, there was almost total loss of voice; respiration was laborious and there were paresis and anæsthesia of the right upper and lower extremities. This state of things continued about two hours during which time three physicians were summoned Drs. Bronson, Hawley and Seward. Meantime I was perfectly conscious of all that transpired. By a great effort and in an unnatural voice I finally succeeded in communicating to Dr. Hawley, the following words: "Paralysis on one side, and spasms on the other side.—*Rauv.*" On consulting *Rauv.*'s Therapeutics, the doctor found that *Bell.* was indicated by these conditions and accordingly he administered a dose of that remedy in the 30th attenuation, and awaited further developments. In about fifteen minutes thereafter to the surprise and delight of physicians and patient, the latter instantaneously obtained control of voice and limbs almost as well as ever.

The first indication of recovery from paralysis was the involuntary flexing of the right leg. Immediately afterwards I could freely use voice and both extremities. A heavy sleep soon followed. Being awakened with some difficulty I experienced a severe pain with heat pulsation and pressure in left cerebellum. This was gradually relieved by a warm foot bath and brisk friction, and quiet sleep followed the remainder of the night. For several days there was great physical prostration. There was also partial paralysis of the right side of the face and of the right arm, but this gradually disappeared. The determination of blood to the cerebellum returned at intervals almost every day and night for three weeks. A single dose of *Bell.* 200 generally relieved this determination very speedily and the latter gradually diminished in force and frequency until entire relief was obtained.

Sir Thomas Watson, states that "when sudden hemiplegia with or without coma, occurs in advanced life, say after fifty, in all probability evidence will present itself of disease in the heart, in the arteries or in both." By obstructing the circulation, the pneumonia and pericarditis doubtless induced congestion to the cerebellum, occasioning pressure upon the spinal nerves and resulting in paralysis of the right

side, whereas the spasms might have been produced by spinal irritation. These conditions were promptly relieved by the single dose of *Bell.* and this remedy afterwards repeatedly controlled threatened congestion. Had there been rupture of an artery, and a clot formed, it could not have been expected that absorption should take place in such a brief space of time. At the time of the paralytic attack, I was not conscious of congestion to the cerebellum.

For about a month subsequent to the paralytic stroke, there was severe cough, from irritation at the base of the lungs, with retching and vomiting of food; cough excited by talking; by tickling in the chest; by cold air and on lying down; dry, violent in the evening, loose in the morning; thick yellowish salty expectoration; unusual excitability of the sexual instinct. Prescribed *Stannum* 30 followed by *Sulph.* 30.

THE POTENCY QUESTION.

BY F. S. WHITMAN, M. D., BELVIDERE, ILL.

The discussion which has been raging (that word expresses our meaning better than any other that occurs to us) in your columns of late concerning potencies, while it has not determined in our mind the question of dose, it has fully persuaded us of one thing, and that is that if Homœopathy ever goes to the wall it will be on account of internal bickerings and strifes and not on account of opposition from our Allopathic brethren. It seems to us after carefully reading all that has been said on both sides of the question, that the question of potency can never be determined on paper, but must be found out by each one carefully at the bed side. If we would expend the same amount of energy in trying to determine this question by actual experimentation that is now expended in calling names, reading others' outside of Homœopathy, and indulging in low bred flings regarding others' motives, we would much sooner arrive at a correct conclusion on this mooted question. Low and high potencies both have undoubtedly a place in our therapeutics, and that will be a grand and glorious day for Homœopathy when each can be assigned even approximately to its proper sphere.

But such is not likely to be the case so long as Dr. Piersons, and men of class immediately call any one an Allopath who cures ague with *Quinine*. Much sooner will such a medical millennium be reached when all such exercise the liberty so eloquently pleaded for by men of the stripe of Carroll Dunham. Are there not better ways of convincing a man of the error of his ways medically, than by crying Allopath at him merely because one does not use the same remedy or same potency as himself?

If such a test as Dr. Piersons sets up was strictly applied, the Homœopathic profession, we fear, would soon be composed of scarcely enough

to properly say the funeral obsequies over the departed unfortunates.

A justly celebrated author in our school, Dr. W. H. Holcombe, says, in *United States Medical and Surgical Journal*, Vol. VII., page 163, "A simple fresh uncomplicated case of intermittent fever, with distinct cold hot and sweating stages, and perfect apyrexia, is promptly cured by moderate doses of *Quinine*" * * * "After years of patient experimentation with all the best Homœopathic specifics, we no longer bother ourselves with attempting to select a simillimum for a state to which *Quinine* itself is the best Homœopathic simillimum," many others in our school of good repute bear the same testimony.

