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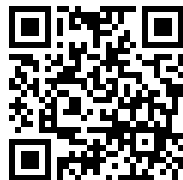
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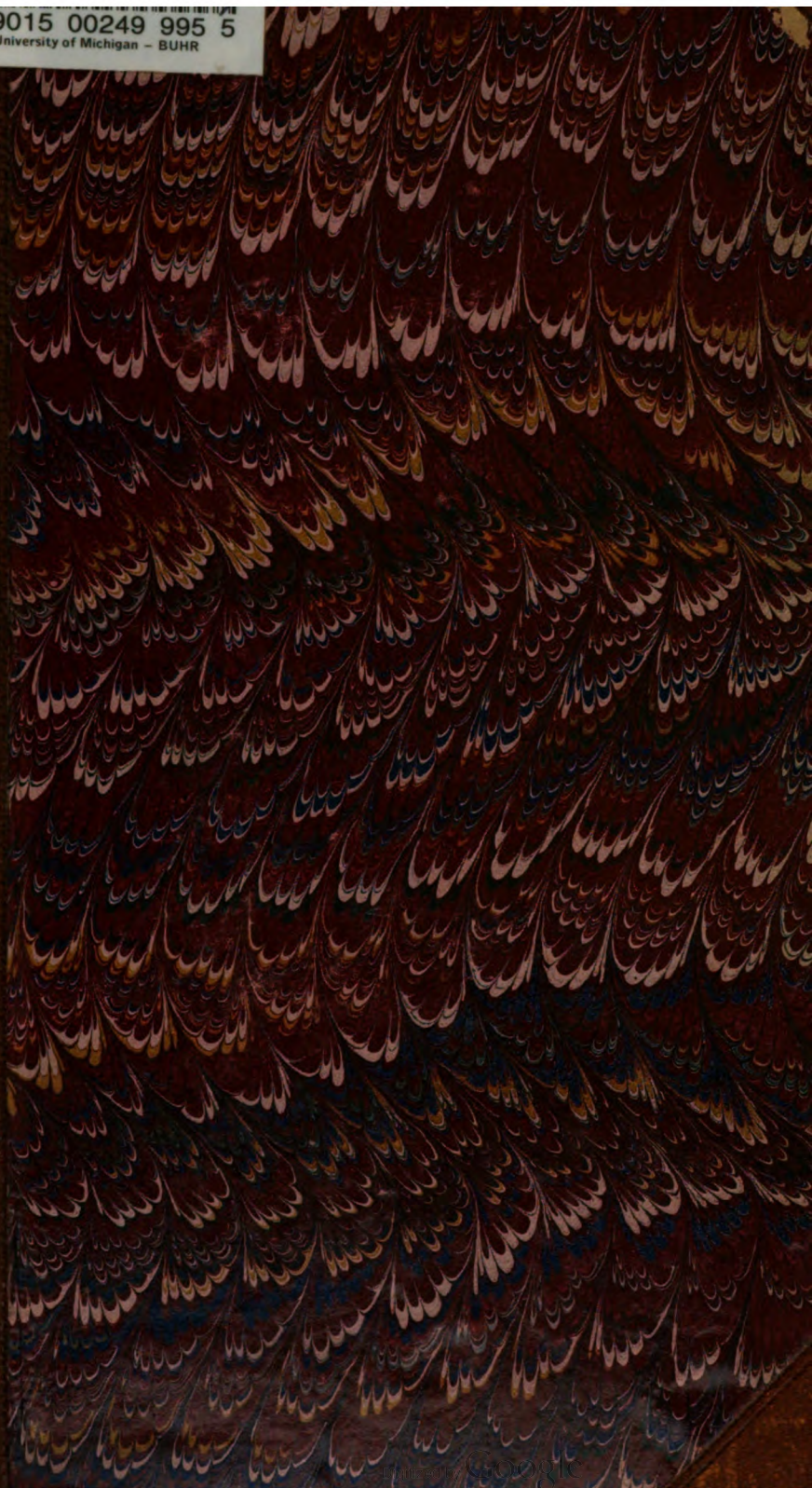
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THE  
UNITED STATES  
MEDICAL INVESTIGATOR,

A SEMI-MONTHLY JOURNAL

OF

THE MEDICAL SCIENCES.

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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

These reports during the past year have been of great help to many of our readers. We hope those sent in this year will be still more profitable, scientific, and accurate.

CEDAR FALLS, Iowa, Dec. 11.—Scarlatina has prevailed here for the past three months, most of the time of a mild type, more severe as winter advances, and in some instances has proved fatal.

J. S. BELL.

FLINT, Mich., Dec. 9.—It has been a season of general health in this community. Just now we have a few cases of scarlet fever and diphtheria. In some cases, both diseases are represented, in others, only one. *Apis* 3000 seems to work well. J. G. MALCOLM.

IRVINGTON-ON-HUDSON, N. Y., Oct. 31.—Your efforts to furnish

the profession a knowledge of prevailing diseases and epidemic remedies in various localities, is deserving of support, and will make your journal very valuable. Experience is enabling you and your correspondents to do this with greater success as times goes on.

CARROLL DUNHAM.

FALL RIVER, Mass., Dec. 15.—It does me much good to read Clinical Observations from my brother classmates of good old '72 of the Philadelphia school. The past fall has been remarkably healthy here for a manufacturing place. I am meeting, this winter, with some cases of pneumonia; I rely upon the *Tincture of Aconite*, then follow with *Tart. em.* 3 and *Phos.* 3. Catarrh is a very common complaint here; I rely very much on *Puls.* in this affection. I meet now with typhoid and diphtheria; I think much of *Baptisia* (which grows in abundance about my office,) in the former. I use in practice some remedies I seldom hear mentioned, viz., *Viburnum op.*, *Althæ*, *Rumex*, *Dioscorea*, *Carydalis*, *Sticta*, *Guaicum*, etc. THOS. A. CAPEN.

BARRINGTON, Ill., Dec. 12.—This is said to be the most healthy town in Cook county. We are not so far from the lake as to exempt us from lung troubles, which are easily controlled by *Bry.*, *Phos.*, and *Lach.* I had an interesting case of mania: Miss F., aged fifteen, had had two previous attacks, which had been quieted with *Bromide of Potass*, by my predecessor. Both times, when I was called, I found what I thought to be a complete picture of *Bell.* rage, bites, kicks, howls and shrieks. I tried it, low and high, but it had no effect. I then gave *Gels.* 3, which would quiet her, but it returned every afternoon. I then alternated *Gels.* 3 and *Bell.* 3 every two hours, and in two days she was better, and remained so for two days, when I was called in haste by her father, who said she was dying. I found her in sinking fits. She would stop breathing for two or three minutes, then catch her breath and respire very fast for four or five minutes, and cease breathing, and all her muscles relaxed. Whenever she could swallow, I gave *Verat. vir.* 1, in drop doses, and repeated every time she came to. After taking three doses, she got better. The next day, had another attack, only worse. The *Verat. vir.* helped at once. I then examined her spine; found a tender spot at the lower dorsal vertebra. I made up my mind that the stomach was involved. I questioned close, to find out whether she was worse after eating. Her mother thought she was, but that she had followed my directions in diet, which were, milk, eggs and oysters, with bread in small quanti-



ties, and often. The next day she had another attack, but less severe. After that, she had the old raving every day. I tried *Bell.*, low and high, *Stram.* and *Hys.* Nothing would relieve that I tried, except *Gels.* and *Verat. vir.* Either of these would relieve for the time, but the rage was sure to come every day. I didn't want to give up and have her carried to the county house (for the county were to pay the bills,) nor did I want to resort to *Bro. pot.* I thought of *Camphor monobromide*, and tried it with success. She did not have another spasm after the first dose. I used the 1x tincture, very small powder. I continued three times a day, for two days, then once a day, for a week. It has now been three weeks, and she seems well. Her mother says she is better than for two years. Will some of the many readers tell me the cause of this insanity, and how I should have cured it with the old remedies?

W. P. ROBERTS.

WAITSBURG, W. T., Nov. 14.—It is quite healthy here, very little sickness; few colds, for which I have used *Hepar sulph.* and *Gels.* The summer was spent by me on the ocean beach, at the mouth of Columbia river, where I recruited my wasted strength. I carried my little medicines with me, and found several who needed and were glad to take them, and with benefit, and "Hahnemann won golden opinions." There was one man who had an attack of croup, or what was very like it. I gave him *Hepar sulph.* Said he, "I have not a particle of *faith* in this." I gave him three powders, and in twelve hours he was well. Said he, "I must acknowledge it has done the work well; never had anything do me so much good in my life," and as baby was croupy, I had to let him have a bottle for future use. A gentleman was riding by the other day, suffering intensely with rheumatism in the shoulders, and very chilly, brought on by a cold. Gave him *Gels.* in two-drop doses, every half hour. Three doses cured pains and cold. A cough and pain in side (old trouble) which he sent word was troubling him, was quickly relieved with *Bry.* 3. There is no particular disease among us. The *one great trouble* is female weakness, and I don't believe there are three sound females in the country. Pale, weakly, and why not? Corsets, heavy skirts hanging from hips, thin shoes, cotton hose, insufficient protection of limbs, are the main causes. I tell them so. It does no good. I see no help for them till they conform to nature's laws. Every family has to call in the help of the "dusky maids of the forest," who have nothing on their feet but moccasins, blanket sewed around their limbs and hanging from their shoulders, a rush hat in the shape of a bowl on their heads,

and a profusion of brass rings on their fingers, and bracelets of same metal on their wrists, and bear's teeth for earrings. These specimens of humanity will do our washing for one dollar or fifty cents, as the case may be. They are never sick. But I must speak a word for my pet, THE UNITED STATES MEDICAL INVESTIGATOR. I wish it came once a week. I am in *love deep* with it. Have learned something from every number. I would not do without it for twice its subscription. I cured a case of hay fever, boy twelve years of age, with remedy suggested by Th. Meurer's, *Semen fœniculi* and *Tart. em.*, as the symptoms called for that. But the wash of tea made of the *Semen fœniculi* soothed and gave instant relief to the eyes. (Vol. III., new series, p. 174.)

J. A. SIMONS.

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### CONSULTATION CASES.

#### LYMPHATIC GLANDULAR ENLARGEMENTS.

Your correspondent, Dr. W. W. French, asks for information in relation to a successful treatment of the above conditions. I can sympathize with him, for I have had a great deal of anxiety about such cases, and exhausted the best resources of our *materia medica* in my attempts to cure them. But I can give what experience I possess, and add to it some gleanings made elsewhere. I will premise by saying that I have never found *Iodine*, in any form or combination (except the *Iodide of Lime*,) of any value in this affection. I have cured a few cases with *Cistus c.*, given in the tincture and 2x, several times a day, a few drops.

*Phytolacca* has succeeded in removing them, when occurring in persons subject to rheumatism and pustular eruptions.

Of all remedies, the *Lime* preparations are the most successful in effecting a thorough cure, but they have to be given a long time, and in varying doses. The *Calc. carb.* of Hahnemann, when closely affiliated, especially in young, leuco-phlegmatic children, will act well, but it appears to me generally useful in adults, and never useful in thin, spare persons.

*Calc. muriatica* was recommended by some high German authority, and I tested it in two obstinate cases, when the glands of the neck suppurated slowly, two or three times a year. In these cases the swellings ceased to appear after three months, and the old ones did

not suppurate as usual, but slowly disappeared. It was given in a solution of two or three grains of the crude drug, in a table-spoonful of water. This dose was given in milk, after each meal. I have not tried the attenuations.

*Hepar sulph. calc.* has long had a reputation in the treatment of enlarged and suppurating glands, but I have not got the benefit from it that I was led to expect. I tried it in the 2x, 4x, and 6x tincture, and even in the 30th, but have benefited only a few cases with it.

*Calcium sulphide* is a remedy closely analogous to *Hepar sulph.*, and we can readily see why it is gaining such a reputation in the Old School in the treatment of glandular suppurations. In reading the article in Ringer's Therapeutics, on the "*Sulphides*," one cannot resist the conviction that he borrowed his ideas from Hahnemann, for he uses very similar language concerning the *Sulphides* (especially the *Calc. sulph.*) that Hahnemann used in proving the virtues of *Hepar sulph.* To illustrate, I will quote a few of Ringer's assertions in favor of the *Sulphides*:

"Their influence on the suppurative process is easily made manifest. Thus, when *Sulphide of Potassium* or *Calcium* is administered, a thin, watery, unhealthy discharge from a sore becomes at first more abundant, afterward diminishing, and throughout continues thicker and healthier, possessing indeed, the character of "laudable" pus. The condition of the sore improves correspondingly, and the healing is promoted. The *Sulphides* appear often to *arrest* suppuration. Thus, in inflammation threatening to end in suppuration, they reduce the inflammation, and *arrest* the formation of pus.

They *hasten* maturation considerably, whilst, at the same time, they diminish and circumscribe the inflammation, and they *promote* the passage of pus to the surface, and the evacuation of the abscess."

Ringer cites those instances where, after scarlatina, large, very hard swellings occur behind the angle of the jaw, and in weeks and months suppurating, and thus the pus is very deep, and when evacuated, leaves a deep, unhealthy "hole," leaving indurations, etc. In these cases he says:

"If a tenth of a grain of *Calc. sulphide* is given every hour or two, the results are most striking. The swelling becomes smaller, the pus reaches the surface in four or five days, and when it is evacuated, leaves a benign wound which quickly heals."

"The same dose, given every two or three hours," he says, "generally prevents the formation of fresh *boils*, while it lessens the inflammation, and reduces the area of the *existing* boils, and quickly liquifies the core, so that its separation is much more speedy."

Ringer is very enthusiastic in his praise of the *Calc. sulphide*, not only in boils, carbuncles, but in the malady mentioned at the head of this article. "The *Sulphide* appears to me to exercise a very beneficial influence in suppurating glands of the neck. Here again, they hasten the elimination of pus, and subsequently the cheesy, scrofulous matter. After the abscess has burst, and continues slowly discharging a scanty, unhealthy pus, and when the edges of the sore have become much thickened and indurated, these remedies render the discharge more abundant, thick, creamy and healthy."

He says: "If one-tenth grain doses do not have a good effect in a week or two, give larger, one-quarter, or even one-half grain, several times a day."

I have made some beautiful cures with the *Calc. sulph.*, but the patients had to continue its use weekly and months. We are all too liable, in such diseases, to change medicines too often. We forget the long time which it has taken the constitutional diseases to develop these lymphatic swellings. The greatest masters in the healing art are those who are patient and persevering in the use of a single remedy, well chosen. In order to test Ringer's recommendation, I resolved to give the medicine in the doses he recommends. In all cases I saw no medicinal aggravation. On the contrary, the general health of the patients rapidly improved. To children under five years of age the 3x was given; those from five to twelve years, the 2x, in grain doses; while in young persons and adults the 1x seemed to act better. A very convenient method of giving it is in the sugar-coated pill now made, each one containing one-tenth grain, of which, three or four a day are to be taken. I have never used the other *Sulphides*, and know nothing of their curative action.

There are other preparations of *Lime* which have been found useful. In children and adults who are emaciated, and present the appearance of the *Iodine* cachexia, the *Calc. iod.* will be found useful, while in teething children who are very nervous, fretful and sleepless, the *Calc brom.* has sometimes worked beautifully.

The *Calc. fluor.* and its congener, the *Lapis alb.*, of Grauvogl, has been of benefit in a few cases of enlargement of the submaxillary and thyroid glands. I have thought benefit has been derived by the rubbing in of *Cosmoline*, either pure, or medicated with *Phytolacca*.

If any suggestion herein above made shall be of any service to Dr. French, or others, I hope they will communicate the results to THE UNITED STATES MEDICAL INVESTIGATOR. E. M. HALE.

## CASE OF RECTAL TROUBLE.

The following case has completely floored me. Can readers of THE UNITED STATES MEDICAL INVESTIGATOR help me out? The patient is one of God's own best men, and deserves relief:

Rev. T. W., superannuated minister, fifty-eight years old; nervo-sanguine temperament; native Hoosier; ancestors free from chronic disease. From fourteen to eighteen years of age had ague; has never been free from pain a day since; bilious fever at twenty; salivated; pneumonia at thirty-eight. Flux at forty-two, for eleven weeks; at forty-five bad cold, followed by cough to the present time; can hear him all over the village every morning; cough aggravated by lying down or getting up; no soreness in chest. At forty-six, piles followed a hard winter on horseback; continued ever since; aggravated by standing or lifting. Cold water used to relieve; until last year could always get relief by lying down; bleeding used to relieve, but now it aggravates the case for two or three days; blood sometimes bright-red and then in dark clots, size of acorns. "Last February taken with hurtings in rectum." His physician (Allopathic), gave him pills followed by three large doses of salts; violent purging with severe pain in rectum followed, and retention of urine; used catheter twice; *Morphine* and "tonics" relieved. Ever since, when his bowels move, has a repetition of the suffering and retention of urine from one to fourteen hours. If moved in morning, the aggravation continues all day; and if moved at bedtime, did not suffer much. When the pain abates, sometimes passes two quarts of urine, though generally the urine is right in quantity and quality, so far as I can see, without a chemical test. At present the pain gradually increases for about three hours following a stool, shooting out into the buttocks and thighs. Prostate about two and a half inches in diameter; digital examination caused pain similar to that caused by stool; during the aggravation following stool cannot bear a pound's weight on feet—"nerves on bottoms of feet feel broken." During aggravation cold and numb from hips down, and sometimes cold sweat from knees down; yet they seem so hot to him that he wants them uncovered, and uncovering them seems to relieve the pain in rectum considerably. Noise or jarring aggravates his sufferings. During aggravation, genitals cold. At other times sexual appetite and power undiminished; can eat during extreme pain. During long-continued pain lower part of bowels, hips, and thighs become sore. From midnight until getting up is perfectly easy. Tongue always quite heavily coated (cannot tell what color—chews

tobacco). Appetite from eighteen to fifty-one generally poor. "When he could eat well felt strong and could go." Ever since ague, frequent pains in both hypochondria. Bowels rather too loose ever since, being troubled with piles; food seems to be well digested, though does not sleep over three hours during the twenty-four. During apyrexia, when standing or sitting, feet cold; on lying down they get so hot that ice would feel good to them; hot sitz-baths relieve the pain entirely during the application. *Morphine* no longer relieves, and never did produce constipation. Always worse in bad weather. He is in a constant tremor during the worst pain. He has run the gauntlet of "regular medicine," and tried all the domestic remedies that he could hear of. I have given him *Sulph.* from tinct. to 100,000; *Nitric acid* from 1x to 100; *Thuja.* tincture to 30; *Nux vom.* from 100 to 3,700; *Puls.* from 1x to 5000; *Lyc.* 200; *Merc. jod.* 3x; *Silicea* 12x; *Lapis alb.* 3x; *Ars. alb.* 40 and 200; *Ham. v.* injections, ten drops 1x, diluted in three drachms water, at a time. The *Ars. alb.* 200 relieve immediately the dreadful sinking-spells he had when I began with him, and the *Puls.* 5000 seemed to lessen his suffering a good deal for a while. He is on *Bry. alb.* 100,000 now.

Advice would be thankfully received, and full credit given to the man whose prescription cures.

KOKOMO, Ind.

E. W. SAWYER.

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DR. KOERPPEN'S CASE.

I would suggest for Dr. Koerppen's case, page 497 of THE UNITED STATES MEDICAL INVESTIGATOR, *Baryta carb.* 200.

FLINT, Mich.

J. G. MALCOLM.

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QUERIES.

SALT RHEUM.

Can it be, or ever was, cured, and how?

A. C. C.

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CRUSTA LACTEA.

Will you please give us, in THE UNITED STATES MEDICAL INVESTIGATOR, the cause and treatment? How long will it take to cure a bad case?

W. P. R.

## INTERMITTENT FEVER WITH CONVULSIONS, ETC.

Dr. J. C. MORGAN, Ann Arbor, Mich.—*Dear Doctor*: You ask if I intended to state that I had treated twenty cases of convulsions in as many days. I intended to write just that, and don't think I over-estimated it much, if any. Intermittents were very prevalent, and every disease took on a spasmodic "turn" for about three weeks. Every hysterical woman in the country, instead of the routine crying, laughing, choking, or pains in stomach, etc., took the convulsive form of the affection. When I stated that I had used nothing lower than 6x, I was wrong, for *Verat. vir.* 1 was used in several cases where there was great arterial excitement; all these cases were agues, though I did not use *Verat. vir.* in all agues that were convulsive. Where the little ones were very rigid—tonic spasm—I resorted, often, to a warm bath, especially as it is a stereotyped procedure hereabouts, and makes a show of "doing something," and many times it is beneficial.

In convulsions from reflex irritation of stomach or bowels from worms, *Cicuta*, *Cina*, *Bell.*, etc., have never done for me what I was led to expect of them from our text-books, and until I learned the use of *Mag. phos.* I was very apt to give a pinch of salt or a drop of turpentine if, after sufficient trial, my remedies failed, and I selected them to the best of my ability, and the potency was never below 200. Now, however, I rely almost entirely upon the empirical use of *Mag. phos.*, unless, of course, some other remedy is plainly indicated. I have no indications other than those given by Guernsey and Raue, for the administration of remedies in convulsions, and do not see how the profession could learn much from the narration of cases.

Intermittents have given me more trouble this fall than ever before, and carefully selected remedies, that ordinarily I could bet on curing, would only change the character of the paroxysm. *Chin. sulph.* 200 was as powerless as any other remedy, though I fitted it as closely as I could. *Apis* 200, *Arnica* 200, *Rhus tox.* 200, and *China* 200, in acute cases, cured more than all others, while *Carbo veg.* 6x, *Arn.* 200, and *Verat. alb.* 3, helped many cases that had been maltreated with *Quinia*. As leading indications for the latter, *Carbo veg.* was given where there were profuse, debilitating night sweats; sweats very easily during day from exercise, and often there is loose cough, with profuse expectoration. *Arnica*, where the characteristic soreness of flesh, and sour or moldy-smelling sweats were the leading symptoms. *Verat. alb.* where there is great physical prostration, and cold sweats, with constant chilliness.

As for the *pernicious* cases, I have had but one this year, and *Apis* cured that one promptly, though a very severe diarrhoea followed, that *Phos.* 70,000 (Fincke) held in for just seven days, when it returned, and I think I spoiled the case by repeating the *Phos.*, for it was two weeks before he was able to resume his duties as school teacher, on account of the diarrhoea. In Eggert's report, in THE UNITED STATES MEDICAL INVESTIGATOR, Nov. 15th., he calls these "sinking chills." I think they are congestive, from the symptoms he gives, and from my own observation of similar cases cured by *Apis*. The so-called "sinking chill" is portrayed in the symptomatology of *Verat. alb.* But "what's in a name?" *Ferrum met.* or *acet.* has been my chief reliance in shoulder rheumatism, either side, but as luck would have it, soon after receiving your letter recommending *Chin. sulph.* 200, in "robust people," for such cases, I was taken with a rheumatic pain in *top* of right shoulder. The pain was dull in character, not ameliorated by any circumstance or position, and occupied a space about as large as half my hand, on the upper and outer portion of shoulder. I looked up *Chin. sulph.* in Allen, and notwithstanding my pain seemed higher up than those you experience in the proving, I took one dose of the 200th, after suffering for two days. Next day the pain was gone. Did *Chin. sulph.* do it? One swallow doesn't make a summer, so I'll try it again, on my first *shoulder* case.

We have almost no inflammatory rheumatism here, so I don't expect to have the opportunity to try Schussler's remedies in that disorder. His remedies for gonorrhœa, however, I have tried all I ever shall, for it is a waste of time, unless we except *Nat. mur.* in that "little drop" gleet which I had cured with *Nat. mur.* 200 before I ever heard of Schussler. I use *Ferrum phos.* more than *Aconite*, and if people (doctors) want to call me names for so doing, I can't help it.

I have written too much, but would like to take up the subject of bilious disorders, such as you have spoken of. At some future time I may. I thank you for your kind suggestions, and beg for more, for I can *apply* what you point out.

A. LEROY FISHER.

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### EXPERIENCE IN INTERMITTENTS.

#### NUX VOMICA.

On three different occasions I have been called upon to prescribe this drug for intermittent fever. The patients were all males. Chill



comes, usually, *early in the morning*, and is long-lasting. In addition to the symptoms found in the books under this drug, I have noticed the following: In two out of the three individuals there were *right inguinal enlargements*, which led me to prescribe *Nux* in the last instance, where, in addition, he had headache, mostly during short attacks of fever. Time passed *slowly*; chill began in *chest*; not much thirst, but sweat easily, relieving somewhat. In another, along with the pain in the sacrum, was a bilious vomiting, tasting as salt as brine.

## CAPSICUM INTERMITTENT.

Chill about 3 P. M., quotidian, lasting half an hour or more, succeeded by fever, lasting all night. Chill, as usual, began *between shoulders*; thirst just before and *during* chill only; sweat broke out awhile after fever began, continuing for the same period.

While speaking of intermittents, I will here state that I have had the best of success in treating them, by prescribing the 1st or 3d potency of the Homœopathically selected remedy, in alternation (every hour or two, except during sleep), with the 30th of the same drug, and by giving, in addition to this, a powder or two of *Natrum mur.*, 3d to 6th trit., during the apyrexia. *Nux* I have never given lower than the 3d. nor *Arsenicum* lower than the 6th.

LYONS FARMS, N. J.

J. E. WINANS.

## Society Proceedings.

### ANNUAL ADDRESS TO THE WESTERN ACADEMY OF HOMŒOPATHY.

BY C. E. FRANKLIN, M. D., ST. LOUIS, MO.

Read before the Western Academy of Homœopathy.

**GENTLEMEN:** We have again assembled together from various portions of the Great West, to participate in the annual duties that devolve upon us as members of the Western Academy of Homœopathy; to take an active part in all that pertains to an increased improvement and advancement in that system of medicine we have the honor to represent. After the usual formalities are over—the warm hands of friendship have clasped in kindly greetings, and the

faces made dearer by previous associations have brightened under renewed recognitions, let us not forget the cause that has called us together for purposes of mutual benefit and improvement.

As I extend a hearty greeting to you all, my mind intuitively reverts to the "Western Institute" of the past decade, and memory recalls the pleasant and profitable hours spent in its deliberations; and I feel a conscious pride in contemplating the freshness and vigor, that has infused, as it were, new life and hope in our own cherished Academy.

A few of the familiar faces that were wont to lend their influence and counsel in building up the "Western Institute," are now earnestly engaged in this great medical enterprise of the west, and the facial lines of thought and study, that have grown deeper with advancing years, bespeak their zeal and ripened interest in the progress of medicine, and especially in all that pertains to the glory of our profession.

When we contemplate, that in our own free and boundless wealth of country, where "no pent-up Utica contracts our powers," some of the grandest and most gigantic enterprises known to the world's history, have been conceived and executed, there is much that urges us on to the accomplishment of still greater achievements than ever before performed in our own profession. It is in our untrammelled west that the seeming improbabilities of yesterday have succumbed to the inexorable demands of to-day. Where the timidity of irresolution has yielded to the resolve of action, and where the crystallization of human doubt and uncertainty, melted by the fire of western genius, has developed into an endless stream of wealth and power. As illustrations of a few only of these mighty enterprises, that have crowned the effort of western skill and courage, I need but refer to that indomitable "grit," that, more like magic than reality, so quickly transformed shapeless, disfigured, and smoke-begrimmed Chicago into one of the most beautiful and stately of cities. This same omnipotent "grit," free as the air that vitalizes our extensive prairies, and deep as its azure vault, bounded across the mighty Father of Waters, and with its arches and planes of steel, laid in mid-air, that incomparable iron highway that binds the two oceans together in one indissoluble tie of endless peace and prosperity. It is the same "grit" that is slowly but surely transforming our land-locked Mississippi into the busy and boundless ocean of commercial wealth and power, and inviting capital in a thousand ways to participate in the endless gains that naturally accrue to its judicious employment. The keen eye of business has already taken advantage of the opportunities, in the building and

equipping of some of the largest and finest steamers that ever floated upon its waters with a profusion of decoration and artistic workmanship that justly entitles them to the name of "floating palaces."

While these great and enduring triumphs of western greatness are bringing about such grand results in the world of commercial life, it is reserved for the progressive medical man to produce results vastly superior to those I have mentioned, because they strike at the very life and existence of man; his preservation from the ravages of sickness and disease, and the relief of suffering in that final struggle, when the last pulsations of decaying mortality grow fainter and fainter in the peaceful quiet of the life to come.

Look, for a moment, down the long vista of the past, through the broken corridors of centuries, where medical theories and dogmas are seen wrecked upon the rock of empiricism; to the time when the great and immortal founder of our faith first enunciated his invaluable principle "Similia" to an incredulous world. For the first time in the history of medicine, we see amid the ruins of past ages and the wreck of medical theories, that the temple of healing that is being built by the followers of Hahnemann, is comely and perfect in all its proportions; that its foundations are laid upon the rock of truth, and cannot be shaken by the waves of bigotry, or dimmed by the fogs of error.

From this comparatively small beginning, the doctrine of "Similia" has steadily advanced, in spite of ridicule and opposition, gaining new strength by each convert, and additional vigor by every true testing of its principle, until to-day it stands erect, beautiful in its simplicity and sublime in its grandeur. The opposition of its opponents, once emitted in commanding tones and denunciatory epithets, has quieted down to an almost inaudible murmur of malice; and now they seek to check its advance by legislative and legal enactments in the shape of sanitary health measures, and state boards of medicine. But, while Allopathy is devising every scheme that human ingenuity can suggest or malice invent, to check the progressive march of Homœopathy; totally unmindful of the errors and crudities, that like a slumbering volcano, are disintegrating its own system, the principle of "Similia" is fast becoming the established hand-maid of medical science throughout the civilized world. Each session of the Academy has its responsible duties to perform in this great struggle for supremacy, and the ripe and active brains that govern and shape its destinies, are required, year by year, to add their rich treasures to the fund of general knowledge, and help along the great work so nobly begun. And here let

me express the hope that successive years may see the working force of the Western Academy largely augmented, until it shall be universally acknowledged as the great exponent of Homœopathy in this country. This can only be accomplished by hard work and continued application in the right direction.

Unlike Allopathy, the doctrine of "Similia" asks no blind belief on authority; no faith on assertion. It demands observation of natural facts, and admits only of legitimate conclusions from these facts; it also imperatively requires, that these observations of facts be not garbled or distorted statements, or prejudiced inferences, made, either from a desire of elevating self by originating something *new*, or through downright ignorance of truthful representation. It is this over-weening desire and unholy ambition of a few in our profession to *invent* and *multiply* observations, that have not only proved *worthless*, but even dangerous at the bedside; that has overspread our beautiful tree of materia medica, with the deadly moss that festoons, but saps its luxurious growth. We must prune, year by year, our stately tree of all its rank outgrowths; lop off the sucker twigs that yield no fruit, and encourage healthy shoots, so that it shall gain fresh vigor and new life at each annual pruning of this Academy.

And here, let me state, with candor and all due deference, that it has been our misfortune to have had more of controversy than culture in the discussions touching the important subject of "high potencies." Members of learned societies have been more disposed to debate than investigate; to adopt a certain kind of personal and acrimonious guerrilla warfare, than an open and frank opposition for the purpose of arriving at truth. This manner of treating a subject of such great importance, and one which has occupied the most careful and considerate attention of some of the clearest and most cultivated minds in our profession for years, should not be permitted in a learned and scientific assemblage.

While we differ honestly, and it may be forcibly, from those who hold exalted, perhaps extravagant opinions concerning the efficacy of what are termed "high potencies," we cannot shut our eyes to the fact, as glaring as the midday sun, that most remarkable cures have been effected through their agency, and *vice versa*, the same thing pertains in respect to the curative power of the "low potencies."

You gentlemen are banded together as a cultivated and scientific body to observe, consider and determine the curative merits of remedies, and their adaptability to disease in the countless forms they

present themselves to the every-day practitioner. This should be entered into carefully, discreetly, and dispassionately, keeping the object of our association constantly before us, and that is, the appropriation of all that is valuable for the relief of human suffering, and amelioration of the physical condition of man. The discussions that have taken place in our American Institute, touching this subject of such vital importance to us all, have been to a certain extent, inharmonious and destructive of its influence; and if not controlled by the genius of wisdom that sits in judgment over its deliberations, we shall see its elements of strength disintegrated, and its cohesive qualities gradually weakening. Let us learn wisdom by the past, and map out the future course of the Western Academy, that we may avoid the rocks and quicksands of error that lie in our way.

That there exists in the community a growing tendency to doubt the efficacy of *all* systems of medical practice, there can be no dispute; and that it began at the doors of Allopathy is equally true. It is the legitimate result of that lack of confidence which the disciples of the Old School manifested in their own principles of cure and the continual dissensions that have been engendered by a want of faith in each other, and their varying and ever-changing systems of practice. It has also, like a pernicious weed, taken root and grown to some extent in the fields of Homœopathy, by reason of the interminable strifes that have from time to time divided and weakened its laborers, so that the patrons of Homœopathy are beginning to lose faith in our beneficent practice of healing also. This, gentlemen, is a matter of vital interest to you, as well as the practice of medicine you represent, and demand at your hands careful and wise legislation. The manner of accomplishing this, for the best interests of our cause, for the good of all who embrace our faith, and the vast benefits reserved for the patrons of our system, is a matter that deeply concern you, and demands the exercise of that wisdom that is generated by a multitude of counsellors:

Of one thing as corollary to a more perfect and growing confidence in our system, by all classes, is an increase of the standard of medical education, and a more honorable position accredited him who holds the degree of "Doctor of Medicine." To accomplish this result, our medical colleges should be required to lengthen the academic course, to increase the fund of knowledge, not, by increasing the number of teachers, but to teach more fully and more thoroughly the principle and most important branches; and when the student shall be found

qualified by examination to pass the ordeal of studies taught, he should receive his diploma *without fee or pecuniary compensation*, as a deserved tribute for untiring industry and arduous labor expended in the attainment of an education fitting him for the practice of his profession. I am aware, that I am trenching perhaps, too closely upon the prerogatives of our medical colleges, but I am reminded that our literary institutions graduate their students without additional pecuniary compensation, and I cannot appreciate that sentiment of injustice that taxes the poor, struggling medical student an onerous graduating fee, while his more favored academic brother escapes this pecuniary imposition entirely. It is a palpable injustice, in my opinion, to the medical student, and an unfair discrimination against him in favor of the students of our literary universities. Having been connected with medical colleges for nearly a quarter of a century, I am somewhat familiar with the workings of this oppressive "fee." I have known examples of bright and intelligent students, who were in every way qualified to stand the final examination, but who were prevented from presenting themselves for the honors on account of not having the ability to pay the required fee for graduation. I have known of other candidates for graduation, qualified in every particular, but not having the required fee. have given time notes with interest, and which have proved to our colleges, in many instances, a safe and permanent investment. I can only look upon this exaction as a relic of that age of acquisitiveness, when the successful practice of medicine (I mean successful in its pecuniary sense), depended more upon the numerical than the educational status of its practitioners.

In addition to these considerations, sufficient of themselves to demand a revocation of this unjust and often-times prohibitory "fee," another potent argument may be adduced in favor of its repeal, and that is the opportunities that have been, and still may be presented in some medical colleges for the *sale* of diplomas, whose boards of trustees, unlike Cæsar's wife, are not above suspicion.

In this rapid and utilitarian age, where the love of money and its sudden acquisition is so omnipotent, that it dares to enter the sacred desk of the sanctuary, insinuates itself into the senate chamber and floats in the atmosphere of the hall of representatives, unfurls itself in the private boudoir of cabinet ministers, and ingratiates itself into every department of state and city legislation, with its links of gold and rods of steel, it is not presumptuous to think that medical colleges may be made tributary to its power. If we examine the history of

medical diplomas, we see accumulative evidences that they are not always a test of superior education or knowledge acquired within college walls; and to such an extent has this evil grown of late years, that medical diplomas are no longer looked upon as evidences of proficiency in medicine, but, rather as the representative of so much cash actually paid out. For your own honor, gentlemen, for the integrity and exalted position of the profession we are in duty bound to preserve, something must be done to check this growing canker, so destructive of the lives of our citizens, and so pernicious in its effects upon the profession at large.

I throw out these few hints for you, gentlemen of the Academy, to consider and act upon for the best interests of the honorable calling you have espoused, and I trust in your thoughtful and intelligent legislation upon a subject so vital to us all, and so damaging to humanity at large, that you will arrive at such a judicious solution of this subject that the greatest amount of good will be meted out to the greatest number.

In regard to the medical college and faculty with which I have the honor to be associated, I have recommended the reconsideration of that portion of its regulations touching this "graduation fee," and am proud to say that they voted unanimously, and with one accord, to rescind the enactment of this obnoxious fee, and it is forever blotted out as part and parcel of the by-laws of the "Homœopathic Medical College of Missouri." I hope other Homœopathic institutions will follow what I believe to be a good example, and that the test of the degree of doctor of medicine will hereafter be, educational and intellectual culture, and not pecuniary compensation.

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#### HAHNEMANN ACADEMY OF MEDICINE.

INAUGURAL REMARKS OF ALFRED K. HILLS, M. D., PRESIDENT OF  
THE HAHNEMANN ACADEMY OF MEDICINE OF NEW YORK,

In thanking my colleagues of this society for the honor of presiding over their deliberations during this Centennial year, I shall take the opportunity for considering the standing of our society during its past and present career. What has been done, what is doing, and what we propose to do in the future.

The Hahnemann Academy of Medicine was organized in the year 1849, through the efforts of our veteran colleague, Dr. John F. Gray,

who was the first to conceive the idea of its organization, and the first signer of its constitution, and in its early history one of its most active promoters.

The society has not been without usefulness in the direction of mutual improvement to its members. It has seen periods of active work, and also periods in which no work has been accomplished; and never, during its existence, as near as I can learn, has the society been in more active operation than at present.

Hahnemann being the first to show us a law upon which to base a scientific system of therapeutics, how appropriate becomes this name as the title of a society, having for its object the development of so important a science. The study of therapeutics stands at the very head of the various branches of medical science, all the others of which converge toward this, as to a common centre.

In the early years of the introduction of the practice of Homœopathy in this country, students were obliged to prosecute their studies under very great difficulties, owing principally to the excessive prejudice against our cause existing in the minds of a large majority of the people, which was kept alive and fanned into a flame, whenever, and as long as "Old School" fanaticism could raise sufficient power to kindle or add fuel to the existing embers. This prejudice and fanaticism was largely responsible for the lack in education found in many of the early Homœopathists. The influence thus engendered operated in two ways to prevent the education of Homœopathic physicians. First, those who were known as adherents of Homœopathy were so persecuted during their college pursuits that others were prevented through fear from seeking a collegiate training, and consequently, such continued to practice with the light they could obtain from an ordinary domestic work, and were known as "box and book doctors." Second, in those early years every opportunity was sought in which to ridicule the practice of Homœopathy to students in Allopathic colleges, and many a one has been prevented by this means from investigation who would otherwise have sought and found the truth, as presented by Hahnemann.

During this early period, those regularly educated physicians who were disposed to investigate were obliged to do so under great difficulties, on account of the meagreness and lack of useable arrangement of our literature and text-books, and hence, many were prevented from becoming true Homœopathicians.

It was with an appreciation of the necessity that Homœopathy



should be *taught*, that led to the founding of this society. Provision was made for teaching this theory and practice, but owing to the fact that Homœopathic colleges were organized shortly after, this function was exercised to a very limited extent. The time has now passed for students to seek instruction in this way. Our colleges are eminently capable of this, but still a large field of usefulness is open, and let us cultivate it according to the most enlightened civilization.

In the year 1873, through the efforts of Dr. T. F. Allen, and some others, the society was resuscitated from several years of inactivity, and placed upon a footing of active work. The great object which led to this resurrection, was the necessity long felt by many, for an organization of drug provers, and a society in which the confirmation of symptomatology, together with the relation of clinical experience could be reported for our mutual advantage.

The proving of drugs was taken hold of in good earnest by many of the members, but owing to the unwillingness of physicians generally to make patients of themselves, even for the sake of science, this portion of our undertaking has failed for want of active laborers. We propose now to attempt a renewal of this work, and through an enthusiastic committee to be appointed for the purpose, we shall hope for the accomplishment of much work in this direction. In Homœopathy we find a molecular pathology and a corresponding molecular therapeutics, and to the comparative individual relationship of these, this society proposes to direct its attention, and by the light of scientific investigation so reveal the mysteries in nature that their revelation will stand as clearly set forth, as subjective sensibility will allow, and thus will fade the miraculous as the "dew before the morning sun."

Now, supposing the assertion that "nature's tendency is always in the curative direction," to be true, let us look for a moment at the only course left to us as therapeutists: If nature is always on the alert for influences inimical to the organism, and immediately when sufficiently powerful, attempts expulsion, ought we not rather to assist than retard her efforts? How otherwise can we rationally do this, but by applying our drug power in the same direction? For if we exert this influence in another, we are retarding and not hastening the cure. The impulse required in the right, or curative direction is not great, and is not *anæsthesia* of tissues, or simply change of symptoms.

Then the question arises, how are we to know which the curative agent is? And now comes in to answer this query, Hahnemann's plan of proving drugs upon the healthy. How else could it be done? I

think this is the strongest argument for the truth of the Homœopathic plan. It is our duty as physicians to shorten the natural course of disease, and ameliorate the consequent suffering to the utmost degree. In this connection, if I may be allowed, I would like to suggest, that in reporting clinical cases to this society, great care be used by those reporting, as to the manner of doing so. First, the natural course of the disease should be kept constantly in mind, so that we may not over-estimate the action of the remedy. Second, we cannot be too cautious in reporting peculiar symptoms as cured, in nervous or hysterical individuals. The report of cases that will be most useful to us, are those in which the objective and subjective symptoms are concisely given, and carefully compared with those to be found in drug provings, and, as far as practicable, to compare also drug provings with each other, so far as they have any bearing or relationship to the particular case. This latter is of inestimable value.

#### THE ADVANCE IN THERAPEUTICS.

We cannot pass in review the progress made in therapeutics, without referring in a comparative manner to the position of the Old School upon this subject. As the science of chemistry was evolved from the debris of alchemy, and the science of astronomy from the mysteries of astrology, so has the science of therapeutics risen from empiricism of the olden time; and we find now, the therapeutics of the "Old School" gradually approaching that of the new, or Homœopathic, both in respect to the dose and in the selection of the remedy.

All physicians, of whatever school, now admit the natural tendency of disease, viz., "to get well of itself!" after running what is called a "*natural course*." Even the best "Old School" teachers assert that 95 per cent of the cases will recover if left entirely to themselves. Now, what is our duty as rational physicians to the sick, whether this assertion be correct or not? Aspire to shorten the course, ameliorate the severity, and reduce the percentage of deaths. The progress which has been and is now being made in the direction of therapeutics, from whatever source, should receive our cordial sympathy, and obtain from our hands most thorough consideration.

There are various ways of reaching the same conclusion, just as there are different roads leading to the same terminus, and different minds select according to subjective influences and individual experience. Let us be charitable, earnest, truthful, and attempt honestly to convert all to our view. Then shall we not only act as teachers, but learners too.

During this year we may expect many of our foreign colleagues to visit our meetings, occurring during the summer months, and I hope our members will do their utmost to make the sessions at this time particularly interesting, so that our friends may return to their various homes with a favorable impression of the transactions of this society.

The time at which the June meeting will regularly occur is on the 28th. At the same time the World's Convention of Homœopathists will be in session at Philadelphia, and as we hope most of our members will be in attendance at the latter, the June meeting must either be held earlier or else we must adjourn over from May to July, and for the sake of our foreign guests, it may be thought best to hold a meeting in August too.

One of the reasons, I surmise, why our meetings have been so interesting, is the fact of their being so nearly conversational in style, and not so formal in character, as is the case with some others; and again to the fact that all the members present are expected to contribute something from their own experience at each meeting. This plan must be continued, but I may be allowed to appeal for better order than has prevailed on some occasions, and members must expect to allow others to finish their remarks before they can ask to be heard themselves. This rule must be enforced, or we shall have complete chaos in our deliberations.

Essayists for each meeting will be appointed who will be expected to occupy a portion of the time, and then will follow the usual clinical remarks of the members present. In respect to our other efforts, I think we may congratulate ourselves. The meetings of the society have been interesting and most instructive, and with a membership already as large as that of any like society outside the city, and only exceeded in numbers by that of the Homœopathic Medical Society of the County of New York, we may confidently expect that this old society may yet become all that its most sanguine friends can hope. Its work will still be confined chiefly to that of therapeutics and drug provings, while the consideration of the collateral branches will be left with our worthy colleague, the county society.

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#### *HOMŒOPATHIC MEDICAL SOCIETY OF ALBANY, N. Y.*

A monthly meeting was held at the hospital, on the evening of Nov. 16, 1876. The committee to nominate appointees to positions on

the hospital medical and surgical staff, recommended the following appointments :

Dr. Millbank, surgeon-in-chief; Dr. Bendell, ophthalmic and aural surgeon; Dr. Winne, dental surgeon; Dr. E. C. Jones, to the charge of the department of diseases of the throat and respiratory organs.

Dr. Peckham, resident physician to the hospital, presented a report of the hospital and dispensary for the year ending Oct. 1, 1876. There has been admitted to the hospital 42 patients. The number of vaccinations at the dispensary is 108; visits to patients at their residences, 240; total number of dispensary patients, 2,790; total number of prescriptions during the year, 4,184. Many minor surgical operations have been performed, together with several capital operations. The operation of lithotomy and the removal of ovarian tumors, several wens and fungoid growths, are worthy of special notice.

Dr. Waldo, of West Troy, read a paper in which he gave the results of his experience in the use of *Iris versicolor*, with special reference to its applicability in the treatment of sick headache.

Dr. Graham related an interesting case of congenital malformation, and described the operation required for its removal.

Dr. Paine offered the following resolution, which will be considered and acted upon in the next meeting of the society :

*Resolved*, That the board of trustees of the hospital be requested to appoint a medical superintendent, who, together with the executive committee of the hospital, shall have the medical and surgical supervision of the institution.

Dr. Paine read several letters from physicians residing in this state, approving the system of the weekly registering of prevailing acute diseases, which has been adopted by this society, and which is now being conducted by its committee on climatology. The system has been adopted by the committee on climatology of the state society, and is being established throughout the state.

Dr. J. F. McKown offered the following, which was adopted :

WHEREAS, The hospitals of this city are ostensibly designed to relieve, to the greatest practicable extent, those for whose benefit these institutions were established and are now maintained; therefore,

*Resolved*, That we heartily approve the decision of the board of trustees of the Albany City Homœopathic Hospital, by which properly qualified physicians and surgeons, without regard to school of practice, are allowed to attend and treat pay patients under their own supervision in said hospital.

On motion the meeting adjourned to the first Thursday in December.

## Children's Diseases.

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### ON ERUPTIVE FEVERS OF CHILDREN.

BY W. R. MCLAREN, M. D., OAK PARK, ILL.

It is a well established fact that eruptive fevers are peculiar to children. Why? I can only reply by saying that all organs are more liable to disease during the period of their physiological development — a transition state of great comparative activity, and therefore liable through and in consequence of the changes incident to their growth and increase.

#### SCARLET FEVER.

Scarlatina is both epidemic and contagious. The miasm of scarlet fever, though untraced, must be some sensible portion of matter, and, like other matter, in a state of change, liable to excite similar changes in other portions of matter capable of being acted on. The term "specific poison" is not well applied. Poisons act only in sensible quantities, and the symptoms are in proportion to the amount used, while in the inhalation of this fever germ the quantity is infinitesimal.

Enough for our present purpose is that this germ or miasm, an organic compound, is inhaled acting through and upon the system, and finally developing the disease we call scarlet fever.

The activity of the contagious principle may be influenced by various circumstances, such as constitutional idiosyncracies, age, sex, climate, accidental predisposition, and peculiar atmospheric temperament. Certain individuals are entirely insusceptible to the contagion, never becoming affected with the disease, though fully exposed to its cause. Females, it is said, are more susceptible than males; and I think it is the voice of general experience that nurslings and old persons are much less liable to the disease than individuals of the intermediate ages. The disease prevails at all seasons; but warm, humid weather, and the air of low, marshy districts would seem to promote its dissemination, and aggravate its violence. In thirty-six cases that came under my observation in the fall and winter of 1873, all were between the months of October and March. Certain peculiarities of atmospheric condition appear to exert considerable influence over the intensity of the epidemic and contagion, as is manifest from the

occasional prevalence of the disease in epidemics and the different grades of severity and many varieties of character these have assumed.

Scarlatina may appear in so simple and gentle a character as to require nothing but the mildest remedial management, or in a form so severe and malignant that the promptest and most energetic measure will scarce mitigate its violence. Between these two extremes it occurs under every degree of severity. According to the differences of intensity and character in relation to the fever, exanthema, and inflammation in the fauces, the disease has been divided into three varieties :

SIMPLE, ANGINOSE, MALIGNANT.

At this point I must make mention of a division given by Meigs and Pepper in their excellent work on diseases of children. They follow the same arrangement in regard to scarlet fever as to that now generally employed for typhoid fever, that of mild and grave. The majority of authors, however, give the first named divisions.

STAGE OF INVASION.