Can our school afford to dispense with the services of such men as Holcombe, who have done so much to bring Homœopathy into good repute? Was it not the chill-producing-power of *Peruvian bark* that caused the scales to fall from the eyes of Hahnemann, and enabled him to step forth into the glorious liberty of similia? Then why deny the Homœopathicity of *Quinine* to many (not all) cases of ague and why is it a matter of boast by some physicians that "for twenty years they have never had a grain of *Quinine* in their offices or given it in any shape whatever and who very rarely prescribe even *China* in any attenuation." It seems simply a shame for Dr. Piersons, to say to such a man as Dr. Holcombe, as he virtually although not ostensibly does: "If gentlemen of the *Quinine* school desire company we would suggest that they seek it in the Allopathic ranks." Did not Hahnemann in his early cases as a Homœopathist make some splendid cures with comparatively large doses of the crude drug? Were these any less Homœopathic or brilliant than his cures with the 30th?

Homœopathy is a principle not a dose. Is it not even a greater honor to be a Homœopath than a Hahnemannian? Is it to be expected that Hahnemann, to whom be all praise for his glorious discovery or rather practical application of the discovery of similia, perfected the workings of this law any more than that Stephenson made the most perfect steam engine that ever sped along its iron pathway, or that Robert Fulton, navigated the most perfect steamboat that ever sat upon the ocean's billows?

When Dr. Sarchet's, article years ago came out claiming to cure *all* cases of intermittents with high potencies, those who now discredit him, gave him all due credence. When now he says he was mistaken I think he is entitled to the same credence, and deserves credit for acknowledging his error. If more would do so the profession would be better off. We believe in high potencies in some cases but we know we have seen equally good results from the low potencies, and at present believe the latter the best adapted to a vast majority of cases.

This is only our own personal belief and we have no desire, however marked our preferences, to read out of our school any one else who believes in using in nearly all diseases the 500,000th, neither do we propose to be read out by any such parties. "With charity for all, with malice toward none" let us strive to develop our glorious law of cure and stand together, a united band, instead of trying to show each other into some other school of practice.

"HYDROGENOID" (?).

My professional brethren must not hastily charge me with the *Platina* symptom of "self-exaltation and down on others," even if I should seem to be hypercritical. They must bear in mind that, excepting one or two unneighborly nobodies, I, of all the Homœopathic physicians of the world, occupy the most exalted position! When they think of me, therefore, which will no doubt henceforth occur frequently, they must think of a personage far *above* them. And this not so much because of my No. 7½ hat as the fact that my office is a good MILE above the level of the sea, and at least half a mile above the level of the mass of the physicians of our school! Therefore, even for these reasons, no one can feel himself *above* my criticism, not excepting Dr. v. Grauvogl, of Nuremberg. I have him and his theory in the balance.

I have, if "hydrogenoid" be not a delusion, a hydrogenoid constitution of gonorrhœal etiology too, under my care. My patient, a man of middle age, and temperate and regular habits and otherwise healthy, contracted gonorrhœa *eight years ago* and has not since been free from urethral irritation and discharge; moreover, *water*, and all things watery, including things which have lived in the water, are the bane of his existence, and he is relieved by getting rid of water.

I will not burden the printer with the symptoms. They are literally those given by Dr. v. Grauvogl, *minus* the *sycosis*. The only skin symptom is a papular exanthem with intolerable itching over the whole body, worst in the clavicular region, almost intolerable when undressing, relieved by warmth of bed, aggravated by cool evening air. Patient was treated originally by injections of *Arg. nit.*, and, to this day, *Nitrate of silver* injections are alone capable of affording relief. The patient has been under my care uninterruptedly for three years. Have tried high and low attenuatines of remedies having aggravation by water, such as *Sulph.*, *Calc. c.*, *Sil.*, *Hep.*, *Rhus*, etc., at long and short intervals, with no good effect whatever. When the urethral irritation becomes aggravated the patient is a picture of misery; cannot eat nitrogenous food, chilly, gloomy, suicidal. *Arg. nit.*, grs. ii. to x. in oz. water, injections, gave speedy relief. *Acon.*, tinct., helped afterward. *Nat. mur.* has been tried also, ineffectually, as antidote of *Arg. nit.*. The patient is now taking *Nat. sulph.*, *a la* Grauvogl, so far without result.

My object in bringing the case to the notice of your readers is, that it is a typical one and confirming, in some measure, the correctness of Grauvogl's theory, or rather his descriptions of the hydrogenoid constitution (so-called) and its relations to gonorrhœa find an illustration in this case, and are therefore copied from nature. Also, as Grauvogl's book has been before the profession for a long time, I wish to know whether any similar case or cases have been treated successfully by *Nat. sulph.*, *Aarunea*, *Diudema*, etc., etc., or any other remedies.