A period varying from one to three or four days usually intervenes between the manifestations of the ordinary premonitory symptoms of febrile diseases and the commencement of the eruptive fever. At the end of this time, slight chills come on, alternating with transient flushes of heat. The child complains of depression, a general weariness; the expression evidences a tired feeling; nausea; pain in the lumbar region, lower extremities, and head; has a hot, dry skin, a frequent pulse, and, in most cases, inflammation of the fauces. From thirty-six to forty-eight hours usually elapse from the commencement of the fever before the appearance of eruption. This comes out, first on the face, then on the neck, chest, and extremities. The eruption consists of innumerable red points, which, coalescing with each other, give a continuous and diffuse blush to the skin, not unlike the shell of a boiled lobster. In some cases there is a uniform diffusion of the scarlet efflorescence over the whole body; in others, large, irregular patches appear, leaving the intervening skin of the natural hue. There is commonly some enlargement of the papillæ of the skin, whereby the surface, particularly of the lower extremities, feels rough to the touch. I have noticed this fact quite often.

As a rule there is swelling of the fauces, and a very important item which should not escape examination is, always examine the throat. the child may not often complain of its throat; we will often find the eruption there previous to its appearance on the cutaneous surface.

The edges and extremities of the tongue are usually red, while a thick, white fur covers the rest of the surface, through which the scarlet points of the enlarged papillæ are visible. In some cases the face becomes somewhat swollen; the skin is hot and the pulse frequent, quick. The thirst is not commonly troublesome, no appetite. The evening exacerbations are attended with considerable restlessness and occasionally slight delirium, both of which generally disappear on the approach of morning. On the fourth day, usually, the full development of the fever and eruption is gradually accomplished, and the stage of declination commences on the day following. They continue to decline till almost the end of the seventh day, sometimes the ninth day, when there is an entire disappearance of both. When the eruption is about subsiding, the tenderness of the fauces abates; there is a copious, reddish sediment in the urine, and sometimes a diarrhœa. The whole process usually lasting from ten to twelve days.

We now proceed to consider the second division, that of the

#### ANGINOSE.

A higher grade of fever and a more severe anginose affection characterize this form of scarlatina. The prodromic invasion is almost always attended with considerable headache, general muscular prostration, which is very marked, nausea, and sometimes vomiting. A feeling of stiffness and dull pain in the muscles of the neck accompanies the fever from its commencement and sometimes precedes it. A red and slightly tumid appearance is presented by the fauces, palate, tonsils and uvula. (Notice that this condition of the throat would not necessarily confine the case to one of the anginose variety, because it is often seen in the simple or mild form of disease); but proceeding, the voice soon becomes hoarse, deglutition is painful and difficult. There is a rapid development of febrile action, the pulse acquiring great quickness and frequency, but rarely possessing the tension and fullness by which it is marked in the simple variety of the disease, showing that the system is laboring under a severe and great oppression. The skin is more intensely hot than in any other febrile affection, and a great degree of thirst is experienced. The tongue becomes dry, its edges are very florid and on its surface are seen the projecting points of the inflamed papillæ. The whole course of the disease is marked by much languor, restlessness, and prostration. If the voice becomes hoarse or whispering it indicates an extension of the throat affection from the pharynx to the larynx, which is a grave feature. Observe that in this variety the eruption is not mani-

fested so early as in simple scarlatina, the third day of the fever being the common date of its appearance. It is not so generally diffused over the surface, but often inclined to appear in irregular, not very large patches. Sometimes the rash disappears the day after it has come out and reappears partially at uncertain times, but without any corresponding changes in the general disorder; this usually lengthens the duration of the complaint and the desquamation is less regular. If the declension of the febrile symptoms takes place as early as the fourth or fifth day, the swelling and inflammation of the fauces generally subside with the eruption and fever, without terminating in ulceration. But when during the first three or four days the excitement is violent, or when it is protracted beyond the period just mentioned, small ulcers are formed about the tonsils and palate, which are rapidly converted into ash-colored superficial sloughs, a considerable quantity of tenacious mucus is always secreted in the fauces and often gives the idea, or presenting the appearance of, ulceration. With the subsidence of the fever, the sloughs in the throat separate, leaving red, ulcerated surfaces. Occasionally, instead of separating about the eighth day, they enlarge, assume a brown color and discharge an acrid sanious fluid. The glands about the neck, especially the submaxillary and sublingual, are hard, swollen and painful. The sloughs above spoken of are, in fact, portions of altered false membranes, they first appear in small, thin, whitish, yellowish, or ash-colored points or patches, on one or both tonsils, or on the soft palate only where it extends to the pharynx. The patches adhere sometimes very slightly and sometimes with considerable tenacity to the mucous membrane beneath. There is more or less fetor of the breath, sometimes amounting to a gangrenous odor, after the appearance of the pseudo-membrane.

#### SCARLATINA MALIGNA.

In the beginning this variety of the disease may wear the aspect of scarlatina anginosa, but it speedily betrays its violent and dangerous character. The eruption comes out at uncertain periods between the second and fourth days, and in some epidemics the eruption did not make its appearance at all, the child being struck dead almost instantly. The eruption is usually pale at first, but in the progress of the affection it acquires, generally, a dark or livid hue. Great irregularity marks its duration, and it will often vanish soon after its first appearance and, at the end of two or three days, reappear again on different parts of the body. The pulse, active in the commencement,



becomes small and feeble in the course of the second day. The heat of the skin is variable, but, in general, not very intense. At an early period delirium usually comes on and, with occasional intermission and exacerbations, often continues throughout the subsequent course of the disease. In nearly all cases there is considerable disturbance of sensorial functions, and in aggravated examples, the eyes become dull and inflamed and a livid flush overspreads the cheeks. A brown and dark fur covers the dry tongue, and the breath is fetid. In the fauces, on the soft palate and tonsils, may be seen the false membrane which soon acquires a brown, and finally, a dark color. The voice is apt to be shrill-sharp, showing that the membrane has invaded the larynx and, perhaps, bronchi.

#### TEMPERATURE.

I think, if you observe closely, the first decided fall of the temperature will usually occur on the fifth day. In the majority of my cases, and I am told by others, that every fifth day showed a fall of temperature, except those cases of grave aspect, which the early use of the thermometer would indicate.

On the second and third days the thermometer range will usually be from 104 to 105 and 106 degrees. I will give you the temperature in one case, a girl of nine years :

Days of observations.	A. M.		P. M.	
	Pulse.	Ther.	Pulse.	Ther.
First day.....	118		130	102½
Second day.....	122	102	125	103
Third day.....	126	102	130	103
Fourth day.....	125	102	120	102
Fifth day.....	120	101	118	102
Sixth day.....	115	101	115	101
Seventh day.....	120	100½	115	100½
Eighth day.....	110	100	108	99½
Ninth day.....	90	99	85	99

Sometimes, before the ulceration becomes severe or extreme, death will take place under symptoms of cerebral oppression. In general, it is only when the fever is protracted beyond the fourth day that the ulcers are converted into ill-conditional black and fetid sloughs. When the sloughs are extensive and foul, a thin, acrid fluid issues from the nostrils and gives rise to painful irritation and excoriation of the parts over which it flows. When the disease has assumed a particularly violent character collapse supervenes toward the middle or end of the second week. Great prostration of all the vital energies now ensues; the pulse becomes very frequent and feeble; the heat of the

surface falls; the tongue is dark brown, or black; exhausting diarrhoea often takes place; and, in some cases, hæmorrhage from various parts and petechiæ occur toward the fatal termination of the complaint. The fever and affections of the fauces may frequently exist without an eruption at any period of the disorder. As early as the second or third day death takes place.

#### DESQUAMATION.

I have spoken of this in few words, but I wish to call your attention to it, and advise you to give it thought. I repeat, the eruption declines gradually after the sixth day, as a rule, the pulse loses its frequency and falls to the natural standard, the heat of the surface fast subsides, and then disappears, the skin remaining somewhat harsh; and soon all signs of throat affection vanish; the coating leaves the tongue, and leaving it red and glossy, soon returns to its natural state. At this time desquamation begins, the whole process usually occupying ten or twelve days. It is about this stage when symptoms of albumenaria present themselves, the urine becomes abundant, pale. Sequelæ do not always appear fully developed, but insidiously, developing the particular disease which is to follow.

As a rule, my observation leads me to say that the fifth day usually determines the acme of the febrile symptoms.

In cases that are to terminate favorably, the morning temperature continues. Irregular temperature shows that the disease is very grave, and like a shy horse, must be carefully watched.

#### DIFFERENTIATION.

Even with this concise and plain description of the disease, we ask, what are the distinctive characteristics which distinguish this disease from some other forms of erythema? Symptoms which precede the eruption are not *prima facie* evidence of the disease. From measles, the prodromic stage, course and eruption of the two affections.

#### MEASLES COMPARED WITH SCARLATINA.

Fever and catarrhal symptoms, lasting from two to seven days.

Eruption on the fourth day; spreads from the face all over in about forty-eight hours.

Eruption occurs first in distinct papules, which coalesce and form patches of an irregular, crescentic shape.

Color of the eruption dark.

Angina may be present, if so, very mild.

Intense fever, pulse 140 to 160 within the first twelve or twenty-four hours. No catarrhal symptoms.

Eruption appears suddenly, and often spreads over the whole body in a single day.

Eruption is in the form of innumerable minute dots, or punctations closely together.

Color bright scarlet.

Severity of the throat affections.

## ROSEOLA COMPARED WITH SCARLATINA.

Eruption is rose-colored, in patches.	Prominence of the throat symptoms, frequency of the circulation, heat of the skin.
Absence of angina.	
Pulse scarcely above its natural rate.	
Disease of shorter duration, less fever, and general disturbance of the constitution.	

## DIPHTHERIA.

I give you the characteristic differences, as given by Professor Ludlam, some years ago. I never saw any rash or eruption accompanying diphtheria.

The rash, of course, is the exception, not the rule. It differs, in appearing at irregular periods, in being partial, appearing suddenly in patches, not deepening gradually in intensity, and in being of a uniform erythematous redness, without the punctuated appearance peculiar to the scarlatinous eruption.

## COLD WATER.

I have seen wonderful effects from the judicious use of cold water. One case, the child was delirious; the best remedies had no effect; the temperature 105-106. I placed the child on a blanket and lowered it into a bath-tub containing cold water, and kept it there till the temperature was reduced three degrees. The pulse was changed from 160 to 140, and remained so for an hour, when I repeated the prescription. After the second bath, the child was restored to consciousness, and rapidly convalesced. This case, the brain was overwhelmed by the magnitude of the disease, causing what may justly be termed cerebral paralysis.

So that cold water is a most valuable and indispensable agent. In Europe, typhoid and scarlatina are, in some hospitals, treated by cold water, and almost without any medicines — principally, diet.

## TREATMENT.

There are three important auxiliaries, necessary to the successful treatment of scarlatina — fresh air, pure water, and good diet. The air dilutes and rarefies the poison; the water washes away impurities and prepares the surface for the excretion of morbid matter, and the food fortifies the constitution, so as to render it less obnoxious to the depressing effects of disease. We now come to the most important part of our topic, the medicinal agencies. *Belladonna* has to its credit page after page of brilliant cures in this disease. *Belladonna* has often failed, because prescribed as the Old School prescribe for remit-

tent fever, for the disease. Now while *Belladonna* has a most marked pathological connection, yet we have a more intimate and golden-chain connection, through the channel of characteristic symptoms. Right here I would urge upon you giving the most careful attention to the study of the very essence of materia medica, as taught in this college.

When will we prescribe *Belladonna*? In almost every case it will be the first in order. We have the cutaneous affection and the angina, which is caused by the eruption, giving rise to the scarlatina redness. This is the angina of *Belladonna* in the disease. This fact is worth remembering. Do not go stumbling along, wondering why the medicine does not cure the throat difficulty. Remember the indications given above. The angina is the eruption, or the throat the photograph of the cutaneous appearances. Again, *Belladonna*, on account of its prophylactic virtues, the picture of the disease, the *tout ensemble*, so correctly an analogue of *Belladonna* poisoning, that I give it all through the eruptive stage.

Then for the angina usually found in a mild case of scarlatina, the cutaneous eruption, the frequent pulse, *Belladonna*. Here let me say a word. The majority of students, from my observation, leave college in favor of the 3x. I did. I was prejudiced, but I very soon found that to aid nature was the secret, and my best results in this disease was with the 30x to the 200th. You are dealing with a poison infinitesimal, and young and tender organisms.

Sometimes the cerebral excitement is so intense, great restlessness before the appearance of the eruption, the pulse indicating a threatening outlook, then *Rhus* will be the remedy. Following closely on a state of great cerebral exaltation, we have a stage of depression, delirium, sopor, *Opium*. Here is where the judicious use of cold water has acted like magic. If from the stage of sopor the spinal system, so thoroughly poisoned by the poison, we have convulsions, *Bell.*, *Stram.*, usually *Bell.* will be sufficient.

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#### PHYTOLACCA DECANDRA IN SCARLET FEVER.

In October I was called to see a child three years old, suffering with high fever. Pulse 140 per minute; face flushed scarlet; head hot; tongue coated brown, with papillæ showing distinctly; tonsils swollen very much, of a bright red color; thirsty; pupils dilated; and delirious.

I immediately diagnosed scarlet fever, of a low type. I gave him *Bell.* 3. On my visit, the following morning, I found that the bright scarlet condition of the tonsils had given place to a dry, shriveled appearance; tongue dry in center; spots on fauces of a gray color, about the size of a pin head; eruption had made its appearance on the chest, and after having been out two hours, it would change from the natural look to a dry condition; pulse 120, much more full; pupils natural; less delirious; continued *Bell.*

On the third morning I found the pulse 160 per minute; tongue very dry in center; sides coated brown; papilla shows very distinctly; throat covered with diphtheritic deposit of an ash color; tonsils very much swollen; vomiting; very thirsty for cold water; eruption has made its appearance over the entire body and limbs, and has the dry, shriveled appearance much more marked; in passing the hand over the skin it would feel like brown paper. The secretion of urine entirely ceased for the past twenty-four hours; hands and feet burning hot; cannot keep them covered; had a very restless night; don't sleep over ten minutes at a time, and not more than three naps during the night.

I gave *Phytolacca dec.* 3. On my visit, the following day, I found my patient much improved, skin assuming a more natural appearance, and moist; slept three hours; passed urine twice; membrane on throat looks white, and much more clear from the good effects of *Phytolacca*. I continued it, and my patient made a good recovery, and a very rapid one.

I have used *Arsenicum* in similar conditions, when there was a tendency to dropsy.

ARLINGTON, Mass.

C. A. SIBLY.

[There is always a sweetish odor from the breath when *Phytolacca* is indicated].

#### CONVULSIONS.

Recently several cases of convulsions in children have come to our notice. In some of the cases they usher in scarlet fever, and in others simple pharyngitis or digestive disorder. They almost always occur during a low barometer pressure. *Bell.* relieves.

## Surgical Department.

### *THE SURGICAL REMEDIES FOR PROLAPSE, INVOLVING UTERUS, VAGINA, BLADDER, OR RECTUM.*

BY G. D. BEEBE, M. D., CHICAGO.

Read before the N. Y. State Homœopathic Medical Association; also, before the Western Academy of Homœopathy, by special request.

In the brief report which I have to make I desire to call attention to a class of cases which, though not numerous, are, nevertheless, to be met with in almost every community, and which involve a prolapse of one or more of the pelvic viscera.

I shall divide this class of cases into four groups, and design to illustrate each of these groups by the clinical report of a case drawn from my own private practice.

#### CASE I.—COMPLETE LACERATION OF THE PERINEUM AND RECTO-VAGINAL SEPTUM—PROLAPSE—SEVERE REFLEX SYMPTOMS—OPERATION AFTER EIGHTEEN MONTHS—RECOVERY.

The patient had been married six years, when, at the age of thirty years, she was confined with her first child. The labor proved tedious, and was completed with forceps. No examination was made by the accoucheur to ascertain whether the parts had been torn; but on the following day, he inquired of the nurse if the patient was torn, and being answered in the negative, assumed the parts to be intact, although the patient complained much of excoriation for several days, and that gas and fecal matter escaped per vaginam. After a slow and tedious convalescence the patient got about, but still complained to her physician that she had no control of the evacuations from the bowels. This was attributed to a weakness incident to a difficult labor, and so endured by the unsuspecting patient. Soon, however, from being much on her feet, there began to be severe pain in the sacrum, extending to the back of the neck and head, with an unsteady feeling in the head, and she was compelled to return to bed, and the physician was again called. He now pronounced it a case of cerebro-spinal meningitis, and medicated accordingly, but made no examination or inquiry as to the condition of the pelvic organs. Slowly she recovered

enough to indulge in some activities, to be again prostrated, and thus she continued for eighteen months. At the end of this period she came from Detroit, to place herself under my care. I have entered thus much into detail in the hope of enforcing a caution upon every practitioner who assumes the duties and obligations of the lying-in chamber. The forceps, when used, should be so used as to aid nature's expulsive efforts, the traction upon them being mainly when the uterus is in a state of contraction, and the direction of the handles being changed as the head descends, so as to bring the least possible strain upon the perineum. They should never be used as

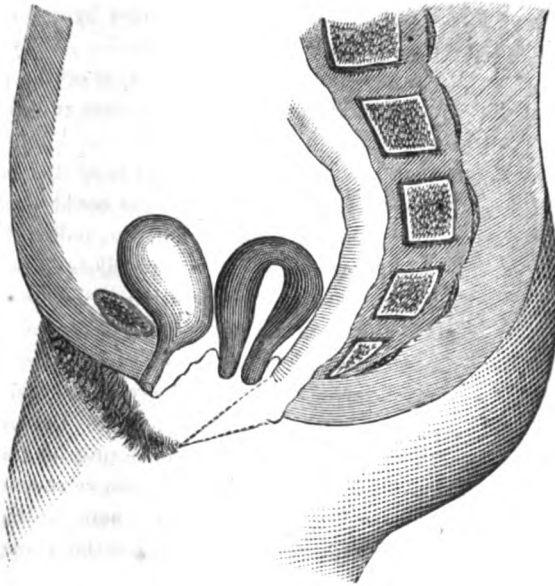


FIG. 1.

engines with which to drag the foetus into the world by a continuously applied force in one direction. The physician should himself inspect the parts, either during or after the delivery of the placenta, at least by the digital touch to know whether the perineum has sustained a laceration, either complete or partial; for it must be borne in mind that with the greatest exercise of skill, it is, in many instances, impossible to avoid this accident.

I urge this caution because the physician, in the case before us.

stood at the head of the profession in his own city, and was a man whom I had known long and well as one enjoying an extensive practice and a ripe experience.

I found, upon examining the case, a laceration extending through the perineum, the sphincters of the anus, and the lower portion of the recto-vaginal wall. Just within the ostium vaginæ the finger encountered the os uteri, with thickened and everted lips, the whole uterus being enlarged and tender, and pressure upon it exciting the pains in the back and head, from which the patient had suffered for more than a year. My colleague, Dr. N. F. Cooke, fully verified the examination. I had every reason to believe that the loss of the vaginal floor had induced the prolapse, and the entire train of reflex symptoms which had been mistaken for meningitis cerebro-spinalis.

Figure 1 is an attempt to delineate the condition of the parts, as presented at the first examination, the dotted lines indicating the parts torn.

It was my belief that if a complete restoration of the perineum could be effected, the uterus could be restored to its normal position, and the reflex symptoms would gradually disappear. This I sought to accomplish by the operation delineated in Fig. 2. This diagram is designed to represent a view of the posterior wall of the vagina, above the os uteri, below the rent in the recto-vaginal septum. The surface at either side of the rent was thoroughly denuded by dissecting off the mucus covering, while the ends of the retracted sphincter muscles were well exposed. Needles such as I here exhibit, Fig. 2, with button-shaped head, an eye near the point, and the whole heavily nickel-plated, were now introduced in pairs.

The first pair (1) were made to transfix the tissues just outside the retracted ends of the sphincter muscles, and traversing the margins of the rent, their points were made to emerge well up in the vagina. The other pairs were set as shown, the points were secured by a strong silver wire, passed through the eyes, and the points well covered by a rubber hood. The heads of the first pair were now approximated, and secured by a loop of wire, thus bringing the ends of the sphincters in apposition, and closing the rent throughout its entire length. The heads of the other pairs being approximated and secured in like manner, restored the depth and thickness of the per-

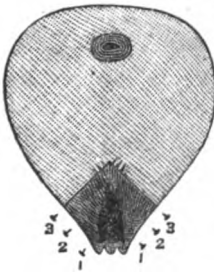


FIG. 2.



ineum, and maintained the same during the process of union. These needles were allowed to remain one week, the bowels being freely moved before they were withdrawn. The result was a perfect union, and the restoration of a thick, meaty perineum, affording as firm and efficient a floor to the vagina as nature had originally provided.

The progress of this case was much complicated, first by an acute catarrh of the bladder, closely followed by a sharp attack of diphtheria, and this, in turn, by severe erysipelas of the head and face. The convalescence was necessarily somewhat slow, but the result leaves nothing to be desired. The cerebro-spinal meningitis (?) has vanished, and the patient is again the mistress of her home, and the center of a happy family group.

If results so satisfactory can be attained under circumstances so adverse, one need hardly despair of favorable results in any case coming within this group.

I am fully persuaded that in many cases of partial laceration of the perineum, the prolapse and attendant reflex symptoms can only be efficiently relieved by restoring the vaginal floor. A resort to this procedure will at least lay the foundation for permanent results of treatment, in cases which must otherwise continue on the invalid list for life.

Out of the group of cases already considered, some neglected ones will exhibit a tendency to less acute reflex symptoms, and greater displacement of the pelvic organs. The uterus and its appendages, together with the bladder, descending by degrees, at length emerge from the vulva, and in extreme cases, hang dependent between the thighs. We have thus presented the second group, less numerous than the first, but far more urgent in their appeals for relief.

I shall attempt to illustrate this group of cases by one coming under treatment during the summer of 1875.

CASE II.—LOSS OF VAGINAL FLOOR BY PARTIAL LACERATION OF PERINEUM—COMPLETE PROCEMENTIA OF UTERUS AND BLADDER—THREE OPERATIONS AT ONE SITTING—COMPLETE UNION AND RECOVERY.

The patient, aged fifty-two, was the mother of a family. During the past ten years she has been suffering from prolapse of the uterus, symptoms of which began to appear soon after getting up from her last confinement. By degrees, and in spite of treatment, the uterus has emerged from the vulva, until for many years it has pre-

sented the appearance represented in Fig. 3, whenever she is in the upright posture. The vaginal mucus membrane, by exposure to the atmospheric air, has become thickened and indurated, while in several patches subjected to chafing, ulceration has destroyed large surfaces, giving rise to deep ulcerations, with thick, uneven edges. The perineum was absent back to the sphincter ani muscle.

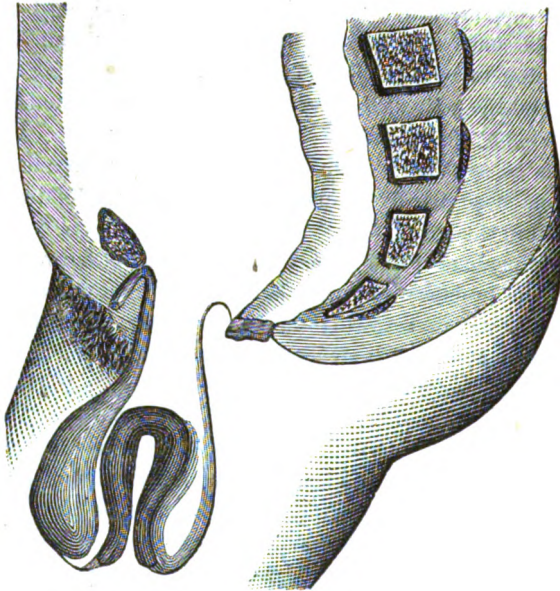


FIG. 3.

After a careful examination of the case, I felt warranted in giving the patient encouragement to hope for permanent relief from a surgical operation, and as it was then mid-summer, I decided to adjust mechanical support which should hold the organs *in situ* till cooler weather, and in hope of being able to heal the somewhat extensive ulcerations in the vagina and about the os uteri. A Cutter-Thomas pessary met these indications well, and allowed the patient to be moderately active on her feet.

The operation decided upon is represented in Fig. 4, consisting of anterior and posterior elytrorrhaphy and episorrhaphy. The strip of membrane dissected off was made to embrace as large a surface upon the vaginal wall, as practicable, in order to lessen the diameter of the canal, and that the tissue folded back should make thick columns of

support to the uterus. In restoring the perineum, it was sought to make it thick and meaty, that a firm floor might be furnished to the vagina again.

Contrary to the usual recommendation of operators, these three operations were all made at one sitting, in order, if possible, to save the patient the prolonged restraint which several successive operations would involve. The time required for the operations was about four hours, in which I was ably assisted by Dr. H. P. Cole, and the whole procedure was well borne by the patient; better, in fact, than by the operator. The after treatment was marked by restlessness on the part of the patient, and inexperience on the part of the nurse in managing the catheter, but the union was very satisfactory throughout. The needles were removed from the perineum at the end of one week, and the sutures from the vagina at the end of two weeks, and at the end of three weeks the patient was allowed to sit up. For several weeks the patient was enjoined to wear mechanical support when undergoing fatiguing exercise on foot, but there has never been any tendency to a reproduction of the trouble.

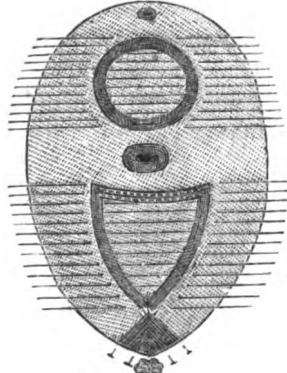


FIG. 4.

It is seldom that a more formidable phase of displacement will present itself to the practitioner than this. Indeed, so formidable was it that no hope of relief was offered by the many specialists whom she had previously consulted; but the difficulties were more apparent than real, as the sequel proved.

The third group of cases to which I desire to call your attention are those wherein a loss of the vaginal floor is attended by loss of tonicity of the vesico-vaginal wall especially. This relaxation, or loss of tone in the anterior wall of the vagina, is essentially progressive, and frequently several years elapse before the cystocele is so considerable as to emerge from the vulva. In some cases, an early application of mechanical support will enable the muscular fibres to regain contractility, and the disease disappears; but when any considerable size has been attained, this cannot be hoped for, and elytrorrhaphy offers the only hope of permanent relief.

**CASE III.—CHRONIC ENDO-METRITIS—ULCERATION—ATONY OF THE MUSCULAR WALL OF THE UTERUS—PROGRESSIVE YIELDING OF THE ANTERIOR VAGINAL WALL—OPERATION—AFTER TREATMENT.**

To illustrate this third group of cases I have selected one which will present some complications, and wherein a complete recovery, if achieved at all, comes as the reward of perseverance.

The patient was one who had passed the climacteric, and occupying a position high in literary and social circles, felt keenly the gradual failure of health which left her almost entirely disabled.

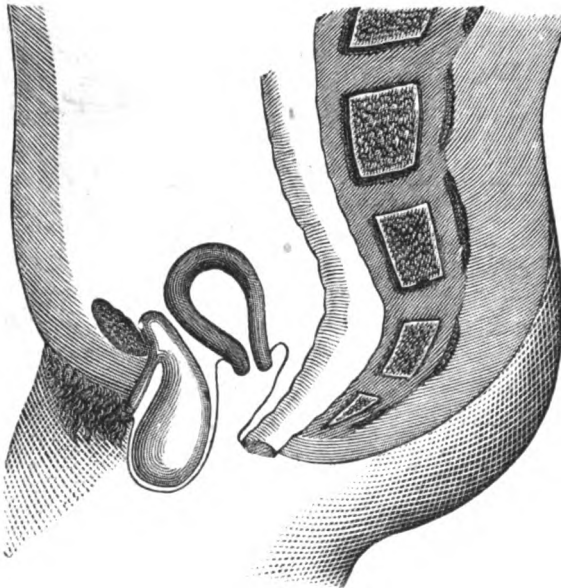


FIG. 5.

The history of the case, as given to me in December, 1875, was of a prolonged and exhausting leucorrhœa, with aggravated reflex symptoms, affecting the bladder, sacral region, and head, with a feeling in the lower lumbar region after being a little time on the feet, as though "her back unhinged," or like a sudden "crick" in the back. Little by little the bladder had been pushed down into the vagina, and finally emerged as a rounded pouch from the vulva whenever it became partially filled with urine. The leucorrhœa became purulent, then blood-stained, and finally offensive and excoriating.

Having, as she thought, consulted the best practitioners here, she

went to Scotland, in the hope of getting relief at the hands of Sir J. Y. Simpson, but before she reached him he was dead. She then visited the Continent, and for three years pursued treatment at the hands of no less than six of the ablest men she could find, but at length returned to this country, no better; indeed, was gradually progressing from bad to worse, and was not encouraged by her medical advisers to expect much relief.

Hearing, however, of Case II, and the results obtained therein, she desired me to undertake her case. An examination revealed the absence of the perineum, back to the sphincter ani—the presence of a well-marked cystocele, Fig. 5, and a peculiar condition of the uterus. If the mouth of the organ were brought into the field of the speculum and wiped dry, then by lifting apart the lips of the os, a half ounce or more of thick yellow or greenish pus would gush out, and if the uterine cavity were emptied of this, it would give off a thin, sero-sanious fluid for a time, and the day following, the same accumulation of pus would be found to be present. A uterine sound, with the beak considerably curved, could be passed into the uterine cavity, and rolled over and over without resistance from the uterine walls, which seemed to be quite lax and flabby. The cervix was entirely obliterated, the vagina ending by a rounded terminus, from which a small orifice entered the uterus, and this orifice seemed capable of dilatation to almost any extent.

I determined first to relieve the cystocele, and restore the perineal support, which was accomplished as shown in Fig. 6. The anterior elytrorrhaphy being accomplished in the usual way, and the episorrhaphy as in the cases already mentioned. Two weeks sufficed to unite the parts where stitched, and attention was then directed to the condition of the interior of the uterus. Its disposition to bleed at the slightest touch led me to brush the interior well over with *Perchloride of Iron*, which arrested that tendency, but the pus secretion was as profuse as ever. I then sought to stimulate the surface by injecting a few drops of *Tincture of Benzoin*. Accomplishing nothing by this procedure, I applied pure *Nitric acid* to the surface, by means of a probang of cotton, moistened with the acid, and passed up through a

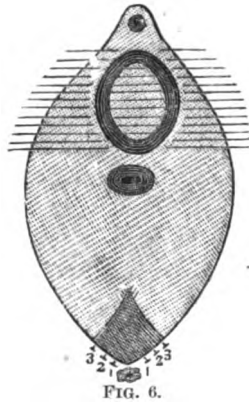


FIG. 6.

canula. This for a time was followed by improvement, but it was not permanent. Still impressed that the uterine walls were relaxed, flabby, in fact paralyzed, I brought to bear the constant current of a Stoehrer battery, by means of an intra-uterine electrode, and a sponge to the sacrum.

The result was very gratifying. After a few applications on alternate days, a notable lessening of uterine diameter took place, and the walls had tonicity and resistance. Now the secretion began to lessen. *Sepia* elicited a response, and a few weeks of careful medication served to restore the patient to her wonted activity. During this period of medication the patient wore, for two to four hours each day, a galvanic pessary of my own devising, consisting of a disc of zinc three to four inches in diameter, and connected by insulated wire cord with a copper bulb, of the size of a pullet's egg. The copper bulb was to be worn in the vagina, and the zinc disc laid upon the sacrum or abdomen. One would scarcely believe that so simple an appliance would prove so powerful a stimulant to resolution in this, as in some other forms of uterine disease.

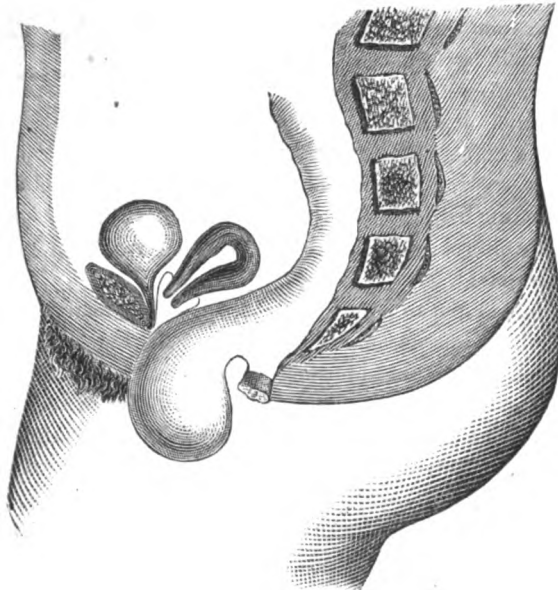


FIG. 7.

The fourth group to be considered are those in whom, through injuries sustained in child-bearing, the recto-vaginal wall becomes

relaxed, through paralysis of its muscular fibres, or otherwise, and common rectocele is the result. Little need be added to the brief details of a case taken from my note-books, in illustration of this group.

CASE IV.—TEDIOUS FIRST LABOR FOLLOWED BY RECTOCELE—  
ELYTRORRHAPHY—RECOVERY.

The patient, married, aged nineteen, was a blonde, of very delicate structure. The first labor had been very tedious, and the mother greatly exhausted. The rectocele was noticed soon after her getting up, and increased, with a constipated habit, till the rectal pouch protruded from the vulva (Fig. 7,) as often as stool was attempted. After testing in vain the efficacy of electricity and mechanical support, resort was had to the operation as shown in Fig. 8.

The bowels were, in this case, kept locked up with *Opium*, and the sutures removed only at the end of two weeks. The union was satisfactory, and the recovery perfect. The patient has since given birth to twins, and no return of the trouble has been noticed.

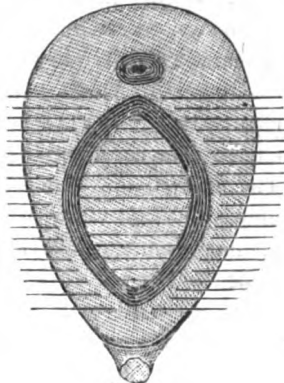


FIG. 8.

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## Hospital Department.

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### *DIPHTHERITIC OPHTHALMIA.*

BY W. H. WOODYATT, M. D., PROFESSOR OF DISEASES OF THE EYE  
AND EAR IN THE CHICAGO HOMOEOPATHIC COLLEGE.

Diphtheritic inflammation of the conjunctiva is so seldom seen in this country, and is of so dangerous a character when it does occur, that the following case cannot fail to be interesting :

H. F., aged five, was taken sick November 4th, with scarlet fever, the first day of the eruption being regarded as the first day of the disease. The fever ran very high. On the fifth, the throat became markedly affected, the tonsils, palatine arches, and even the pharynx being coated with a white, plastic exudation. The mucous membrane

of the nose became similarly affected, and secreted a thin, watery, flaky discharge, which seemed to excoriate the parts it passed over. The nostrils were almost stopped with dry, brownish crusts, at which the child was almost constantly picking, especially on the left side. On the sixth, it was observed that the conjunctivæ were somewhat hyperæmic, and secreted a little *mucous discharge*, which adhered to the edge of the lids, as they were kept closed the greater part of the time. During the day of the seventh, the mother noticed that the mucus was secreted in less quantity, and that the discharge which did appear was watery in character. On the evening of this day I was asked by Dr. Albert Beebe, the physician in attendance, to see the case with him. There was no external redness, except at the lid edges. The conjunctiva of the lids was evenly but slightly reddened. The meibomian glands could be traced. The conjunctiva of the globes was injected with delicate pink vessels, extending in a radiary manner from the reflexial fold to the cornea. Cornea perfect, pupil contracted, more so than was explained by the presence of the lamplight used in the examination. The slight redness, with the diminished secretion, the character of which had changed from mucous to watery, led us to regard the trouble as a catarrhal ophthalmia, which was improving. The patient's general condition was critical, and demanded the first consideration in giving an internal remedy. Moreover, what would benefit that, must help the eyes. Regarding the eyes as better than they were in the morning, and the internal treatment all that could be desired, the case was allowed to go on as before. On the evening of the eighth I was called again. During the intervening twenty-four hours decided changes had occurred. The left eye was more severely affected than the right, the cause, apparently, being the transference of matter from his nose to that eye by the finger with which he so frequently picked, first his nostril, then his eye. The upper eyelids were swollen and œdematous, and inclined to overlap the lower. They were somewhat reddened, not especially hot, quite soft to touch, and easily turned. A flaky, watery discharge had been present during the day. On everting the lids, the palpebral conjunctiva was found to be thicker than normal, of a yellowish-gray color, streaked here and there with fine vessels. An effusion had occurred into the conjunctival and subconjunctival tissue, which terminated abruptly at the tarsal margin, producing an elevated ridge, about a line high. The ocular conjunctiva was similarly distended, but not to the same extent.



The corneæ were clear, pupils contracted to the size of a pin-head.

This was the fifth day of the eruption; the child was lying in a semi-comatose state, with a high fever; pulse 130; tongue now also coated with a similar exudation to that in the throat; breath offensive; nostrils covered with brown crusts, kept moist by a constant discharge. He was taking internally, for the night, *Iodide of Arsenic*, and for the following day, *Cyanide of Mercury*, the mouth and throat being frequently sprayed with a solution of *Quinine* as a disinfectant. The local treatment of the eyes was *Chloride of Lime* in solution, applied to the closed lids by cloths constantly wetted, and frequent syringings with warm water, to secure perfect cleanliness.

On the ninth a crescentic ulcer appeared at the lower border of the left cornea, extending about two lines. The exudation in the conjunctiva of the globe had increased, and slightly overlapped the cornea at the border, especially above and below. The ulcer had not increased in length on the morning of the tenth, but was deeper. At the evening visit a slight vascularity along its base gave hope that it would not perforate, which hope was strengthened by the appearance on the morning of the eleventh. The vascularity had increased, the discharge was now a little thicker, and the plaques on the lids were thinned. A solution of *Nitrate of Silver*, one grain to the ounce, was now used locally, one application to the conjunctiva being made in the morning. At each visit the lid retractors were used, to secure a satisfactory examination, and up to this time, no ulcer had been observed at the upper border of the cornea. On opening the eye, on the evening of the eleventh, a large, circumferential ulcer fully three lines long, occupied the upper border of the cornea, and had penetrated into the anterior chamber, allowing the aqueous to escape, and the iris to fall forward against the cornea. At the upper and inner quadrant of the iris was a large blood clot. The lower ulcer was shorter and shallower, but the eye was lost. Whether the destructive action of the ulcer had been hastened by an accidental blow on the eye could not be determined.

The right eye was very carefully examined by Dr. Beebe and myself, and the cornea found to be perfectly clear under oblique illumination. The effusion in the conjunctiva was thinning, and red spots could be seen, especially on the reflexial fold of the upper lid. On the morning of the twelfth, the right cornea was steamy or hazy looking, over three quarters of its extent, and three distinct points of ulceration occupied its center.

*Nitric acid* 3x, was now given every hour; *Atropine*, four grains to the ounce, applied twice a day, and the *Nitrate of Silver* used every five hours. In the evening the cornea looked better, the conjunctiva redder, and the shreds of membrane could be wiped off, leaving a bleeding surface beneath. The membrane formed again, but could be detached easily, and became less and less. This treatment was kept up during one week, except that the *Atropine* was used once a day. The cornea cleared steadily, from the periphery toward the center, until nothing remained but a small spot at the lower inner quadrant of the cornea, which was constantly irritated by a shred of false membrane, which persistently formed and re-formed on the conjunctiva of the upper lid, near its inner angle. A small nebulous opacity, scarcely discernible, remains in the cornea, in that section, but will, in all probability, be absorbed and leave the right eye perfect.

#### DIAGNOSIS.

Was this a case of diphtheritic conjunctivitis? It certainly was either membranous or diphtheritic conjunctivitis, or a transition form between the two. For full descriptions of these two forms of conjunctival inflammation we are almost entirely dependent upon German writers, or writers who have observed the disease in that country. A careful study of these authors leads to the conclusion that the symptoms present in this case warrant the name diphtheritic. It occurred in a child very low with scarlet fever, which had involved the throat to a marked degree. According to Trousseau it is difficult in many cases to say where scarlet fever terminates and diphtheria begins. The effusion was pale, firm and brawny; it distended the conjunctiva and subconjunctival tissue; did not show a disposition to come away in a mass or in shreds; could not be peeled off, but deliquesced and appeared in the form of thin, watery, whey-like discharge. These symptoms point strongly to true diphtheria. On the other hand, the lids, though swollen considerably, were quite soft, easily everted, and not especially hot or red. The patient did not complain when they were handled. Wooden hardness of the lids, elevated temperature, and pain, are more frequently found, but the following from Stellwag will show that these may be absent in true diphtheritic inflammation, and that the case is then even worse than when they are present:

“Conjunctival croup appears with marked paleness of the conjunctiva and of the lids, with decided œdematous swelling of the parts and with the absence of any elevation of temperature.” “Such a form of conjunctival diphtheritis often occurs in very weakly poorly-nour-

ished children, and in spite of the want of local symptoms has an exceedingly destructive course."

It will be evident that the case of H. F. differs essentially from that form of membranous conjunctivitis which frequently complicates purulent ophthalmia in weakly poorly-nourished children, and is sometimes produced by the too free use of *Nitrate of Silver*. Upon the correctness of the diagnosis depends the value of the treatment adopted. If worthy of another trial, in a similar case, it is well to know positively the conditions present when it was used. More extended use is of course necessary to determine its true worth.

In Brudenell Carter's work on the eye, recently published, he says the disease known as diphtheritic conjunctivitis, "which is not uncommon among poor children in Germany, and is especially prevalent in Berlin, \* \* \* is, I believe, wholly unknown in England."

Dr. Green, of St. Louis, adds in a foot-note, "Diphtheritic ophthalmia occurs occasionally in New York city and vicinity, and doubtless in other parts of the United States. We have seen but one case, and that not very well marked, in St. Louis."

Saelberg Wells says "this extremely dangerous disease is fortunately very rare in England."

Since 1857 cases have appeared, from time to time, in the current English literature, which may be looked upon by Mr. Carter as another disease, or else they contradict his statement. In 1857, Mr. Pritchard stated that he had "seen nine or ten cases of acute conjunctival inflammation in young children where, instead of the ordinary serum, mucus, or pus, fibrin had been effused of the same physical character as that effused in a recent case of acute pleurisy, which has adhered to the lids, and when unchecked by treatment has spread over the surface of the globe and destroyed the sight." He relates the history of one case occurring in connection with scarlet fever, five other members of the same family, were suffering with diphtheritic inflammation of the throat.

In 1859 Mr. Hutchinson published an account of a case which "was entirely new" to him, of diphtheritic inflammation of the conjunctiva occurring in conjunction with the poison of scarlet fever. "The conjunctiva in every part, palpebral as well as ocular, was concealed from sight by a thick layer of coherent lymph. This layer ended abruptly at the circumference of the cornea, and the latter structure was throughout dimly opaque, though still preserving its perfect form and free from any appearance either of ulceration or sloughing. There was

no true purulent secretion, what of fluid was present consisting of thin ichor." The patient had the strawberry tongue of scarlet fever and considerable nasal discharge, but no eruption appeared until the seventh day after the eyes were attacked, and then it resembled certain forms of lichen more than the scarlet fever eruption. Two brothers were suffering from scarlet fever at the same time.

Mr. Launceston, in 1858, saw the eyes affected by diphtheria in one case out of four hundred and eighty-five treated.

Since my attention has been especially directed to this disease several cases have been reported to me, which have the appearance of being diphtheritic conjunctivitis, but not by persons who were able to supply details. It would seem as if the disease had occurred much more frequently than is indicated by the records. I cannot claim to have gleaned our own literature with any degree of thoroughness, but the only case which I know of is one reported by Dr. von Tagen, in the *Ohio Medical and Surgical Reporter*. This occurred suddenly in an Irish laborer, and was not associated with any general disease apart from the eyes.

"Patient says, eye got sore in a single night and on following day was much swollen, so much so that the lid could not be everted without much pain and considerable trouble, being very sensitive to touch. When the lids were parted a stream of hot, acrid tears, mixed with yellowish flakes of fibrinous material, gushed out. There was a marked chemosis of a pale yellowish color and presenting a succulent appearance. The infiltration was marked throughout the entire conjunctival surface, presenting a firm, fibrous nature. Over both palpebral surfaces a thick opaque membrane had formed which could be detached in small patches and shreds. There was much extravasation of blood over the entire ocular conjunctiva. The cornea was invaded by ulceration at three distinct points, the larger and deeper of these being at the centre."

The treatment given in this case was, generous diet, dark room, *Nitrate of Silver*, one grain to the ounce, locally, twice or thrice daily, and *Mercurius bijod.* 6x, internally. At the end of three weeks the patient was able to go home, but the condition of the eye is not given.

#### PROGNOSIS.

Diphtheritic conjunctivitis is, undoubtedly, one of the most destructive diseases of the eye. When the disease is severe, especially when there is a sudden and great infiltration of the conjunctival tissue, and it runs the course without any injury to the eye, we may think it a piece of good fortune. In adults, evil results are more to be feared than in children. (Graefe).

The prognosis is very unfavorable if the disease is at all intense. Diphtheritic conjunctivitis is a disease far more dangerous than purulent ophthalmia, on account of the frequency and severity of the corneal complications. Excessive ulceration or suppuration is but too frequent. (Wells).

Unfortunately, the virulent character of the affection too often defeats all our attempts to save the eye. It is evident that a favorable termination can rarely be looked for. If the first stage has been severe, disorganization of the cornea is almost sure to occur. Even in apparently mild cases, our prognosis must be very guarded, for, like purulent conjunctivitis, it is subject to relapse, and a case which at first appeared to be favorable, may be less so afterward. (Wecker).

Wecker also says, in speaking of the corneal changes: "In other cases, a deep, circumferential ulcer may be seen surrounding the cornea, a most dangerous symptom in this disease, for in spite of all our care, the ulcer generally spreads rapidly, a few hours often sufficing to complete the mischief, and the cornea giving way, the eye is destroyed." Whether these prognoses can be modified in this country by another method of treatment, remains to be seen.

#### TREATMENT.

The first stage of the disease is entirely different from any other affection of the conjunctiva. The second and third stages resemble purulent ophthalmia, and by the Old School are treated in the same way locally. The results of the disease, such as ulcers, opacities, staphyloma, symblepharon, entropion, etc., are treated as separate conditions. During the first stage, then, we are warranted in depending entirely upon internal medication, because no local treatment is known, as yet, which may be relied upon. "Instillations of *Nitrate of Silver*, or penciling the conjunctival surfaces with a solution of the same agent, as is done in blenorrhœa, have been found to be exceedingly injurious, and are almost generally recognized as pernicious." (Stellwag). This refers to the first stage.

The conjunctival sac should be kept as clean as possible from the secretion and shreds of detached membrane. If the lids are very hot and tense, iced compresses are recommended until the second stage sets in, when they must be abandoned. Scarification of the conjunctiva, and leeches to the temple, find favor in the eyes of some, while others regard them as worse than useless. The *Calomel* of the German physicians, which by them is regarded as essential, is generally supplanted (in suggestion at least,) by the English and Americans, by *Iron* and *Potash*, with good diet.

It will be a great triumph for Homœopathy if potentized drugs can be used in this destructive disease of the eye, with the brilliant results which follow their judicious administration when the inflammatory process invades the fauces. Although compelled to regard the affection as a blood disease, and to combat it with internal treatment, there would seem to be abundant opportunity for the local application of such agents as would change the character of the effusion at the one point, and remove the pressure, even temporarily, from the blood-vessels, and thus remove the supposed cause of the necrosis of the cornea, viz., lack of nourishment, caused by contraction of the blood vessels.

## Medical News.

**Dr. W. H. Blakesly** has been elected Health officer of Bowling Green, Ky. A good selection.

**New York Ophthalmic Hospital.**— Report for the month ending Nov. 30, 1876: Number of prescriptions, 2,526; number new patients, 274; number of patients resident in hospital, 27; average daily attendance, 105; largest daily attendance, 155.

ALFRED WANSTALL, Resident Surgeon.

**Ann Arbor.**— Fifty students in the Homœopathic college. Twenty taking extra course in physical diagnosis, established by the regents. All working their way faithfully, through the laboratory course in practical chemistry, urinary analysis, etc. Look out for some good doctors from this quarter, after the last Wednesday in March.

HOMŒOPATH.

**Health Corset** is a device bearing the name of Dr. Warner (Mrs. P. J. Emmons, 44 May street, Chicago, general agent,) that certainly is a great improvement over the common article. We may oppose corsets, but when the dressmakers insist on them, health yields to style. This one combines shoulder straps, skirt supports, and self-adjusting pads, and is the least objectionable. When we cannot get our lady patients to wear a simple corset waist, then Warner's (short) health corset may be advised.

**Homœopathic Medical Society of the State of New York.**— The Twenty-sixth annual meeting will be held in the Common Council chamber, Albany, Tuesday and Wednesday, February 13th and 14th, 1877, at 10 o'clock A. M. At the meeting of the society the following

shall be the regular order of business: First day—1. Communication from the president. 2. Reading of the minutes of the last meeting. 3. Report of the executive committee on credentials. 4. Election of officers, chairmen of bureaux, delegates to other societies, permanent and honorary members previously nominated. 5. Report of the treasurer and the auditing of his accounts. No other business shall be considered by the society until the foregoing items are disposed of, when subjects of a miscellaneous character may be entered upon. Annual address of the president in the evening. 6. Reports of medical committee. 7. Presentation of reports and communications on medical and surgical subjects." Contributions of papers, etc., earnestly invited, and the undersigned would be glad to learn the titles as early as possible.

NEW YORK.

ALFRED K. HILLS.