I am not prepossessed in favor of Grauvogl's Therapy. *Nux* and *Ipecac.* low, in frequent attenuation, for conditions *not* represented by their symptoms (worse in rainy weather, etc.), and *Nat. sulph.* for

symptoms *not* to be found in its proving, and all this and more in the face of the admission that, after all, the *similia similibus* is the court of final appeal!

I do not know whether Dr. v. Grauvogl reads THE UNITED STATES MEDICAL INVESTIGATOR, (he ought to read it,) but perhaps the echo of my announcement may reach him that his theory is on trial, and by helping me out of the bush with this patient *Natrum sulphurically* illustrate to the profession the advantages of his generalizations and show that they are more or else than mythical.

VIRGINIA, Nev.

E. STEVENSON.

Medical News.

This Number is full of valuable and interesting reading.

The Wisconsin Homœopathic Society will meet in Milwaukee, June 21st.

The American Institute of Homœopathy will meet with the World's Homœopathic Convention in Philadelphia, June 28th.

The Illinois Homœopathic Association held a very profitable meeting in Chicago, May 16th 17th and 18th. F. H. VanLiew, M. D., Aurora, Ill., was elected president. Will meet in Peoria, Ill., next year

The Society of Homeopathic Physicians of Iowa met at Burlington, Iowa, on the last Wednesday in May. Drs. E. A. Gilbert and S. B. Parsons were nominated for professors in the State University. Dr. G. N. Seidlitz was elected president; Drs. J. A. Lucy, Clara Yeomans, and W. T. Virgin, vice-presidents; Dr. Thos. Shaver, secretary.

The Michigan Homœopathic Medical Society met in Detroit. The Michigan Homœopathic Institute was consolidated with it.

The University Homœopathic College was fully endorsed and a resolution passed to sustain it. Dr. I. A. Sawyer, M. D., Monroe, was elected president. The semi-annual meeting will be held in Ann Arbor.

The Western Academy of Homœopathy had a very interesting session at Galesburg, on June 6th and 7th, the officers elected as follows:

President.—S. B. Parsons, of St. Louis.

Vice-Presidents.—J. H. Miller, Abingdon, Ill.; G. W. Bowen, Fort Wayne, Ind.; G. H. Patchen, Burlington, Iowa.

Secretary.—J. M. Kershaw, St. Louis.

Provisional Secretary.—J. H. Miller, Abingdon.

Treasurer.—R. H. McFarland, Henderson, Ky.

Board of Censors.—R. B. McCleary, Monmouth, Ill.; G. W. Bowen,

Fort Wayne, Ind.; J. A. Campbell, St. Louis; G. H. Patchen, Burlington, Iowa; M. Ayers, Rushville, Ill.

Next meeting will be held at Indianapolis, Ind.

Look for full proceedings of these, and all the societies in THE UNITED STATES MEDICAL INVESTIGATOR.

"That Banner A Hundred Years Old," words by B. Devere, music by Eddie Fox; as sung by Sig. Abecco. Published by F. W. Helmick, Cincinnati. Five photographs of the principal Centennial buildings furnished with the song.

Report of the New York Ophthalmic Hospital for the month ending May 31, 1876: Number of prescriptions, 2,877; number new patients, 350; number of patients resident in the hospital, 35; average daily attendance, 112; largest daily attendance, 171.

Off for the World's Homœopath Convention.—There are large delegations on their way to the convention. A grand rally will occur in New York, on the 23d inst. visiting the large and elegant hospital, and sailing up the Hudson. The bill of fare for the convention is simply immense. We hope our readers can all go. Full reports will appear in our next issues.

Errata.—June 1st number, 1876, page 491, line 13 from bottom, please read *admirable* for *admissible*.

Vol. III., No. 11, page 494, in 11th line from bottom for "through" read *though*. In 9th line from bottom for "forces" read *force*. In 7th line from bottom for "forces" read *force*. In 7th line from bottom strike out "the of" and read *intensity of stimulus*.

Died.

HOLT.—Dr. Aron P. Holt, Lyndon, Ill.

VAN NORMAN.—W. B. Van Norman, M. D., Freemont, Ohio, on June 3d, of typhoid fever.

CLEVELAND.—Dr. W. L. Cleveland, of Atlanta, Ga., died of pulmonary hæmorrhage, May 20, 1876. He had been in ill health for some time but was able to attend to his professional duties almost until the last. The doctor was one of the oldest Homœopaths in Georgia, had a large practice and died beloved by all who knew him.