**The World's Homœopathic Convention Proceedings.**—Friend Dr. Dunham, president of the late World's Homœopathic Convention, and chairman of the committee of arrangements, writes: "The last of August, just after my return from Lake Superior, I was taken with what proved a very severe attack of diphtheria. It cost me nearly two months of working time, for I am even now very far from having re-attained my usual working condition. Doubtless the fatigue of the convention, and the months of work in preparing for it, made me feel the prostrating effects of diphtheria more than I should have otherwise have done. You may easily realize how seriously this illness has put back the work of preparing proceedings for the press. As to progress, all I can say is, that most of the MSS., including record of day's debates, etc., is ready for press, having all to be rewritten, revised, and reduced. A fair part of the historical and statistical volume is printed. We take unusual care with these volumes, and shall not sacrifice accuracy and neatness to time."

**Congratulations.**—At the close of your second year of publication I cannot forbear tendering you my congratulations for your perfect success in providing such a variety of profitable and pleasing medical matter, as **THE UNITED STATES MEDICAL INVESTIGATOR** produces from time to time. I have made some pleasant pen acquaintances through your journal, and received many very valuable hints, and while on the subject, I would wish to draw the attention of correspondents to the practical necessity of always mentioning the attenuation and dose, in reporting the treatment of their cases. There is one point in which the profession will never agree—the attenuation, the high and the low—it is therefore necessary we should know what dose did the work, even though Prof. E. M. Hale says "maybe one grain or less would have cured the two cases, but if the twenty grains cured without injury, where is the harm?" Wishing you many happy returns of the New Year, and much pecuniary success in your journal I remain,

LANSING, Mich.

Yours, etc.,

R. W. NELSON.

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

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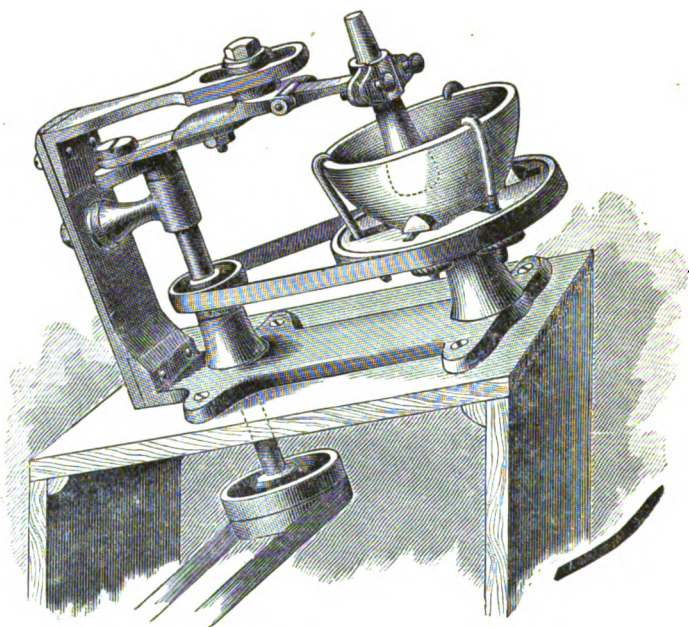
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THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

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*New Series*, VOL. V., No. 2.—JANUARY 15, 1877.—*Whole No.* 182.

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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

PEORIA, Ill., Dec. 22.—Much diphtheria and pneumonia here at present.

M. M. EATON.

BORDENTOWN, N. J., Dec. 18.—Scarlatina and diphtheria, generally in a mild form, are prevalent here. *Bell.* 30 for the former, and *Apis* 6, and occasionally *Kali bich.* for the latter. *Bry.* 30 and 200 has been most frequently indicated for coughs and colds this season.

L. D. TEBB.

PEORIA, Ill., Dec. 23.—The general health in this locality, at present, is good. Scattering cases of scarlet and typhoid fever, and diphtheria. Latter part of autumn and fore part of winter brought us diphtheria that proved fatal in many cases, and caused much anxiety and fear throughout the city. In the malignant type of this disease

we have been made to feel our weakness more than in any other, and have longed and sought to find some saving remedy. *Merc.*, *Kali bich.*, *Apis*, *Lach.*, etc., have failed. Who has the remedy?

E. PERKINS.

WHITE PLAINS, N. Y., Dec. 25.—Not much sickness in this vicinity. Few cases of scarlet fever and rheumatism. Treated a most intractable case of vomiting of pregnancy recently with *Oxalate of Cerium 1x*, with entire success, after nearly every other remedy had failed. The first and only powder given acted like a charm.

O. D. KINGSLEY.

CRESCO, Iowa, Dec. 23.—We are having considerable diphtheria, of a mild type, which generally yields to *Apis*, *Merc. bijod.*, or *Baptisia*. Meeting several cases of tonsilitis, but not at all severe. Not a great deal of sickness this month. A few cases of gastric and typhus malarial fevers. Principal diseases just now are of the throat and bronchial type.

S. W. RUTLEDGE.

GENEVA, Ill.—You ask for some experience in diphtheria. Here is some: Diphtheria has been very fatal here during the summer and fall months. I have treated fourteen cases, with one death, a weakly child of two and a half years. My treatment, according to symptoms, was *Aconite*, *Arsenic*, *Merc. iod.*, *Kali bich.*, *Phy. dec.*, and *Mur. acid*, from the 1st to the 6th. The *Phy.* and *Mur. acid*, in most cases, as a gargle. The only outward application, a hot water and *Alcohol* compress to the throat, and a warm bath when the patient was not too weak.

JOHN B. GULLY.

SOMERVILLE, N. J., Dec. 27.—Winter set in promptly, with the 1st of the month, and has been very cold ever since. Diphtheria has raged here considerably for two months past, the first cases being of a very malignant character. *Apis*, *Lach.*, *Lyc.*, *Merc. jod. rub.*, and *Bell.*, have done good service for me. We have also some cases of typhoid fever, and considerable rheumatism. We had more spontaneous cases of intermittent fever last fall than was ever known here before. The 200th potency of the remedy indicated, cured all my cases. Long life to THE UNITED STATES MEDICAL INVESTIGATOR.

H. CRATER.

LOUISVILLE, Ky., Dec. 27.—Our city is not more unhealthy than ordinarily. Scarlet fever has continued to be epidemic for more than a year. This fall past and winter the older children seem to have been more particularly in danger, many having died. Homœopathy

still holds the vantage ground. An anomalous case occurred in my practice. A child five years old was taken suddenly very ill, as is usual in scarlet fever; violent fever, vomiting, purging, etc., but there was no eruption until the fourth day, and then a very indistinct flush for a few hours; recovery very rapid and complete. The peculiarity was that after convalescence had set in, the cuticle came off almost the whole surface of the body, as much so as if the eruption had been as usual. Treatment, *Bell.* 3x, *Bry.* 3x. There has been more than usual of pneumonia and rheumatism. *Bry.* 30 and *Phos.* 30 cure pneumonia when indicated. Diphtheria is rather prevalent; yields to *Apis*, *Lach.*, *Hepar sulph.*, *Calc.*, *Mercurius*. Some small-pox also. Glad to know how your senior looks. Wish you A Happy New Year, and much success in future. J. K. P.

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### CONSULTATION CASES.

#### CASE FOR COUNSEL.

Patient aged sixty. Dark complexion, nervo-bilious temperament. Until within past two years had enjoyed ordinary health. I may mention that about this time he treated a horse attacked with the epizooty of the most malignant type, and in attempting to give some medicine, the horse sneezed, and ejected some of the discharge into his eyes. He was immediately attacked with the same disease, and a most virulent ophthalmia. Soon after this he noticed swelling of the axillary glands, also of the cervical and lymphatic, which remained indurated for some time, and finally suppurated. When first seen, two months since, the axillary glands of the right side were much swollen, and discharging large quantities of unhealthy pus. The lymphatics in various parts were indurated and suppurating. For two months there has been considerable swelling of the feet; more about ankles and soles of feet; severe pain in calves of affected limbs, worse when first beginning to move, but often preventing walking entirely. Swelling commenced in left foot. For a time, swelling entirely disappeared from left limb, and went into right foot, but is now affecting both. Patient has become greatly emaciated. I should state that he had been under Allopathic advice for some time, and taken largely of *Sarsaparilla*, and various mineral waters, and that there was a profuse secretion of urine, which has become normal

under Homœopathic remedies. I might add that patient has frequent attacks of bilious colic, and has perceptible enlargement of liver. The glands are painless up to within a short time of suppuration. Some itching about them. The symptoms are mainly objective; very few well-marked indications for remedies. Have given *Sulph.*, *Ars.*, *Iod.*, *Baryta*, and *Lyc.* The last mentioned was very beneficial for a long time, in the 30th, 200th, and 100,000th potencies. Improvement seems to have ceased. Is the disease traceable to the attack of epizootic? Will some one please answer, and suggest further treatment, through THE UNITED STATES MEDICAL INVESTIGATOR, or by and oblige,

WHITE PLAINS, N. J.

O. D. KINGSLEY.

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“WHAT SHALL I DO FOR THIS MAN?”

[See page 540, Vol. IV., 1876.]

I would advise *Arnica*.

N. N.

I should advise him to give his patient *Causticum*.

C. A. J.

I had some such a case — a lady — cured her with *Digitalis* and *Nitric acid*.

MASON CITY, Iowa.

H. D. PRAMER.

I would reply, by all means give *Arnica*, high, as the Homœopathic remedy in the case; say 50,000. a dose of five small pellets night and morning. As soon as improvement is manifest, wait, as long as it progresses. If repetition is necessary, give still *higher*, in same way.

PHILADELPHIA.

C. C. S.

The symptoms are not all characterized, consequently I cannot prescribe from them altogether, but will have to take into consideration the circumstances of the accident to the man, viz., “A fall of ten or twelve feet from a loaded wagon,” etc. There must have been a violent sprain of the upper extremities and injury of the nerves of the neck and arms, for which *Arnica* and *Hypericum perf.* should be given, either separately or in alternation. Electro-magnetism applied as follows would most certainly do good: Seat the patient upon the positive electrode and treat injured parts with the negative primary current, for ten or fifteen minutes, to promote the outward end of the current, as it is in health, then polarize the parts by placing the hand

in a dish of water with negative electrode, passing the positive over the cervical vertebra, side of the neck and down the arm for five or ten minutes.

MARSHALL, Mich.

E. L. ROBERTS.

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### QUERIES.

#### WHAT IS BLACK TONGUE?

Called December 10, 1876, to see Mrs. L., aged fifty-four, nervo-bilious temperament. Found her suffering considerable pain in the right hypochondriac region, slight fever, tongue having a light, brownish coating; dull, heavy pain in head; bowels constipated. Prescribed *Podophyllum*.

Dec. 11. Eleven A. M. Pain all relieved, tongue cleaned off, feeling much better. Called again in the evening. Patient had two chills during day, each followed by hot fever, quite nervous, tongue slightly coated. Prescribed *China* and *Gelsemium* alternately.

Dec. 12. Patient less nervous, feeling better every way, relished food, headache relieved, had but one slight chill. Continued same medicine.

Dec. 13. Patient still improving. Very slight fever, no chill, a slightly icteroid appearance of the skin, whitish coat on the tongue, which seemed somewhat enlarged, appetite fair, relished her food. No nausea, no headache. Bowels regular; urine, which had been of high color, became more natural; slept during day, but sleepless during night; pain in right hypochondria, but slight. Sensation of weight in stomach after eating; weary, prostrated sensation; fever slight and intermittent; no chill. Prescribed *Nux vomica*.

Dec. 14. Pain entirely relieved, feels very weak, enjoys her food. Tongue cleaned off, but enlarged, and darker tinge than normal. Pulse 80, regular, but not so strong as I expected it would be, from the quantity of nourishment she had taken; had rested well during night. Continued same medicine. At 7 P. M., sent word she had a very comfortable day; at 6 P. M. vomited about a half pint of dark blood, after which she seemed stronger, and disposed to rest.

Dec. 15. Called at 7 P. M. Patient had a fainting spell, so reported. When I got there, found her very weak; pulse accelerated, the nurse having given her some wine. Her tongue was much swollen and

round to the tip, and as black as if washed in black ink, *the entire organ*; articulation difficult; no mental derangement; no fetor from breath; no pain. Slight thirst for water, small quantity at a time. Prognosis unfavorable. Prescribed *Ars. alb.* and *Rhus tox.* in alternation.

Called again at 10 A. M. Patient had taken nourishment; seemed stronger. Appearance of tongue the same. Substituted *Lachesis* for the *Rhus*, gave no encouragement. Called again at 9:30 P. M. Strength improved; patient could raise herself in bed; tongue had become more flattened, but still remained black; pulse 75, and regular; temperature of skin, normal. Her family thought her better, and she so expressed herself. Articulation much improved. I would give no encouragement while the tongue remained in that condition. Continued the same medicines. Patient seemed to do well during the night, and at 1 A. M. told her nurse how well pleased she was with this her first experience with Homœopathy, and advised the nurse to try it, should occasion require. Took some nourishment, then seemed to rest well until 3:30 A. M., when she had what they called a fainting spell. Sent for me at once. When I got there, at 4 A. M., my patient was dead.

Will some of our wise men tell me what was the cause of black tongue, as developed in my patient, and give the pathology of the case? Until the tongue manifested this peculiarity there was nothing to indicate farther trouble than usually attends bilious intermittent fever, of which I have treated many cases during the past thirteen years, and this is the first one that has terminated fatally. And in this case, the only unfavorable symptom that presented was the black tongue. Her bowels moved regularly every day after the first day I visited her; skin at no time was dry or parched; her tongue remained moist to the last; no delirium; everything indicating a favorable termination, until the black tongue developed; and then, until a few minutes before death, relished food, and expressed herself as improving. Her diet consisted principally of beef tea, chicken broth, and oat-meal gruel.

If any have treated similar cases, I hope they will give us the benefit of their experience. My partner, Dr. Jackson, and I, have observed, in a number of cases of diphtheria during the past six weeks, a black coating on the tongue, but the organ was not much swollen. All recovered.

DUBUQUE, Iowa.

R. L. HILL.



## DIABETES AND TOBACCO.

Through THE UNITED STATES MEDICAL INVESTIGATOR I wish to ask the profession if they know of, or have any patients suffering from diabetes, and whether or not *such patients chew tobacco*. Please make the necessary observations, and reply through this journal.

CHARLESTON, Ill.

G. B. SARCHET.

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 THAT CARBOLATE OF IODINE.

*Carbolate of Iodine* resembles the Pickwick essay on Chinese metaphysics. "He read up the articles on China and metaphysics in the 'Cyclopædia,' and combined his information." S. A.

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 "SHADOWY POTENCIES."

Some of our esteemed colleagues have a fashion of terming high potencies *shadowy*, so I therefore wish to cite a case for their sole benefit: In the year 1872, Nov. 3, I was requested to visit a well-to-do brewer in this town, Mr. Kling, by name, a German, and as we all know, they like *Schnapps*. My friend, the brewer, had indulged in *Schnapps* for many years, and had grown fat and hearty thereon, but at last he unfortunately found that his bitters were too much for him, and then he tried to stop off. When I saw him he was almost a raving maniac, so much so that three men were required to keep him on his bed. He was bathed in profuse perspiration, with no relief; with immense restlessness; "couldn't keep still," and continually cursing his attendants; in short, he was a very nice, large case of delirium tremens. Of course I had some thoughts, knowing his previous history, of *Nux*, and *Digitalis*, and *Opium*, but in this, as in all other cases, I was guided by Hahnemann's good old rule, *the totality of the symptoms*, and especially the *mental*, so I left all else and prescribed *Merc. sol.* 200 in solution, two teaspoonfuls every two hours. By the 4th day of November I found him somewhat improved, so much so that the same medicine was continued, and on the 5th day of November I found him, after some eighteen hours' sleep, so refreshed that he paid my bill, and said he was now all right; and as over two years have elapsed without any return of this disease (probably owing to the fact that he quit drinking *Schnapps*), I feel warranted in asserting

that if you only know how, you can cure delirium tremens with a *shodowy potency*, as well as any other disease.

WHITEHALL, Mich.

G. H. CARR.

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### ON SALICYLIC ACID.

The Illinois Valley Homœopathic Medical Society met at Mendota, Nov. 1, 1876. Dr. Hoffman, of that city, was instructed to prepare for publication a paper on the medical use of *Salicylic acid*.

L. R. Curtis, an eminent scientist of this city, took two pieces of fresh beef. The one was completely saturated with a watery solution of *Salicylic acid*, and hung both of them up in the hot sun. The first dried without a particle of decomposition, while the other was completely decomposed. A drachm was put into a gallon of lager beer, and a month afterward it was as fresh as when first drawn from the keg. An ounce put into a barrel of sweet cider will keep it fresh for any length of time. It arrests at once fermentation. It is medically indicated in conditions which may be prefaced by the term "putrid." Fermentation, a tendency to decomposition, or disorganization, will express the specific sphere of this remedy. I have successfully used it in acidity of the stomach, putrid diarrhœa, and dysentery, piles, typhoid fever, ulceration of the womb, whites, seminal emissions, and several other cases, a few of which I will mention.

CASE I. A little girl, some four years old, had a relapse from malignant scarlet fever, inflammation of the stomach and bowels supervened, with an immense distension of the abdominal region. After three days of fruitless effort, the child became worse, and now can live only a few hours, I put six drops of the 3d decimal trituration of *Salicylic acid* into a half tumbler of water, and gave a teaspoonful every half hour. In a short time, improvement was manifest, and the child made a good recovery. The distension indicated the presence of gas generated by fermentation, with a tendency to disorganization. Hence the adaptation of the remedy.

CASE II. A young child, with canker of the mouth, stomach and bowels, had been treated with *Mercurius*, *Nitric acid*, and other remedies; patient rapidly sinking. Put three drops of the *Salicylic acid* into a half tumbler of water, and gave one-fourth of a teaspoonful every half hour. Cured the canker in one night; patient recovered.

Used it in one case of cancer of the womb, locally and internally, which produced marked relief and improvement. Patient yet under treatment.

I do not use or recommend this remedy in any special disease only for those specific conditions I have named, and within this definite sphere, know it to be valuable. The law of specific adaptation must, in the nature of things, apply to therapeutics, and when I find this "fitness of things," the adaptation of means to an end, I do not hesitate to use it. I use *Salicylic acid* dissolved in *Alcohol* or *Glycerine*, and in trituration. When used locally, it should be used internally as well. The best *Salicylic acid* is imported from Germany, and has a yellow-reddish tint; that made in this country is far inferior. In this brief paper I have given no special directions, for I did not think it necessary. The premises being given, every one can make their own deductions.

J. A. HOFFMAN.

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#### ON THE PHYSIOLOGICAL BASIS.

BY J. A. H.

Dalton's Physiology, a standard work in all the schools, on page 399, says that every organ of the body is endowed with property of irritability, that is, the property of *reacting* in some peculiar manner when subjected to the action of a direct stimulus. When the irritability of a gland shows itself by increased secretion, that of the capillaries by congestion, that of the muscles by contraction, irritability of the muscles is a property inherent in the muscular fibre itself. The existence of muscular irritability cannot be explained by any known physical or chemical laws. So far as they relate to inorganic substances it must be regarded simply as a peculiar property directly dependent on the structure and constitution of the muscular fibre, just as the property of emitting light belongs to *Phosphorus*, or that of combining with metals to oxygen, *this property may be called into action by various kinds of stimulus*, continued irritation exhausts the irritability of the muscles. Certain poisonous substances have the power of destroying irritability of the muscles, by direct action on their tissue. The irritability of the nerves is the property by which they may be excited by external stimulus so as to be called into activity and excite in their turn other organs to which their filaments may be distributed. Nervous irritability, like that of the muscles, is exhausted

by repeated excitement. In this irritability and reaction may be found the basis of all cures, spontaneous, or affected by the use of agents. When medicine is used under the law of *similia* it has a tendency to aggravate, but if given in the right potency no aggravation, no similar disease is produced, but reaction, and reaction is the condition of cure.

This property of the muscular fibre and nerve filaments is so great that many times medicine, when used in the lower potencies, overcome this irritability, so there is no reaction and of course no cure.

"The law of cure." When we talk of the law of cure and mean the remedial efforts of nature, this is one thing, but if we mean the application of agents used internally or externally, and the interrelation existing between the medicine or force and the abnormal condition, that is another and a very different thing. The real law of cure seems to be in the remedial efforts of nature and no where else, for physiology gives us no intimation that man was ever made to use medicine in any potency whatever. "Nature is constantly striving to maintain the functions in their natural condition, and this she accomplishes by inducing in the different parts a reaction, the reverse of the disturbing cause, and bearing an inverse ratio to this cause." If this be true then the real law of nature, independent of all medical treatment, may be symbolized by "*contraria*," as the action is antagonistic, being the reverse of the reaction, but this antagonistic action frequently fails to induce the necessary reaction and of course fails to cure. Here is just where the law of "*similia*" comes in, it troubles us to select the remedy specifically adapted to induce reaction in the direct line of the remedial efforts of nature. Here the two opposites meet and aid each other. But the application of "*contraria*" to the administration of medicine must, in the very nature of things, be a failure. While the application of "*similia*" implies adaption and fitness and must, of necessity, be a success.

Remedial measures represent force. What force will change the positive condition? The answer is, the positive force. What force will change the negative condition? The answer is, the negative force. Here is manifested the law of action and reaction in its adaptation to the fitness of things.

When we apply the law of "*similia*" in the use of remedial measures, we find a specific adaptation to induce reaction, and this reaction is in the direction of cure, but to me it seems important that we have a correct view of the relation of morbid forces to the system in order to more completely understand the cure of the disease. Here we are

constantly misapplying terms, morbid forces, whether in the form of drugs or not, undoubtedly act in some unknown way on the system, but all vital action, all disease manifestations, are the expressions, or evidences, of the action of the system against these forces.

Drugs are said to have a primary and secondary action, this is only apparent, but not really true, for all vital action is on the part of the system. These efforts of nature are to get rid of the morbid forces. Now this antagonistic action on the part of the living system against morbid forces and abnormal conditions is *reaction*. If *Mercury* induces a diarrhoea and when the discharge subsides there is a condition of constipation, this constipation is no reaction of the drug, (as some would have us believe), but a sequence of this excessive discharge, a condition of exhaustion. The primary and secondary action is on the part of the system, and both are *reactions*. To illustrate: The diarrhoea, as heretofore noticed, is the primary action of the system, or its reaction against the action of the *Mercury*. The constipation is precisely an opposite condition, and here, also, there is a reaction of the living system against this abnormal condition. This view of things puts it in accordance with the laws of nature and gives us a better understanding. Disease is a warfare between the living system and the morbid forces. The conflict is various. Sometimes nature succeeds, sometimes fails, and it is the business of the physician to detect the stage and condition of the conflict and know exactly where and when to aid "remedial effort." It sometimes reappears in the most malignant forms of disease that the irritability of the muscular fibre and nerve filaments is at once overwhelmed by the morbid force, so that no reaction takes place and, of course, the patient dies. Examples in the worst cases of cerebro-spinal meningitis, congestive chill, malignant scarlet fever, etc. It is equally true of the morbid force of drugs. Many a patient has been lain out in consequence of an overdose of *Aconite*, *Belladonna*, and other remedies administered strictly in accordance with the law of "similia,"—irritability was subdued, reaction prevented, and death followed. The Homœopathic materia medica is not a record of the physiological action, or dynamic, or any other action of drugs, but a record of the conflict of the living system against the morbid forces of drugs. The vital action is on the other side. It may be said that *Ipecac* induces vomiting, but does not produce it inasmuch as the presence of *Ipecac* in the system induces the vital forces to make an effort to get rid of it. The vital action is not on the part of the *Ipecac*, but on the part of the

living system. So it is with every drug, or force, used in therapeutics. This view of the relation of drugs to the living system is important, as it is a corroboration of the principles heretofore advanced, and throws a flood of light on the whole subject. This law of action and reaction is not confined to the use of drugs alone in the cure of disease. Every process of the "water cure," that amounts to anything, has vital reaction as its basis. The maniac who declared that the world would burn up, unless he made water upon it, was told to make haste else the universe would be in flames. That impression and his frantic efforts to put out the fire induced reaction, and his delusion vanished. The new doctrine of the correlation forces, or, as some have it, conservation of forces, is of vast importance, as it explains many of the unsolved problems of nature.

The specific virus that induces whooping cough, scarlet fever and, in fact, almost every other form of disease, is so attenuated as to elude the grasp of the microscopist or chemist. It, probably, would not be too much to say that these viruses are at least of the millionth potency. When we take into consideration the powerful remedial effort nature puts forth in the cure of disease, and the power of these high dilutions in inducing it, it is not difficult to believe what experience has long since demonstrated, the wonderful remedial virtues of high potencies. There can be no doubt but that many Homœopathic physicians use altogether to much medicine. A physician put a teaspoonful of the *Tincture of Belladonna* into one-half tumbler of water, and gave a teaspoonful every hour, for congestion of the brain. Of course the large doses prevented reaction, and the patient got worse instead of better, his ignorance defeated his object. Many times in bad cases physicians get anxious and lose their patients by overdoing the matter.

Here is a case of the inverted action of the stomach, known as vomiting. Suppose that *Ipecac* be Homœopathic to the case, and we give five grains of the crude drug, we all know it would make the patient worse, but if we give *Ipecac* in the potencies, just enough to increase reaction, then this reaction reverts the inverted action of the stomach and the case is cured. A lady sent for me in a great fright and said that she had a snake in her throat. it was a spasmodic action of œsophagus. *Nux vomica* was the specific, had I given it to her in larger doses it certainly would have made the matter worse, and might have killed her. The potencies were used just enough to induce reaction. This reaction being the reverse of the pathological action, the case was easily cured.

These simple illustrations show us how it is that the potencies are, as a rule, so much more efficacious in the cure of disease than crude drugs. Yet it is not always so. The correlation of forces, as manifested in the doctrine of equivalent, when carefully studied, gives to my mind a complete solution of the question of potency and dose.

“The eternal equation of nature” is the law. This, of course, implies the “fitness of thing.” A man was bitten by a rattlesnake, the high potencies were used and the patient died. Here the morbid force was one of the most virulent poisons, and should have been met and neutralized by its equivalent, but I need not multiply examples, the principle is apparent and of universal application.

“To effect a mild, rapid and permanent cure, choose in every case of disease, medicine which can, of itself, produce an affection similar to that sought to be cured.” Substitute the word induce for produce and every letter of this quotation is golden. The fact has been demonstrated beyond the possibility of a doubt, and it only remains now to be explained. This explanation has many times been attempted, and as many times been abandoned as unsatisfactory, it wouldn't stay explained, and I humbly suggest that all absolute solutions which have been attempted are as futile as an attempt to tell the nature of gravitation, or the connection of mind and matter. What we want is a practical solution of the Homœopathic problem, and I present the following summary of doctrines, as a contribution to ultimate settlement of this question. Of course it will meet with opposition. The wording might be better, but the principles involved are essentially true:

#### SUMMARY.

1. That “contraria,” correlated by vital reaction, is the “law of cure.”
2. That “similia” is the law of adaptation in the selection of remedies.
3. That “contraria” and “similia” are counterparts of one and the same principle.
4. That primary action is the reaction of the vital forces against morbid elements.
5. That secondary action is the reaction of the vital forces against abnormal conditions.
6. That a special remedy having the power to increase, in the system, a specific abnormal condition, will, when that condition is found in disease, cure it, *because* it is specifically adapted to induce, on the part of the system, direct antagonistic action similar to that already existing in the disease.

This similar antagonistic action, like the similar magnetic pole, not

only neutralizes and repels the other, but also provokes vital reaction in the direct line of the remedial efforts of nature.

The law of cure is one thing, the law of selection is quite another. "Similia" is permanently the law of selection, but not in any sense the law of cure. The law of cure, independent of all medical treatment, consists of three parts: antagonistic action, vital reaction, and the reparative process. The law of selection, correlated by the law of cure, is the basis of therapeutics.

Apparently the sun rises and sets. This may do for general practical purposes, but in matters of scientific inquiry into the action of natural law, it is a deception, and will not do as a basis. Just so in regard to the action of drugs. Apparently morbid forces act on the system producing morbid conditions and pathological symptoms. This, in reality, is a deception. The opposite is true. All vital action is on the part of the living system, and not on the part of the drug, and in all inquiries into natural law touching this matter, we must start from the true basis.

Just here is the difficulty with most explanations of this subject, that is assumed to be true which is only true in appearance. In the cure of disease by the use of agents there are two antagonistics which are also similar actions. The one party sees only the antagonistic, while the other sees only the similar actions, both are right as far as it goes. If we assume that muscular and nervous "irritability" is the source of all vital action on the part of the system; that in disease there is a "remedial effort," or a conflict of the vital forces against morbid elements or abnormal conditions; that "contraria," correlated by vital reaction, is the "law of cure," that "similia" is the law of adaptation in the selection of remedies; that remedies, when selected in accordance with this law, are specifically adapted to provoke vital reaction in the direct line of the remedial efforts of nature, and neutralize the morbid force, we have a key for the practical solution of every Homœopathic problem. It only remains now to see what a "law of nature" really is, and the extent of the "law of cure." A law of nature is simply a "rule of action." Applied to organic beings, there are two primary laws of life. The law of development of growth and repair, and the law of waste and decay. Inorganic substances assume the organic, and the organic tends to its own dissolution. So the law of cure is subject to the law of death. Remedial effort, or what we call nature, in the cure of disease, is neither intelligent or all-powerful, and must, in the nature of things, be finite



and limited. The law of cure can do no impossibilities or run counter to the primary laws of nature.

In the use of agents to induce curative results or vital reaction similia is the only specific law of selection, but it does not, by any means, follow that we should do nothing beyond the limits of this law, "specific measures for specific abnormal conditions," more practically represents the new dispensation. "Similia" is the universally acknowledged formula of the Homœopathic school, but all formulas are only representations, and away down at the bottom beyond any formula of words as the basis of all true therapeutics is the law of adaptation; "the eternal fitness of things." I have now reached the end of my present inquiry. The doctrines advanced are the legitimate sequences of muscular and nervous irritability, and the consequent "reaction" under direct stimulus.

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## Children's Diseases.

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### *EXPERIENCE IN SCARLET FEVER AND DIPHTHERIA.*

BY DR. AD. LIPPE, PHILADELPHIA.

A voice comes from — where? It is found in THE UNITED STATES MEDICAL INVESTIGATOR, Dec. 15, 1876, (Vol. IV., No. 12,) and reads thus: "Diphtheria and scarlet fever seem to be very prevalent. Give us your experience, please." There are two answers annexed to the question. V. L. Moore says the specific (*dernier ressort*) for malignant scarlet fever in the diphtheritic form is five to eight grains of *Sulph. iron* in half a glass of water, given in one to three hours apart, with *Kali bich.*, has speedily been followed with improvement and health. H. Knapp says: "As a last resort in a forbidding looking case, calling to mind a similar case, where I used *Tincture Ferr. muriatis* with prompt relief, I advised twenty drops in half a glass of water, a teaspoonful to be given every hour for a few times, and then every two hours — with a *free allowance* of milk punch and a gargle of *Alcohol* and water. The next day there was a slight improvement, the next, still more, the patches separating, and looking healthier beneath, and

in a few days more, with an occasional dose of *Apis* 3x, became convalescent."

V. L. Moore relies on crude *Sulph. iron*, with *Kali bich.* H. Knapp relies on crude *Ferr. mur.*, with milk punch (free allowance), and to hurry up the improvement, an occasional dose of *Apis* 3x. V. L. Moore and H. Knapp palm their grand experience off as "Homœopathic treatment." Now, to our mode of thinking, they treat the sick *not* Homœopathically, and no Homœopath can learn anything from their statements, if even they were considered "*true.*" Will not V. L. Moore tell us what were the indications (characteristic) for *Sulph. Ferr.* in crude substance, dissolved in water, and for what reason, and by what rule of practice did he give at the same time, *Kali bich.*? H. Knapp would do well to enlighten the profession, what were the indications for *Muriate of Iron*, crude doses? What induced him, under the Homœopathic law, to give milk punch, and gargles of *Alcohol* and water? Why add *Apis* when the improvement had begun?

For argument's sake admitting that both these learned professing Homœopathists cured their cases by the means they gave utterance to, of what use is their "experience?" Suppose some healer, in his tribulations, having to treat a case of diphtheria which looks forbidding, follows the expressed "experience" of either of these men of learning, does he practice Homœopathy? Or, is he likely to cure the case because it looks forbidding, and some learned man has cured a bad case without being guided by any principle?

Even the thoughtful and conscientious Allopathic authors, before the days of Hahnemann, such as Huxham, Fritze, and Sydenham, taught that every new epidemic disease was a new disease, which never existed just so, just in the same manner, ever before, and has to be considered a new, never before known, disease. Whatever may have been the most frequently indicated and curative remedies in a given form of a disease, during a former epidemic, will, for that reason, be of no earthly benefit in the next epidemic. Having lived and practiced long enough to be able to testify that even in the same locality the scarlet fever or diphtheria of to-day is an entirely different disease from all former epidemics coming under the same name, and that different remedies become curative to-day, different from remedies formerly employed, it may be now the time to answer, and give, not only our experience, but point out the proper means to these various diseases successfully. These proper means, which

never fail the Homœopathic healer, are laid down, explained, and their applications, and the practical rules to apply them, by Samuel Hahnemann, in his *Organon of the Healing Art*. The healer who has acquired a full knowledge of the teachings of Hahnemann, and who has made himself fully acquainted with the effects of drugs, as they have been so successfully collected in our *materia medica*, will never be at a loss how to treat each individual case. It has been the frequently expressed experience of such healers that they did promptly cure the various cases of the every changing epidemic, and other diseases, if they followed the teachings of the master. From the nature of the ever-changing symptoms, not only of diseases, so termed, but of the changed symptoms of the same disease, caused by the individuality of the sick person, it follows logically that we must forever individualize. As soon as we attempt to generalize, as soon as we attempt to treat diseases as if they always showed the same symptoms, as if they ever were amenable to be cured by the same drug, merely indicated by the name of the disease, we cease to be individualizers, we cease, therefore, to be Homœopathists; we slink back into the generalizing Allopathic school. In the so-called scarlet fever, in the diphtheritic form, we surely have no specific save the truly Homœopathic remedy. It has been my experience that this form of disease, when it appears in the same family at the same time, attacking various children, requires different remedies for each child, because the children have each its own individuality modifying the disease. I have, under these circumstances, cured one child with *Arum tryph.*, another with *Apis mel.*, another with *Kali bich.*; always have I been governed by the characteristic symptoms of each individual case. The next time malignant scarlet fever with the diphtheritic form appears, the characteristic symptoms may so change that quite different drugs may be required. If we closely observe these different symptoms in each individual case, and find the corresponding remedy in our *materia medica*, apply that drug as we are taught to apply it in the *Organon*, we may be perfectly confident of success. Next time it may be *Carbolic acid*, or *Lachesis*, or *Lycopodium*, or *Merc. iod.*, or *Calc. carb.*, or *Kali carb.*, or *Zinc*, or any other remedy, but it must be the similar remedy. Above all things, it must be *one remedy* at a time. Misguided alternators never can learn the true pathogenesis of any one remedy, and if the patient recovers in spite of bungling prescriptions, it can never be known which remedy relieved the sick; nor are these so-called cures any better than escapes from death after the ordinary

treatment by Allopathists; it invariably turns out not to be a cure, in the true meaning of the term *cure*, viz., a full recovery to health; the frequent sequences, relapses, and in diphtheria especially, periodical returns of the disease, *never* occur after a strict Homœopathic treatment. A patient who is recovering from diphtheria after taking milk punches, or after gargling with *Alcohol* and water, is *not cured*; before he has forgotten the attack, he will, nay he *must* have another attack of the same disease. Such is my *experience*, and therefore (always being guided by the teachings of the master,) have I never resorted, never shall resort, to these auxilliary, unnecessary, and un-Homœopathic means.

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### ON DIPHTHERIA AND SCARLATINA.

BY WM. M. WILKE, M. D., CHICAGO.

Read before the Chicago Academy of Homœopathic Physicians and Surgeons.

CASE 1846. September 19, boy aged eight years, had been sick two days before I was called. Symptoms: Pulse 98, hard and full; no appetite; sleep restless; drinks much water; sweats always, and smells sour; rash out well, and dark color; face pale; eyes yellow and dim; frontal headache; rough cough; pains in back and all over the body; bowels constipated; passes urine often, with much dark-red sandy sediment, and smells sour; vomiting two to three times daily. Submaxillary and paroted glands much swollen. On examining the throat, found pseudo-membrane on both tonsils, uvula, velum, and palati, which were all much swollen and inflamed. Prescribed *Nitric acid*, 3d dilution, twelve drops in two-drachm vial, pellets No. 40, four to six pills every three hours; *Carbolic acid*, gtt. xx., aqua, ozs. ij, to wash out the throat every hour that day, next day every two hours.

Sept. 21. Patient much better; pulse 84, and soft; appetite improved; slept better; no vomiting; drinks less water; bowels moved two to three times daily, dark grayish color, smells very bad; passes less urine, and lighter color, no smell; no headache; feels as he wants to get out of bed, he says he is well; rash looks lighter. Continued *Nitric acid* for two days.

Sept. 23. Patient still improving, pulse 80, throat well, skin peeling off, sleeps good, appetite good, bowels regular, drinks little water, action of kidneys good, no headache, no pain whatever, wants to get

up and out of bed—he says he is well. Discontinued *Nitric acid* Prescribed *Sulphur*, 1st trit., three powders daily for five days.

Sept. 28. Patient well, no medicine, discharged.

I will here give the record of thirty-six cases, almost same symptoms and same treatment :

No.	Age, etc.		Result
1856	Girl, 3 years	Same disease and prescription.	Cured.
1858	Boy, 8 years	" "	Died.
1886	Girl, 22 years	" "	Cured.
1888	Girl, 20 years	" "	Cured.
1892	Girl, 16 years	" "	Cured.
1902	Boy, 3 years	" "	Cured.
1916	Boy, 4 years	" "	Died.
1925	Five children, 5 to 10 years	" "	2 Died.
2046	Two children, 4 to 6 years	" "	Cured.
2052	Two children, 1 to 4 years	" "	1 Died.
2053	Two children, 5 to 8 years	" "	Cured.
2056	Girl, 16 years	" "	Cured.
2166	Four children, 2 to 10 years	" "	1 Died.
2167	Three children, 2 to 8 years	" "	Cured.
2171	Three children, 1 to 8 years	" "	Cured.
2284	Four children, 2 to 10 years	" "	1 Died.
2286	Three children, 3 to 10 years	" "	Cured.

There are at least twenty-five to thirty cases more of diphtheria with scarlatina that I have treated the same way, and about sixty to seventy-five cases of scarlatina alone with the same and other remedies, such as *Acon.*, *Apis*, *Bell.*, *Baryta carb.*, *Merc. sol.*, *Merc. iod.*, *Opium*, *Cup. ac.*, *Ipecac*, *Sulphur*, but in all cases of the within mentioned diseases I allowed my patients all the lemon-water they wished, also dried fruit, such as apples, peaches, and prunes; milk with water; no meat whatever. I ordered the throats washed out with the within mentioned wash, every one, two, three, or four hours, and kept the bowels open by giving *Castor oil*—from three to eight drops. My patients would recover without leaving any trace of ailments whatever.

Of the whole number of patients treated by me, about one hundred and fifty, or more, in the last three months, (September, October and November,) I lost of that number only seven cases. Speaking of the seven, I will say that three were almost dead when I was called, and had been treated by physicians of the Old School; three wanted better care and nursing, better food and better covering on their beds, also better rooms or houses. I think for want of better care these three died, in spite of all treatment. The seventh case, a boy three years old, was scrofulous, also his whole family. The boy was always sickly since birth. I had treated him since spring for the scrofulous condition, therefore I think his death was caused from the scrofulous condition.

I will hereby call the attention of the profession to, and urge a more clear investigation and proving of, *Nitric acid*. I think, and it seems to me, that we will find this drug a specific remedy for the within specified diseases, as my statement has proven such. I will further say that I have given it to children in the same family, where their sisters and brothers were sick, and afflicted with the disease, and they never got sick or affected, but kept well, and are well yet, after several weeks and months.

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### CINA IN SCARLATINA.

One evening, in the latter part of May last, I was called to see a child three years of age, who was threatened with convulsions. I had, on a previous occasion, prescribed for worm symptoms in the same patient, so I left him *Cina*, that night, along with a little *Aconite*, as quite a high grade of fever was present. The next morning an eruption (first noticed about the nates, and over the lumbar region,) had made its appearance, which inspection showed to be scarlatinal. On observing this, I had recourse to our usual prescriptions in such cases, but soon found that *routine* treatment would not answer. His fever raged unabated for a day or two, regardless of *Bell.* or *Verat. vir.* He possessed a large head, which gave me the most trouble throughout.

By noting carefully his symptoms (which are given below,) I concluded that *Cina* must be the remedy. Head very hot; could not bear to have it *touched*; fretful (wanted to be *held* or *rocked*); *boring* in the nose and ears, with pale streak down the *center* of face; enuresis; pulse 136 (I have since verified this pulse in worm fever, and think it characteristic of *Cina*;) intermitting about every seventeen beats. The drug was given in the 3x trit., and 1st dil., with apparently little benefit. Still sure of my remedy, I then prescribed it in the 30th. Improvement was marked and continuous, till, by the tenth day, his friends considered him able to dispense with further treatment. Through inattention on their part, he was suffered to expose himself at the doors and windows, and experienced a relapse. His old remedy (in either the 30th or 200th,) would put him to sleep in a few moments, when he was the most restless, from which he would invariably *wake up* worse.

This condition of affairs, threatening meningitis, was soon changed by a few doses of *Apis* 6, after which, matters proceeded as before,

only not quite so smoothly. Whether this treatment preserved to him his old epidermis or not, I cannot say, but a small patch over the loins (where the eruption was first noticed) followed, long after, by slight peeling in the palms, constituted his entire desquamation. There were no troublesome sequelæ. At the suggestion of Dr. T. F. Allen, some enlargements of the cervical glands were met by *Calc. iod.*, 6th trit. Otagia and otorrhœa by *Bell.* and *Puls.* Patient had a large number of small boils about the head for awhile afterward. *Flax-seed* tea was given, *ad libitum*, during the fever, and proved very acceptable.

LYONS FARMS, N. J.

J. E. WINANS.

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### SOME EXPERIENCE IN CROUP.

BY C. W. BOYCE, M. D., OF AUBURN, N. Y.

In reviewing my experience for thirty years in the treatment of croup, there seems enough of interest therein to place it in your Children's department.

We live on high ground, which is well drained, and consequently are free from malarial diseases. There are no agues except imports. The character of the prevailing diseases is esthenic. Some bilious, and but little typhoid. We are subject to quite sudden changes of temperature, with cold west and northwest winds, from off lake Ontario.

Catarrhs prevail almost universally. Few are free from it. During our northwest winds, severe colds, with tendency to run into croup, are quite prevalent. Our croup is generally preceded by a cold in the head, descending to the fauces. In this stage, if a dose of *Aconite* is given on going to bed, it often arrests the disease. When it does not arrest it, there will be, some time before midnight on the second night, a paroxysm of distress for breath, with hoarse cough, provided the case is one tending to croup. This is soon allayed with another dose of *Acon.*, or if the family is accustomed to the use of Homœopathic remedies, perhaps *Spongia* will be given. This often cures in this stage. According to my observation, our croup is of the *Spongia* variety. It is almost always at its worst before midnight. After midnight the patient is apt to sleep, and that with little discomfort. *Spongia* cures the great majority of cases of croup here rapidly.

When it does not, we are sure to have trouble. In my experience, only one case has died, but a great many have lingered for days, and got well slowly and unsatisfactorily. Indeed, I am compelled to say that many would, in all probability, have done just as well without me as with me. Good nursing and an even temperature are great aids in the treatment of croup, and I judge that a great majority of cases would get well when nothing more is done. I think I may say this in frankness, in full review of thirty years' experience. *Aconite* and *Spongia* absolutely and promptly cure a great many cases, so many, that I look back upon these years and recall a great many cases, so promptly relieved that I call them mile-posts in my professional journey.

#### KAOLIN IN CROUP.

CASE. About two years ago I was called to a case where *Aconite* and *Spongia* did no good, although strongly indicated. The case progressed into the third day of the disease without any let-up. There was very frequent cough, with great distress for breath, and danger from asphyxia was imminent. It still presented the characteristic aggravation before midnight, and what little comfort the patient had was after that time. We were greatly alarmed, as we had reason to be. From some notices I had seen of the benefit derived from *Kaolin* in croup, I was led to give this remedy. A small powder of *Kaolin* 3x trituration, was dissolved in one-half glass of water, of which solution, two teaspoonfuls were given every hour, for six hours. At the end of this time the disease had manifestly improved, and the next night there was no return of the aggravation.

Since this case, I have used this remedy several times, with benefit each time. I hope I have found in it a reliable help in time of need.

In all acute cases I always look for just such results when the true Homœopathic remedy is selected, and if I do not see sure improvement in a few hours I think I have mistaken the remedy, and try again.

I look back and see where I have time after time lifted patients, as it were, directly out of the grave, not, by any means, always from croup, but in all diseases.

#### SEVERE CASES.

One case of gangrene, where in the space of two days, a spot on the leg as large as my hand, had turned black, and all the signs were of approaching dissolution. *Lachesis* in twenty-four hours arrested it, and the gangrened spot fell out, leaving healthy granulation.



Another, with typhoid fever, with unmistakable signs of approaching death, was made convalescent in twenty-four hours, by the same remedy. These cases, in the course of ordinary Allopathic treatment, would have been days and days in convalescing, if they ever did. A glorious practice is that of Homœopathy, where one knows how to use it.

As I go out and in, day by day, I see many faces that only for a true and timely prescription would not now meet me on earth, and I feel thankful that I chose the practice of medicine for my life-work. These are the joy spots, the mile-stones in my professional life-journey, and I enjoy them greatly.

But are there no dark spots to look back upon? Have there been no cases where the grave has kindly hidden them from my sight? Indeed there are, and I look back with sorrow when I recollect here one and there one who went down to death, where no alleviation came from all that I was able to do; and I can but feel that had I known better what to have done, the result would have been different. One little boy came to *our* arms and stayed eighteen months, and then left us. No one else can tell with what sorrow I review that case, in the light of some thirteen years of later experience, and see the mistakes made at that time. The grave has indeed hidden the form, but the recollection yet remains. I can only say that I did the best I knew.

Thus pass before me recollections of the bright and the dull, the joys and the sorrows of professional life, and in summing up, I can but feel that recollections of good done preponderate over failures. My effort is so to apply myself that each day may improve on the one just past.

[Now, will friend Boyce kindly give us his experience in diseases of the mouth in children, and in cholera infantum?]

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## FEEDING AND MANAGEMENT OF CHILDREN.

### THE CUSTOMS OF THE DIFFERENT PEOPLES.

In Part I, of the forthcoming work on Diseases of Children we purpose to give:

1. The developmental changes of the fœtus, infant, and child.
2. The disease tendencies, hereditary, etc.
3. The diseases of development, hereditary, etc.



4. The food proper for the different stages and temperaments.
5. The clothing proper for the different stages and temperaments.
6. The hygiene, mental and moral management of infants and children.
7. The customs of different peoples in rearing children.

The customs of the various nationalities, in various climates, seasons and locations, in the management of children, will, no doubt, prove both very interesting and profitable.

The readers of THE UNITED STATES MEDICAL INVESTIGATOR may, no doubt, be glad to aid in the collection of anything bearing on these points. Let me ask you to direct inquiries concerning, first, customary food for infants and children; second, food of mother or nurse; third, dress of infant and child; fourth, customs as to bathing; fifth, custom as to care of infants and instruction of child; sixth, disease tendencies in children of different nationalities, explained, etc.

Any facts or ideas on these subjects will be most thankfully received. They should be sent in at once. Physicians in foreign lands can help here to good advantage. The experience and observations of any one, of course, will be very welcome.

CHICAGO.

T. C. DUNCAN.

### *INFANTILE WASTING PALSY.*

Dr. Lilienthal writes: "I am working out an article on 'Infantile Wasting Palsy,' with its deformities. What success had you in treating it during the first stage, where a cure is still possible." He would be thankful for any facts, cases, etc.

## Society Proceedings.

### *AN OLD-TIME MEDICAL ADDRESS.*

The following "Oration," which we give *verbatim et literatim*, will, no doubt, interest many of our readers. We commend it to those who are at a loss upon what to orate at the coming annual meetings. The compliment he pays to "Physic" is decidedly refreshing

AN  
**O R A T I O N,**  
 ON THE RISE AND PROGRESS OF  
**PHYSIC IN AMERICA:**  
 PRONOUNCED BEFORE THE  
 FIRST MEDICAL SOCIETY  
 I N T H E  
 THIRTEEN UNITED STATES  
 O F  
**A M E R I C A,**  
 SINCE THEIR  
 I N D E P E N D E N C E,

At their CONVENTION held at  
 SHARON, on the last Day of February,  
 1780.

Together with a Word of Advice to a Candidate.

*Will no superior Genius snatch the Quill,  
 And save me, on the Brink, from writing ill.*  
 YOUNG.

H A R T F O R D :  
 Printed by HUDSON AND GOODWIN,  
 M,DCC,LXXXI.

Sharon, November 28, 1780.

*At a Convention holden at this Place, by the first Medical Society in the Thirteen United States of America, since their Independence,*

This society taking into consideration the real advantages that may accrue to the public by the formation of a Medical Society,

Voted, That the Oration pronounced by Doctor James Potter, Member of said Society on the last Day of February, 1780, be published, for the encouragement of Students in Physic, and promotion of true Medical Knowledge. Together with the Advice delivered to a Candidate, examined and admitted as a member of said Society at the same Convention.

Test,

OLIVER FULLER, Clerk.

A N

O R A T I O N, & c.