The Homœopathic Mutual Life Insurance Company.—What are you doing for it? What is it doing for you? It is collecting and circulating all over the country valuable statistics showing the vast superiority of Homœopathic practice. The whole public sentiment is being won over to our cause, in a medical point of view. And we should see to it that the public also put their money with their sentiments. Insurance companies that support hords of Allopaths (as medical examiners, etc.,) do not care a copper where the masses put their sentiments and sympathies if they, give them their dollars. It is a poor commentary on *our* influence, if we do not get our friends to put their money with their sentiments. "For where the money is, there will the heart be also." Sympathy—dollars=0. A word to the shrewd is sufficient

Accident.—**DEAR INVESTIGATOR:** No doubt your readers will be pained to learn that Dr. John T. Temple, of this city, our venerable and highly esteemed pioneer of Homœopathy, a staunch and true standard bearer of our cause in the west, met with an accident on Monday last, by being thrown from his buggy, alighting upon his shoulder and side fracturing the acromion process at its base and severely injuring his head. He lay unconscious for a little time and was taken to his home

where I visited him and found him still suffering from the shock. Having given directions to restore him I proceeded to ascertain how great were, and the nature of, his injuries with the result as before stated. He soon rallied from immediate effects, and has been doing nicely ever since. This morning I find him in good spirits, suffering but little, and if no unforeseen circumstances arise will have him about next week. Mrs. Temple, who was with him at the time also received bruises but only of minor importance as compared with those inflicted upon the doctor.

St. Louis, June 3.

S. B. PARSONS.

Removals.

- Dr. W. H. Sibiey, from Portland to Augusta, Me.
 Dr. R. F. Lowry, from Kewanee to Cambridge, Ill.
 Dr. A. F. Randall, from Detroit to Lexington, Mich.
 Dr. W. S. Gillett, from Oak Grove to Fox Lake, Wis.
 Dr. R. B. Sullivan, from Waterville to Plainville, N. Y.
 Dr. J. T. Thompson, from Cambridge to Mt. Sterling, Ill.
 Dr. Elizabeth Eggert, from Lawrence, Kan., to Albany, Oregon.
 Mrs. H. H. Way, has returned to Annawan, Ill., from Colorado Springs, Col.
 Dr. W. D. Gentry, from Memphis, Tenn., to Emporia, Kansas, where he succeeds Dr. Warren.
 Dr. E. C. Peck, from Oakdale, Mass., to Portsmouth, Ohio, where he succeeds Dr. David Crees, deceased.
 Dr. D. G. Wilder, from Bedford to Fremont, Ohio, where he takes the place of Dr. Van Norman, deceased.

College Notice.—All the members of the faculty of Hahnemann Medical College, save three, have resigned their positions and, associating other well known physicians and former teachers in that institution, have organized as the Chicago Homœopathic College. The building formerly occupied by the Chicago Academy of Design, corner Michigan avenue and Van Buren street, has been secured for holding the college sessions. It is centrally located and communicates by street cars with all the clinical resources of the city. Its rooms are large, well lighted and ventilated. They will be furnished with all conveniences for the comfort of students. The college has an able, energetic, and enthusiastic faculty. Unusual clinical advantages will be afforded. The main feature will be the union of clinical instruction with a full course of didactic teachings. A considerable number of students have already signified their intention of attending next winter's session. The faculty is composed as follows:

- Geo. E. Shipman, A. M., M. D., Emeritus Professor of *Materia Medica*.
 H. P. Gatchell, A. M., M. D., Emeritus Professor of *Physiology and Hygiene*.
 Rodney Welch, A. M., M. D., Emeritus Professor of *Chemistry and Toxicology*.
 Leonard Pratt, M. D., Emeritus Professor of *Special Pathology and Diagnosis*.
 J. S. Mitchell, A. M., M. D., Professor of *Clinical Medicine and Diseases of the Throat and Chest*.
 S. P. Hedges, M. D., Professor of *Institutes and Practice of Medicine*.
 Albert G. Beebe, A. M., M. D., and Charles Adams, M. D., Professors of *Principles and Practice of Surgery and Clinical Surgery*.
 Willis Danforth, M. D., Professor of *Gynecological Surgery*.
 John W. Streeter, M. D., Professor of *Diseases of Women and Children*.
 R. N. Foster, A. M., M. D., Professor of *Obstetrics*.
 W. H. Woodyatt, M. D., Professor of *Ophthalmology and Otolaryngology*.
 E. M. Hale, M. D., and A. W. Woodward, M. D., Professors of *Materia Medica and Therapeutics*.
 J. R. Kippax, LL. B., M. D., Professor of *Dermatology and Medical Jurisprudence*.
 E. H. Pratt, A. M., M. D., Professor of *Anatomy*.
 R. N. Tooker, M. D., Professor of *Physiology*.
 Romyn Hitchcock, Professor of *Chemistry and Toxicology*.
 N. B. Delamater, M. D., Lecturer on *Electro-Therapeutics and Proving*.

Dr. Chas. Adams, 1143 Wabash avenue, is secretary. The announcement will appear in a few days.

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