VENERABLE SIRS,

The great Parent of mankind; the beneficent Founder of the universe; the infinitely indulgent and all glorious Benefactor of the intellectual economy; out of the overflowing of his exuberant and divine goodness, hath been pleased again to bring this society together: Who are now assembled in order to unite their collective and most vigorous efforts for the promotion of physical good. And as I had the honor, at our last Convention, of being appointed to deliver an oration at this time, shall proceed therein, with a view only of its being introductory to the more important business which lies before us. Before I enter on the theme proposed, would beg leave to say, the debility of my unwreathened constitution; that languor and prostration of spirits with which I am exercised, and not having been accustomed to public speaking, the rules of my rhetoric having been deduced from the conversation of nurses, and the oratory of my life the groans of the sick, will, I hope, in some measure, apologize for the following inaccurate and unoratorical composition.

Some of you, Gentlemen, doubtless remember, that about fourteen years ago, I exhibited before the medical corporation of Litchfield, a compendium of the first rise and progress of physic, as far back as history and fable afforded any light, down to the days of the great

Boerhaave. What I shall now entertain this learned society with, is a short sketch of the rise and progress of physic in America. And if we take a retrospective survey of the first settlement of this country, shall we not find that our forefathers were almost entirely destitute of any professors of this most necessary and useful branch of learning.

No sooner had they arrived at this then howling and uncultivated wilderness, but a most horrendous scene opened to their view. Instead of spacious landskips, woven bowers, agreeable gardens, to entertain the philosophic mind, one wide extensive gloomy desert frown'd upon them. Instead of treading the circle of physical science they were obliged to range the forest, climb the mountain, wade the vale, to procure the necessary means of living; instead of hearing the charming, the agreeable voice of medical learning, their ears were continually stunned with the terrisonous accents of stern Bellona; wars, poverty and death were the only amulements, or rather the incessant, awful and tremendous alarms of those early times: The aboriginal natives, those inhuman barbarians with which the thicket teemed, were constantly patrolling the woods, seeking to imbrue their hands in English blood.

This, then, was the unhappy situation of the first brave adventurers of America, having no leisure for physical enquiries, or philosophical researches, they, when sick, were obliged to trust the struggles of their constitution, or have recourse to some ignorant person who had only a superficial knowledge of the medicinal virtues of a few barbarous plants. Under these complicated misfortunes they struggled for a great many years; encountered the inclemencies consequent on settling a new country, with a fortitude peculiar only to themselves. At length, by their unparalleled heroism, they, in a great measure, vanquished the insidious foe, and by their indefatigable industry and attention to business, began to emerge from their indigent and penurious circumstances. Peace now began to extend her olive wand, tranquility and plenty to erect their gentle banners; arts and sciences to rear their heads. The healing art now began to claim their care, some few devoted themselves to the study, but more especially to the practice of medicine. Indeed, in those early days, the want of literary accomplishments prevented their making any considerable proficiency in theoretic studies, the little knowledge they obtained, consisted chiefly in observations, and them not founded on philosophical principles. The physician being destitute of scientific acquirements, when he found his patient in the greatest danger, was obliged to try the

virtues of his impotent vegetables, without knowing either the operation of the simples, or on what causes the threatening symptoms depended. The want of potent chymical medicines was another insuperable difficulty, in the way to a regular practice. But as America populated, and opulency encreased, they began to have recourse to foreign countries, from whence they imported large quantities of shop compositions, and all the Herculean remedies. On reception of those sovereign antidotes, the Americans doubtless assumed the most agreeable airs, joy smiled in every countenance, they now bid defiance to acute as well as chronic diseases, they promised themselves all the wished for felicity of longevity. But alas! unhappy for them, for if the enemy had slain his thousand, those edge tools of physic, without a peradventure have slain their ten thousand. The most prolific genius, exuberant fancy, accurate judgment, exquisite pencil, is unable to draw a portrait of a more terrible scene, than the supernumerary evils occasioned by the misapplication of those best and most salutary medicines. The highest inflammatory fever, a genuine plethora adversa, accompanied with a calorific lentor of the blood, were treated with all the inconsistent farrago of alexipharmicks, to be found in the materia medica. With these terrifying medicines, the offending enemy was to be stormed out through the sudorific glands, but when they failed of success, in order to appease the archeus, recourse immediately was had to paragoricks; these were repeated till a universal somnolency and stupor seized the unhappy patient, and he sent as it were dreaming out of the world. On the other hand, the most malignant putrid fever, the greatest laxityi of vessels, and dissolution of the blood, were treated with demolient, relaxing, nitrous, attenuating medicines. Nor were the unhappy, enfeebled, languishing valetudinarians better provided for, but, instead of finding relief by their physicians their diseases were augmented in proportion to the quantity of their medicines. Thus America, from its first discovery by that enterprising adventurous genius, the immortal Columbus, who on the 16th of October, 1492, beheld the first light ever seen by European eyes in this new world; for want of knowledge, medicines, or skill to use them, continued under these deplorable and amazingly distressing circumstances, to about the year 1700, which may be called the glorious æra, the first physical Aurora in this American empire. It was about this time the writings of the incomparable Sir Isaac Newton, began to dispel the darkness which before had filled this country with an impervadeble

gloom; our knowledge of the laws of the animal œconomy and mechanical operation of medicines almost entirely owes its existence to this prince of philosophers, who first investigated nature's grand arcana; next to his came in the writings of the ingenious Pitcairn; the mechanical Bittina, the learned Friend, with many others too numerous to relate, whose illustrious names now shine with distinguished brightness in the physical world, and unto whose resplendent beams our Columbia owes much of its medical light. The vast, the extensive, the noble field of physic, being thus opened in 1700, hath ever since been dilateing in these United States, and the knowledge of medicine, encreased with an uncommonly agreeable celerity. Many Gentlemen of the faculty of happy genius, have followed the vascular system through all intricate circumvolutions, and pursued their inquiries almost to the ne plus ultra of the delicate, the beautiful human fabrick. The whole force of genius, the extent of human capacity, hath been employed to sound the depth of this admirable art. The immortal Boerhaave (whose sempiternal works shine with a more refulgent splendor than yonder regent of the day, and whose fame will expire only with the last tremendous groan of nature) by his inimitable writings, which first saluted America about forty years ago, hath added an immense, shall I say inexhaustible fund of erudition to the happy sons of Æsculapius! By his surprising, his wonderful chymical discoveries, the quality of all natural bodies are delineated, and their phenomena rendered conspicuous to the senses.

Boerhaave, Friend, Newton, hail illustrious names,  
 Who to these distant climes dispens'd your beams,  
 Taught by your works, engag'd in physio's cause,  
 We first presum'd to study nature's laws,  
 All hail forever honour'd by this board,  
 Belov'd by nations, by the wife ador'd :  
 Of you may Phœbus beg his splendid rays,  
 And stars unnumber'd from your scepters blaze.

No demonstration in Euclid is more certain than the rapidity with which our profession hath agreeably increased in a very few years. Every measure has been taken to accelerate our physical knowledge, and form a complete system of medicine. The labor spent in collecting books of physic, witnesseth our industry. The learning of all nations and ages is concentrated in America. All sects and parties are now banished from the commonwealth of medicine. The operose

jumble of compositions are expunged from our medicabulums, and this salutary art is swiftly resuming the native splendor of its original simplicity. Some with indefatigable diligence, are tracing the minute recesses of the human machine: Guided in their enquiries by mechanical laws, founded on mathematical certainty, while others with equal application are studying the *modus operandi* of medicines, pushing their researches into all the abstruse meanders of chymistry. And as the last, best, crowning, finishing physical acquisition; this first medical society in the Thirteen United States of America, since their independence, was last year instituted. Instituted on principles of disinterested benevolence, and with a view entirely to public good. No base, low, contracted motive ever entered into the thought; no sordid, greedy avaricious look is to be seen in the countenance of this respectable society. And that it may keep up its important character and continue to answer its first generous design, permit me, Gentlemen of this fraternity, to offer a few words to your consideration. Ye bright Apollo's learned sons, great, truly great is your profession; a profession equal to the dignity of the greatest monarch in the globe; and almost infinitely superior to the most pregnant genius! Many princes have thought it not beneath them to practice your all healing art; an art replete with whatever is great, virtuous, learned or beneficent; and which, if properly cultivated, will set you unrivaled in the glorious lists of fame, and transmit your worthy names to time's last closing finishing gasp. The magnificent theatre of creation, the stupendous volume of nature, lies expanded before you, in which you may read, the amazing, the wonderful, the harmonious operations of all material agents: Could you, with the rapidity of a thought, traverse the boundless universe, and scan the whole of matter with one comprehensive glance; nothing would you find, even in this exalted, this capacious view, but what are now the proper objects of your pursuit. Of all the studies that employ human faculties, none more charm, ravish or dilate the mind, than physic: The rational powers are herein conducted by the most sure and certain guides; the knowledge it brings, both of the human and universal system of beings about us, is an attainment worthy the most refined genius; and notwithstanding the malevolence of a censuring world, nothing more naturally leads to an exquisite relish of those passions that make men truly benevolent. This, gentlemen, being the case, you have the strongest, the most powerful motives to excite you to diligence and assiduity: The grandeur and dignity of your



profession, the charming the endless sweets of philosophy, together with the health and even lives of your fellow mortals, all unanimously concur to stimulate your enquiries ; and, though you are great proficient in nature's school, yet there are many curious things that still lie uninvestigated. Therefore, strain every nerve to the last extremity, collect all your powers into one full vigorous point, and push your researches, with resistless impetuosity, through physic's vast and ample field ; and while you rest secure, under the glorious, sacred and permanent independence of America ; while the other learned professions shine with a transcendent lustre ; while divinity is pouring from the sacred desk and diffusing its benign influences all around ; while the fame of our divines is spreading through Christendom, and their reiterated encomiums daily reverberating on America ; while the bar yields a plentiful crop of generous advocates for justice, and noble patrons of the distressed ; the Roman eloquence being rivaled by our American Ciceroneans ; while our public seminaries of learning are making swift advances toward perfection ; that in particular in Connecticut, having for its head a gentleman born on purpose to promote literature and enlarge the bounds of science ; while the nine celestial daughters have forsaken their ancient Parnassus and Helicon for these more agreeable climes, inspiring the minds of their happy favorites with all the fulsome ideas of immortality ; swelling their bosoms with all the elegance and soft feelings of poetic rapture, binding their brows with chaplets of new-blown roses, their temples with unfading garlands ; while the American arms shine, with astonishing brilliancy, on gazing, on wondering nations ; while the intrepidity and heroism of our fearless sons of Mars, strike the British tyrant and all his despotic ministers with inexpressible consternation ; while the great the unconquerable Washington, stands without a rival, on this terraqueous ball ; being feared, revered and adored by surrounding empires : While the godlike deeds of our patriots are swelling the volume of fame, and their praises sounding in pleasing, in loudest accents from every tongue : while the names Randolph, Hancock, Laurens, Jay and Huntington, give all the enticing, enchanting charms to honor ; and bespangle, beautify and decorate the wings of fame ; had our language sufficient strength, I should now hold up, in equal scales, the characters of the great American Minister and Philosopher, the learned Dr. Franklin and his Excellency the judicious and indefatigable Governor Trumbull. And while the grand American Congress, that august assembly of sages,

placed, by Heaven, in the most conspicuous seats on earth, are rising in the great political scale above the power of tyranny, and out of the reach of despotism ; by their importance and magnitude shading the kingdoms of Europe ; by their understanding, reputation and honor eclipsing the glory of ancient empires ; and by their virtue, wisdom and spirit of liberty, diffusing happiness, righteousness and tranquility through the enlightened world ; let emulation fire your breasts with an inextinguishable thirst for knowledge, and wind up your intellectual powers to the most harmonious tension ; exert yourselves with unremitting vigilance to vie with and even excel all other societies and professions. Then will you be loved by your fellow citizens, blessed by America, honored by the world, leave a more grateful and lasting monument to your names than a Peruvian statue of gold.

My raptur'd mind, sees with prophetic eyes,  
 New ages roll along, new nations rise ;  
 Sees physic on mechanic reasoning climb,  
 And raise a structure to the skies sublime ;  
 Sees sickness fled, health bloom in ev'ry face,  
 And age creep on with slow, reluctant pace ;  
 Experience with her torch shall guide our youth,  
 Scatter the mists and light the way to truth.

BOWDEN.

Were my abilities equal to my inclinations, I might now assume the most transporting, the most exhilarating airs, might dilate and expand my mind through creation's vast and ample range ; perambulate the stupendous circle of finite existence ; pervade unnumbered worlds, call on all beneficent beings in the universe to congratulate America on her present flourishing physical state. But alas ! genius fails — strength's exhausted — language sinks — time forbids : Shall therefore only beg leave to address myself, in a word, to the gentlemen spectators.

Respected Sirs,

It gives me a very particular pleasure to see so many persons of distinction honor this society with their generous attendance. And it is far beyond my expectation that we should be thus decorated by the virtuous matrons and delicate daughters of America ; may we not esteem it an earnest of your future benevolence, and a prelude to the smiles and protection of our country ; you doubtless are sensible of the disadvantages we labor under for want of legal establishment. And while every session of our legislatures afford recent proofs of their concern for the prosperity of the most inferior societies, yet the

physician, who hath gone through the most elaborate course of studies, has his way to make against a great majority, who have no other support but consummate assurance, and all the arts of imposture. We therefore entreat your friendly aid and generous assistance in recommending us to the patronage of our legislators. From what you have heard you see the amazing disparity between former and the present days of physic ; could the ancients boast of a Galen, an Hypocrates, or even an *Æsculapius* ; did some of the late moderns pride themselves in a Sydenham, Loob and Boerhaave ; can Europe at the present day, triumph in a Pringle, Cadogan and Tiffor, you may now confront them with this Medical Society. No more shall you hear the illiterate jargon of deluding medicators, nor feel the unhappy effects of enterprising impostors. Let each of your tongues in harmonious accents chaunt forth the praises of medicine, and may the overflowings of divine goodness which are so conspicuous in the healing art be acknowledged by you all.

#### A D V I C E TO A C A N D I D A T E.

I have a word to say to you who have now received a licence, and are about to enter on the Practice of the healing Art ; let me give you the same advice that Boerhaave gave to his disciples, when speaking to them concerning the writings of Bellina, he says, " You, who I most esteem as students under me in physic, let this author be your constant study ;" and I say to you, let all those who have sent any beams of light into the physical world demand your attention ; and may the writings of the incomparable Boerhaave claim your first regards, let your midnight candle witness your diligence and assiduity : Think not that you are now entering into a state of ease and world of tranquility, where you may indulge yourself in indolence and sensuality ; but, on the contrary, look upon yourself as just encountering the inclemencies consequent on the laborious, the arduous business of physic : Esteem yourself as the guardian of life and health : Be ever free to advise with your superiors : Let no life be lost through your ignorance and obstinacy ; enter the chambers of the sick with diffidence and modesty ; prescribe with circumspection and caution. Here let me refer you to the advice of an old philosopher, " Eat and drink that you may live, and not live that you may eat and drink." Do not suppose that you may now put an end to your studies, as having arrived to the utmost limits of physical knowledge ; you have only laid a foundation, on which to build must be the business of

your future life, if you neglect this, the foundation, however skilfully laid, will gradually moulder away, you will live your life backward, and be less wise at sixty than at twenty ; therefore, as you can redeem leisure, from the business of your station, diligently prosecute your studies, especially in those branches which are most practical, and most subservient to your profession, and the good of mankind.

F I N I S.

## Hospital Department.

### HAHNEMANN HOSPITAL CLINICS.

#### *CHOREA DURING PREGNANCY.*

BY R. LUDLAM, M. D., PROFESSOR OF THE MEDICAL AND SURGICAL DISEASES OF WOMEN IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

CASE —. S. —, primipara, is twenty-five years old. Her menses first appeared at thirteen and a half years; but, without realizing what might follow in consequence, she took a cold bath at the time and afterward suffered from spasmodic dysmenorrhœa. At the age of sixteen she had an ulcer on the left leg, over the tibia, which began as a blister and spread extensively, finally involving the knee. This ulcer was healed, after two months treatment, by topical applications. The cicatrix has since been the seat of tingling sensations, which were aggravated by cold.

For three years past this patient has not menstruated more than six or eight times in a twelvemonth. The flow has always been painful. She is now eight months advanced in pregnancy. At the first month she began to have choreic twitchings in the left hand and arm; afterward the corresponding foot and leg became affected in the same way. Then there was a tingling in the left side of the face and head, and at the second month the muscles of the same side of the face began these grotesque movements.

At the fifth month the choreic twitchings changed sides, the face excepted, in consequence of her being put into a cold wet-sheet pack. Since that time the voluntary muscles of the right leg and arm, and of the left side of the face have always been affected.

With the dysmenorrhœa the left breast used to become swollen and very tender, but the right one always escaped. From the date of conception, however, the left breast has not been painful.

Although she inherits a predisposition to rheumatism, she says she has been very careless in not protecting herself from changes of weather. She has often worn damp clothing, and gone for many hours with wet feet. Of late she has been very nervous and sleepless, talks at night and suffers from the most frightful dreams; but the spasms are suspended during sleep. The appetite is good, but, since the chorea set in, the bowels have been inveterately constipated. At evening the ankles are puffed, but in the morning they are not so. She has at times severe pains in the back and in the left side, and the spinous process of the fourth dorsal vertebra is tender to pressure. She never had the chorea while a child, nor does she know of a case in her family history.

Technically speaking, this is an example of chorea gravidorum. Waiving the discussion of certain physiological questions connected with the subject of chorea, we shall find that its clinical history is full of interest. You may have supposed that chorea was exclusively a disease of childhood, which, in the case of girls especially, terminated at puberty. But here it complicates pregnancy in a woman who is twenty-five years old. In most cases of this kind, and they are not very common, you will discover that the patient has had the chorea when a child. Very likely the former attack ceased with the regular establishment of the menstrual function, for, as a rule, with young girls, it is a self-limited affair. But this woman insists that she never had any thing like it before.

#### ETIOLOGY.

Not unfrequently chorea is hereditary. I have seen it in three generations of children in the same family. Sometimes, by a species of atavism, it skips one generation and appears in the next following. And, even where the disease does not become fully developed, there is often a latent predisposition to it, in which certain exciting causes may precipitate an attack.

Such a predisposition is sometimes secondary upon other diseases, more especially upon rheumatism and hysteria. As long ago as the year 1821, Dr. Copland, author of the *Dictionary of Practical Medicine*, drew attention to the fact that chorea and rheumatism may coexist; or rather, that chorea may be, and frequently is, a sequel of rheumatism. In the case of children, I am confident that there are numerous exceptions to this rule, which at one time was thought to be almost universal. But with women during gestation, a large propor-

tion of those who have the chorea have already had subacute rheumatism. In the case before you the nervous symptoms, which have been charged to an "insanity of the muscles," and which are so pronounced while I am speaking, are engrafted upon the rheumatic diathesis.

This form of chorea may spring from anæmia, or from chlorosis. There is no doubt that the impoverished condition of our patient's blood, and the consequent lack of nutrition of the nerve-centres, has helped to produce this unfortunate result. For the growth of the fœtus in utero drains the blood of its best constituents, and predisposes the mother to nervous affections of various kinds.

This case is in evidence that dysmenorrhœa may develop a bias toward spasmodic affections, which shall outlive its own existence. The local spasm of the uterine neck, which caused the pain at the month, and sometimes stopped the periods altogether, worried the nervous system into this peculiar condition, which is closely akin to convulsibility. Hence an acquired susceptibility to such exciting causes as may bring on the attack.

These exciting causes cannot always be ascertained. Fright is the most common of them all. Woodman cites a case in which a pregnant woman was seized with chorea from thinking that her husband was killed; and Romberg and Helfft each a case in which it was caused by the shock of falling into the water. This kind of psychical shock has the same effect upon adult women who are inclined to chorea that it has upon children. I have seen a case in which chorea was induced in a young woman, who was only one month advanced in pregnancy, by a terrible scolding which her mother gave her. Women are sometimes worried into this state by the dread of having it known that they are pregnant.

The presence of the fœtus in utero is an incident exciting cause of a peculiar kind. In certain very sensitive women an ovum of a fortnight or three week's development may be sufficient to excite such reflex spasms of the voluntary muscles, as you see in our patient. The growing germ is a more or less constantly acting cause. If chorea begins, as it did in this woman's case, quite early in the period of gestation, it will most probably continue until its close; for while the cause remains, the effect must continue, and it will not cease until the gravid uterus has been emptied of its contents. All the reflex phenomena connected with pregnancy, if they are serious, are subject to this rule. Sometimes, although rarely, chorea is also a post-puerperal affection.

As with children, it may follow the repercussion of the measles, or of various eruptions; and it is not improbable that this accident may have been a factor in the case before us.

Chorea is more common with primiparæ than with those who have had children before. One attack does not, however, give exemption from another. There are those who have chorea in a modified form for two or more successive pregnancies; and *per contra*, as with puerperal convulsions, most women who have it at all have it but once. In this matter very much depends upon the external circumstances, as well as upon the morbid tendencies to which the patient may have been subjected.

#### SYMPTOMS.

The symptoms are identical with those belonging to the same disease in children. The irregular contractions and twitchings of the voluntary muscles, which defy the will of the patient, are quite distinctive. These movements are almost always unilateral, or hemichoreic, and the left side is more frequently affected than the right. Sometimes, however, either for an unknown reason, or in consequence of something that has been done for her relief, as with the wet-pack in this case, the lesion is shifted to the opposite side. Or the spasm may affect first one side and then the other, alternately. The more pronounced the rheumatic bias, the more likely is the disease to travel from one set of muscles to another, and finally to become general.

In exceptional cases the spasms may be limited to one or both the legs, to the muscles of the abdomen, to those of the face and neck, or of the hands and fingers, the larynx, and the diaphragm; and still more rarely to the heart, giving rise to what has been denominated "cardiac chorea." Whatever their location, and however severe they may be, these spasms are suspended during sleep.

There is a phase of morbid action which, in some of these cases of chorea gravidorum, is both curious and suggestive. At the outset of the attack the brain is not always implicated, but after a little the cerebral symptoms show themselves and keep on increasing in a compound ratio until the case ends, either with abortion or with labor at term. This gradual and progressive impairment of the mental faculties is more marked in the case of women than in children who have the chorea. They become irritable, peevish, capricious and unhappy; they lose their memory, grow melancholy, threaten suicide, and are full of gloomy forebodings. Not unfrequently they are subject to attacks of delirium, and may even become maniacal.

Dr. Barnes (Transactions of the Obstetrical Society of London, vol. x., p. 180.) is assured of the probability that the chorea causes the mental disorders. "This it does by the repeated shocks that at first stun the nervous centres; these shocks are equivalent to concussions, they exhaust and divert the nervous force, and after a time impair the nutrition of the nervous substance. This hypothesis is perfectly consistent with the clinical facts that the cerebral disorders are progressive in proportion to the duration and severity of the chorea, and if not too far advanced, undergo amelioration with the decline or cessation of the chorea."

Although, in its nature, chorea is essentially a convulsive affection, you should remember that it holds no clinical relation to puerperal eclampsia, epilepsy, catalepsy, or coma. If this patient reaches term without accident, she will not be more likely than other women to have convulsions either before or after her delivery. She may reach the very acme of hysterical excitement and apprehension, but it would be quite exceptional for her to have genuine convulsions.

#### PROGNOSIS.

Cases of this kind usually get well, but not speedily, nor as the direct consequence of medical treatment. In its slighter forms the chorea may be relieved and possibly cured before the termination of pregnancy. Such a result is the more likely to follow if the attack was caused by a slight shock, which has not been repeated; if it is idiopathic and not secondary upon another disease, neither upon a depraved condition of the blood, nor an enfeebled state of the general system; if the uterus is not too irritable, or intolerant of its contents; and if the patient has never had the chorea before.

The rheumatic complications are more lasting and dangerous. In some of the worst cases there are cardiac lesions, which, although they may have been latent before, have been lashed by the choreic convulsions of the heart into a really serious condition. A mere irritability and irregularity of the heart's action, palpitation, and præcordial oppression, should not discourage you; but if you recognize the systolic bruit at the apex of the heart, and above all, the physical signs of valvular endocarditis, in a rheumatic subject with chorea, the prognosis should be guarded.

The anæmic murmur, which is heard along the course of the carotid and other great vessels, is not so serious a symptom. Nor, in general, are the signs of hypertrophy of the heart (which is more frequent in pregnant women than is generally supposed,) necessarily grave in their character.



The cerebral symptoms do not afford a reliable criterion of the gravity of the disease. They are the epiphenomena which are more alarming than serious. It is only when they depend upon an organic disease of the brain, or in very rare instances, upon cerebral embolism, that they are of fatal significance. As a rule they disappear after delivery.

Occasionally the muscular symptoms are so severe, and the general illness is so marked that a crisis is extemporized by the spontaneous coming on of labor. Nature takes this means to get rid of the exciting cause of the trouble, and to put an end to the symptoms. The choreic contractions may seize upon the womb in such a way, and so forcibly, as finally to bring on the proper expulsive effort. Hence a liability in these cases to abortion and to premature delivery. But, if the woman reaches the period of gestation without having had such a mishap, the chorea is finished as abruptly and as completely by the birth of the child as intermittent fever ever was by *Natrum muriaticum*. This is a rule to which there are few exceptions.

This form of chorea is sometimes fatal. Dr. Barnes has compiled the history of fifty-six cases of chorea gravidarum, of which seven died. The post-mortem lesions were not constant, or in any sense characteristic. Perhaps the most frequent of them was the existence of incidental, polypoid vegetations, or fibrin-beads, which had gathered upon the mitral valves of the heart. It is possible that some of these little growths may have been detached and carried with the blood into the smaller vessels, finally causing death by embolism.

#### TREATMENT.

The first thing to do is to put the patient, as much as possible, beyond the reach of all those influences which tend to perturb and to derange the nervous system. For she is, of necessity, very impressionable to the little things which are of no account in themselves, and of which a well person would take no notice. Her surroundings ought to suggest a calm and quiet demeanor, and everything in her daily life should be as grateful and pleasant as possible. Her diet, society, occupation, sleep, and exercise, should all be tuned to this key. If it is otherwise, you need not wonder if the most fitly-chosen remedies shall fail of effect. These remarks apply especially to those who have had the disease before.

My own experience leads me also to place great reliance upon the kind and quality of the food that is chosen. In the majority of cases there is an evident lack of nutrition. The patient needs to be fed,

and fortified against a debility, of which the nervous spasms, like a neuralgia, are the obvious sign. These convulsive movements often increase as pregnancy advances, because the blood becomes more and more deficient in its nourishing properties. If the drain is not stopped, or rather, if its effects are not counteracted by a proper alimentation, the disease will grow worse instead of better. A mixed diet should be allowed. Let it consist of milk, eggs, game, oysters, and other sea-food, good, wholesome bread and butter, and such other healthful articles as may be available, and as will suit the taste. The malt liquors are sometimes very useful in this connection; but it is best to interdict the use of tea and coffee. For the latter we may substitute chocolate, or the alkathrepta. This part of the treatment is so important that it should not be overlooked, even in the mildest cases.

There are nervous conditions which simulate chorea that yield readily to such remedies as *Belladonna*, *Ignatia*, *Coffea*, *Nux vomica*, *Agaricus*, and *Cuprum*, under appropriate indications. These states are temporary, and often depend upon avoidable causes. They are easily cured.

But confirmed cases require more skillful management. The spasms are likely to be inveterate. If they are caused by *fright*, *Ignatia*, *Opium*, *Calcarea carbonica*, or *Cuprum* may be called for. It is said that *Cuprum acetikum* has cured this disease when it was occasioned by seeing another person in the fit.

If the chorea is traceable to *suppressed eruptions*, this fact presents a strong indication for *Cuprum acetikum*, *Calcarea carbonica*, *Causticum*, or *Sulphur*.

If the original exciting cause is in the uterus, the remedies which act upon that organ in such a manner as to control its local spasms and its reflex sympathies, will surely be required. Among these are *Belladonna*, *Pulsatilla*, *Sepia*, *Sabina*, *Gelsemium*, *Veratrum viride*, and *Caulophyllin*. You cannot go wrong in cases of this kind if you give either of these remedies under precisely the same indications for which you would prescribe them in threatened abortion. For if, by this means, you can avert the miscarriage, you will have found the proper medicine for the relief, if not for the cure, of the choreic symptoms.

Where the symptoms have their root in the rheumatic constitution, we must prescribe accordingly. *Rhus toxicodendron*, *Macrotin*, or *Gelsemium*, may either of them be required, to correct this peculiar bias. I have the greatest confidence in the *Gelsemium*. more

especially because with it I have been very successful in curing the chorea when it has followed or complicated rheumatism in children. Excepting in confirmed organic disease of the heart, it cures most of the incidental cardiac lesions that we find in chorea, and controls the nervous and spasmodic symptoms like a charm. I prefer to give it in the second decimal dilution, taking care to watch its effects very closely.

How to interpret the mental symptoms is not an easy problem. What they signify and what they indicate, is sometimes as difficult to decide as it is in a case of hysteria. Your best plan will be to place your reliance upon such of them only as are not incidental and illusory. At the same time, you must be careful not to underrate the importance of such as, at first sight, may seem to be trivial. Fortunately, the remedies which are most likely to be required for the cure of the choreic symptoms proper, will, in general, be equally applicable for the relief of the cerebral complications.

In a few instances recorded, these cerebral complications have, however, been of such an alarming nature as to justify a resort to the induction of premature labor. But, probably because this expedient had been too long deferred, these cases have very generally died. It is possible that, in consequence of deep-seated lesions of the cerebro-spinal centers, the evacuation of the gravid uterus might fail to arrest the disease.

Anæsthetics are admissible only as temporary palliatives. They are suited to the worst cases, and their use should be restricted to the later weeks of pregnancy. *Sulphuric ether* is safer and better than *Chloroform*. Neither should be administered by the patient herself. A pleasant and effective compromise may sometimes be made with those who clamor for something of this kind by putting twenty drops of *Sulphuric ether* in half a glass of water and letting them take a teaspoonful every five or ten minutes, until they are quiet. Bathing and dry rubbing, if agreeable to the patient, may also be of service. Electricity should be used, if at all, only with the greatest care, in the chorea of pregnant women.

This woman will take *Gelsemium* 3, once in four hours. (This patient was delivered with the forceps, in the hospital, in the presence of several members of the class, on the eve of January 7th, 1875. Her labor was natural. The anæsthetic (*Ether*) acted well, and she had no sign of a convulsion. The choreic spasms abated, and in a fortnight she was discharged, cured.)

## Medico-Legal Department.

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### *IS SYPHILIS AMENABLE TO LEGISLATION?*

The subject of state medicine has been agitated for many years in this country, and, since the year 1869, ten states have legalized state boards of health, and the advocates of these boards are urging upon all the states the necessity of falling into line and appoint boards of health, and by this means of co-operating together they will have control of all that which has a tendency to destroy the lives, or deteriorate the health of the people.

Dr. J. M. Sims says, "When this is done I shall expect to see one of the most terrible scourges (syphilis) of the human race, now wholly ignored by boards of health, brought at once under control, and eventually stamped out from amongst us." The doctor, in discussing the duties of these state boards of health, says that "they should take cognizance of, and have control of, any and every focus of infectious disease, call it by what name you may." "Has it a habitant; can it be broken up; has it the power of transmission from one to another; can this be arrested. Then it is the bounden duty of state medicine, with its organized health boards, to search out its abode, to take charge of, and heal those already diseased, to prevent the spread of the infection to the well. And thus to eradicate the poison of contamination."

He further says, "the board of health that fails in this, fails in the great object of its organization." We are informed that in the out-patient department of Guy's hospital, 25,800 cases of venereal disease are annually registered in that one institution, being 43 per cent of the total number of out-patients registered; in the hospital for disease of the skin, 10 per cent; in the throat hospital, 15½ per cent. Among the poor in London, applying for relief at the hospitals, there are upward of one hundred thousand annually affected with syphilis in some of its forms. And this is but a moiety of the whole amount of syphilis found in that great metropolis. If such a large percentage of British blood is thus poisoned with this loathsome disease, how is it with our English speaking Americans. Our sanitarians will tell you that New

York and Philadelphia, Boston and Buffalo, Chicago and St. Louis, Cincinnati and Louisville, New Orleans and Mobile, Savannah and Charleston, Norfolk and Richmond, Baltimore and Washington, are all relatively as rotten as London, Glasgow, Dublin, Liverpool, or any city on the Continent.

This is a fearful picture to look at, and the general public has never yet seen it. It has been hid from the public eye by the medical profession, and the enormity of this crime against society has not received the attention that it deserves. Is it any wonder that countless thousands die annually, and that without remedy, in consequence of their blood being poisoned while they were in their mother's womb; and thus born into life with a disease for which no process is yet known whereby these syphilitic babies can be reared into hearty men and women.

Sir James Paget says, "It would be difficult to over-estimate the amount of damage that syphilis does to the population, and what a number of children are born to disease which renders them unfit for the work of life." "We know that certain diseases of the lungs, the liver and the spleen, (and he could have said every organ of the body), are all of syphilitic origin, and that the mortality from syphilis in its later forms is every year found to be larger and larger, and he had seen five surgeons die, and fifty others suffer, more or less, from the infection received from patients."

Dr. Sims, president of the American Medical Association, in his inaugural address says, and qualifies his sayings by the experience of distinguished men in the medical profession, that "the subject of syphilis is rarely mentioned in polite circles, even by medical men, and only in a whisper. It is our duty to enlighten the public upon all questions of public health, and particularly this one. So far as the well-being of the human race is concerned, I look upon the subject of syphilis as the great question of the day. It was formerly a question of treatment of *Mercury*, or no *Mercury*. But that time has passed, and now it is a question of prevention, of eradication, of the protection of the well against the contamination of the sick; in other words, it is no longer a question for the therapist, but one for the sanitarian, the philanthropist, the legislator, the statesman; it is one of public hygiene and public health, and as such, we are bound to meet it. The time has come when we can no longer shut our eyes to its evil influences, and we must deal with it precisely as we deal with other great evils that affect the general health of the people."

“ If yellow fever threatens to invade our precincts we take steps to arrest its progress at once. If cholera sounds the alarm, we immediately prepare to defend ourselves against its ravages. If small-pox infest our borders, we circumvent and extinguish it. But a greater scourge than yellow fever, and cholera, and small-pox combined, is quietly instilled in our midst, sapping the foundation of society, poisoning the sources of life, rendering existence miserable, and deteriorating the whole human family.”

This disease so terrible in its effect, is known by all medical men to be increasing from year to year. And at every step we stop to inquire how a remedy can be applied that can effectually stop its ravages. Can legislation reach this foul blot upon our civilization? We can comprehend and fully understand how state medicine, with its strong arm, can be made effective against small-pox, yellow fever, cholera, and all such fearful diseases. The people in such cases are with the state, and, as all men and women are afraid of them, and as there is neither appetite or the gratifying of sensual passion to recommend them, therefore, all are willing to assist in arresting that which has no claims upon them but pain, suffering and death.

The loathsomeness of these diseases cannot be hid under silk, satin, or fine linen; no amount of polish under broadcloth of the finest texture can gain for these a place in society. No matter where found, in the haunts of poverty and filth, the mansion of the rich and refined, they, in all phases of society, are shunned as a pestilence. Not so with syphilis, the public mind cannot be aroused so as to see its enormity, as it lies entrenched inside of gilded palaces, amid beauty and art, which no other crime or disease can bring to their aid.

This great sin, like the appetite for strong drink, which seems to be above legislation, defies all law, laughs to scorn the appeals of the philanthropist. Alcoholism is a sin of the appetite, and men and women will find ways and means of gratifying it, no matter what the law says, as they scorn its penalties and satiate their thirst regardless of the consequences, misery, degradation and death. As all do not seem to suffer, or visited with premature death, who violates the physical law in alcoholism, so men and women everywhere are willing to take the risk and gratify their appetites in strong drink. Does a recovery from attack of delirium tremens deter the man or woman from partaking of the cup again? If so, our experience has not so taught us. Does a recovery from syphilis produce in the mind such a fearful horror, that the remembrance of which, will prevent a repeti-

tion of the indulgence? If so, we have been unfortunate in our practice, as no such instance can we record. It is rare indeed when legislation rises higher than its constituency; a different class of legislators will have to be educated with a higher sense of morals, before we will be able to reach this crime against society, by the strong arm of legislation.

State medicine, with approval of ten states with their boards of healths, and which has been so highly extolled as the only way in which this foul disease can be stamped out, for at every step they will meet with opposition, we fear will be doomed to disappointment.

PHILADELPHIA, Pa.

J. J. GRIFFITH.

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#### *MEDICAL LEGISLATION AGAIN.*

In June last, I submitted to the columns of this journal a short article upon this subject, in which I sketched a plan, which, if carried out, hardly any one can deny, would at least tend to elevate our profession, no matter what opinion as to its practicability they might have. Although, in addition to its circulation in this journal, I sent fifty copies to as many Allopathic physicians in this state, not one man, excepting Dr. Harris, of St. Louis, has thought it worthy of consideration, and his view is not quite so good as none at all.

Whether this treatment of the subject (and here I do not mean any particular article, but the *subject*.) by the profession is strongly indicative of an earnest desire for a higher standard of education among us, I leave for impartial physicians and the laity to decide. By way of explanation I will say that I was not hopeful enough to believe the profession really cared enough for a higher educational standard to adopt my plan, or any other one; I only wished to do what I could to bring it about. St. Louis has the honor of claiming, for a resident, the gentleman who has, at length, spoken in so weighty a manner upon this subject, and the Homœopathic Medical College of Missouri, as one of its faculty. I will not be so ungenerous to my friends in that faculty as to say his connection with that institution is the reason why he opposes the elevation of the educational standard of the profession. I have no doubt some of his colleagues would deny any such imputation. I might allude, at length, to his personalities, but as I should be compelled to descend from the exalted Websterian intellectual heights, to which he has so kindly assigned me, to a very

Lilliputian one, I shall decline to do so. The doctor's great love for the people makes him fearful lest any of their rights should be seized by any such legislation as I proposed. But is it a fact that the dear people are competent judges of our qualifications as medical men? Neither did I propose to deprive them of even this right, which the doctor will, no doubt, see upon a further examination of my article, although I do deny their competency to judge such a question properly. If the doctor is right, why not select a committee of the laity to examine candidates for degrees, can't they judge as well as any one? And pray, my dear, dear doctor, did you ever hear of a real, live, energetic quack, who had not cured more patients, according to the accounts of the dear people, than all the educated physicians in that part of the country? And would not such evidence, according to your logic, prove conclusively the superiority of the ignorant, but tactical man, over the educated one? On the contrary, my plan would compel all such men as you speak of, having natural ability, tact, or to have the additional (you would, perhaps, call it a *dis-advantage*,) advantage of a thorough education. The doctor says, "Any man who loves his profession will strive to advance and learn the latest and best methods to cure his patients," but I would ask seriously, how many thus love their profession? And again, he says, "It is right to raise the standard, but do not trample upon those below you," etc., to which I would reply, that those who have not the ability, or desire, to be properly educated, ought to be trampled out of the profession, whether they could, once in twenty years, cure a case that several better educated physicians failed to cure, or not. The doctor also intimates that when a man will not study for the love of his profession, he will be likely to, and ought to, abandon it; but I would make assurance doubly sure, by seeing that he did do so, because all experience proves that very few would do it before being compelled.

The queries in his seventh paragraph are too unwarranted to be noticed. "Who is to say that the people are all ignorant?" I can only reiterate, for the benefit of the St. Louis professor, that I do not hesitate to ascribe to the dear people the grossest ignorance of *medical matters*, and this is the gist of the question at issue. I shall not take the gentleman's advice, and leave this country; first, because I do not choose to do so; second, because the existence of such men as himself in the profession, tells me there is still work to be done in *this* country. In place of the doctor's last sentence I would say: educate



the doctors better, and then the people will be more likely to enjoy their inalienable rights, viz: "Life, liberty and the pursuit of happiness."

PEKIN, Ill.

S. J. BUMSTEAD.

## Physiological Department.

### *THE LUNGS NO FURNACE.*

#### WHAT BECOMES OF LIVER SUGAR.

I once knew an eccentric genius, a professor of chemistry, who, when he got mad, began to swear in a soliloquy, could think powerfully, and study intensely. The passion that disturbs and clouds the intellect of most persons, seemed to stimulate and invigorate his. What it is that has prompted me to write, and to endeavor to redeem myself of the obligation which, in your announcement, you laid on me, to furnish some physiological matter, I do not know, unless it is that I am, in school-girl phraseology, "awful" bilious (not that school-girls are more bilious than other folk, but that they do find frequent occasion to say "awful,") or splenetic, or, perhaps, afflicted with both bile and spleen, and as such states are often relieved by letting off a little bile, I purpose making the experiment. So here goes.

In *The American Journal of Homœopathic Materia Medica* for April, 1875, occurs the following, copied from *The Homœopathic World*:

#### CAUSE AND CHARACTER OF DIABETES.

Every person secretes sugar; the secretive organ is the liver, whence the sugar is transmitted to the lungs, whence combustion (if the term may be used,) takes place, consuming the whole sugar, and producing the heat necessary to the healthy action of the system. The diabetic secretes an excess of sugar, at least more than is consumed, and hence it appears in the urine. The view of the cause of this excess is, that from cold, or perhaps from a series of colds, the lungs have been affected, so as to impair their combustive power, and hence the unconsumed sugar must pass into the circulation, and therefrom, extracted by the kidneys as foreign, appears in the urine. As a result of the imperfect combustion of the sugar, the blood does not get sufficient heat, and so falls below the heat necessary to healthy action. The blood being below its proper temperature, the system

attempts to raise the temperature, and its mode of doing so is by an increase of the heat-giving secretion, viz., sugar.

The lungs having partially lost their combustive power, cannot consume enough of the sugar to keep up the temperature, much less to raise it; the liver is thereby stimulated to a still greater secretion, and the excess unconsumed passes in proportionally greater quantity through the circulation into the urine. This excessive secretion requires a larger quantity of fluid as a vehicle to convey it from the liver to the lungs, and so drafts the fluid from the other organs—hence thirst follows. The patient naturally drinks cold water, to allay the thirst, and not being sick, goes about his usual business, exposed to the cold atmosphere; by both these he further lowers the temperature, and stimulates to increased sugar secretion, until the digestive organs themselves are drafted in (for all the organs act in sympathy,) to the neglect of their own proper functions; and so the body has to live on itself, which it can only do for a limited period.

But little experience of human nature is needed to convince the observer that very few persons feel an interest in science for science's sake, at least, this is the case in this gal-lo-ri-ous (as the spread-eagle style of oratory has it) republic, which universal suffrage is sending to the pit faster than nation ever went before. The question here is, what will it pay? That is the question in, as well as out of, the medical profession.

While occupying the chair of physiology, I found very few medical students that set any value on it, except on a scrap here and there that seemed to have a direct relation to the treatment of the sick. Beyond this, they regarded physiology as a superfluity, something that did not immediately concern their bread-and-butter, hence of no special interest to them. Accordingly, our medical journals furnish us with not a little physiology seemingly derived from the German metaphysician's description of the elephant, from the depths of the writer's consciousness, and I cannot but suspect that the physiology of the foregoing extract is from the same source.

What experiments demonstrated that the lungs are a fire-place or stove; that combustion, or quasi-combustion of "the whole" of the liver-sugar takes place there; that combustion of any of the liver-sugar takes place there; that the heat thus produced is "necessary to the healthy action of the system;" that saccharine diabetes results from impairment of the "combustive power" of the lungs; that, in consequence, the system is stimulated to still greater production of liver-sugar (already beyond the capacity of the system to consume), in order to restore the normal temperature of the blood, thus inciting the

sufferer from lower temperature to drink a great quantity of cold water, by which the temperature is still farther reduced, with increased need of liver-sugar; that "the digestive organs themselves are drafted in," the body finally making a suicidal attempt to live upon itself?

What a muddle we have here. What a stupid system, when liver-sugar is already in excess, to set about repairing damages by increasing that excess, with the inevitable result of aggravating the existing disease. And what a catalogue of assumptions, if all this is not true.

Was the writer, Davy Crockett-like, sure he was right before he went ahead, in attributing this absurd procedure to the system? If he is right, one is naturally curious to know whether this conduct of the system is sheer blunder or deliberate suicide.

Let us, in the meantime, cherish a faint hope that he may be wrong, fortified in that hope by the experiments of that most brilliant of experimental physiologists, Claude Bernard, to whom we are indebted for a knowledge of the fact that the liver does secrete sugar. His discoveries, long opposed by German, and neglected by English physiologists, have at length won their way to general acceptance.

Bernard teaches that, at a certain period after digestion begins, sugar may normally exist in the general circulation; whence, I will venture to add, it may escape through the kidneys. He teaches that, at other times, produced in less quantity, it is, in the lungs, converted into lactic acid, undergoing no oxidation whatever, lactic acid and liver-sugar being isomeric, one being but an allotrophic form of the other.

He farther teaches that, in consequence of the many molecular movements in the liver, the blood of the hepatic vein is hotter than that of any other vessel in the body, and that this heat is imparted to the blood in the ascending cava, and through it, to that in the right heart.

He teaches, also that the blood, instead of acquiring heat in the lungs, loses it.

Nor do I think one needs to seek far for the causes of this reduction of temperature which Bernard asserts. The ordinary temperature of the interior of the body, 100 degrees Fahr., generally above, may, in the depth of a high Arctic winter, be 170 degrees Fahr. above that of the air inhaled. The air itself, therefore, is generally reducing the temperature of the blood in its passage through the lungs, and this reduction would be much greater but for the relatively small portion of air exchanged by a single respiratory act. But there is another cause

in operation, more constant, and, in general, more efficient toward reducing the temperature of the blood in its transit through the capillary network investing the air cells, and that is the rapid evaporation of water from the lungs. The higher the temperature, the more rapidly (with an equal degree of moisture of the atmosphere,) is the evaporation from the lungs, and every one knows how oppressive is external heat when combined with a high degree of moisture. To the dog and the ox, this pulmonary perspiration is the principal means of cooling the blood, with them but little moisture escaping through the skin.

But, to return to Bernard. Not one word does he say about the chilling of the system from lack of combustion in the lungs; not one word about the system's setting out to heighten the temperature by furnishing more sugar. Probably he would have said so if he had known it. But then, he didn't know it. Consequently, instead of attributing the continued increase in the quantity of liver-sugar to a fallacious notion that the system has of thereby raising its temperature, he refers it to the same morbid cause that at first produced an excess. The increase simply denotes the progress of disease. The quasi fermentative process which normally converts a peculiar nitrogenous substance into liver-sugar, has become intensified, until it also has laid hold on starch and cane-sugar. The normal destination of these is conversion into liver fat. But the heightened glycogenic action is extended to them also. And the more intense this action, under the influence of the particular morbid cause, the more complete their conversion into liver-sugar.

I feel the more interested in insisting on the now well established views of Bernard, demonstrated as they were, by bold, elegant and original experiments (since repeated by others), because it was (among other things in which I endeavored to keep abreast with the most advanced physiology,) from embodying his results in my physiological teaching, that I got the reputation, with some colleagues, desperately ignorant of physiology, of drawing upon my fancy for facts.

It was one of this class of persons, an ex-professor in Hahnemann College, who, while holding a chair in that college, announced as the normal destination of cane-sugar, its conversion, in the alimentary canal, into lactic acid. The function of cane-sugar in the system is wholly different from that of liver-sugar. The latter undergoes a retrogressive, while, normally, the former undergoes a progressive transformation; the latter an excrementitious, the former a secretitious movement.

On the whole, wouldn't it be as well for those who undertake to write and talk about physiological processes, first to make some slight acquaintance with physiology? This kind of knowledge is not like tugging at the breast on the part of an infant; it does not come by nature, and I doubt whether grace has anything in particular to do with its acquisition.

KENOSHA, Wis.

H. P. GATCHELL.

## Obstetrical Department.

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### *A SINGULAR MONSTROSITY.*

October 5th, 11 A. M., Mrs. —. Upon examination found a complicated form, that is to say, a hand and foot, both presenting, and already dropping into the vagina. I put back the arm and brought down the foot, performing version, delivering a monster. The head was set, as it were, upon the superior portion of the thoracic cavity, or between the two scapula. The neck being entirely deficient. The occipital bone resting upon the vertebral column. The facial angle being about 45 degrees, instead of 80 degrees, or thereabouts, as it should have been, thus throwing the mouth almost upon a direct line with that of the long axis of the body. The eyes protruding beyond the supraorbital ridge. The frontal bone sloping backward, at a right angle with that of the axis of the body. The anterior fontanelle being absent, the posterior fontanelle being present, and out of the latter protruded a portion of the spinal cord, the brain and their membranes. The brain being little larger in size than that of a common goose egg. The inferior maxillary was completely and firmly ossified to the superior portion of the sternum. Just beneath, or at inferior portion of the ensiform cartilage, was the small intestines and peritoneum; lying outside of the abdominal cavity, and just below the cyst that contained the small intestines, was the attachment of the umbilical cord, it measured about five inches in length and one inch in diameter; the nails and cuticle were perfect; motion was perceptibly felt up to within four days of delivery. It was a girl, and a still-birth. The lady has given birth to a number of children, all of whom are

smart and intelligent. The mother was at full term, and is one of those fine Quaker ladies who never submit to the folly of tight lacing, and as far as I can glean, she never was frightened, or injured, in any way during pregnancy. The lady further asserts that she never enjoyed life better at any previous time, and that her mind was undisturbed during the entire period of gestation. Will some one express their opinion as to what could have caused this peculiar freak of nature?

J. F. CROIN.

## Book Department.

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**PRINCIPLES OF HUMAN PHYSIOLOGY.** By WM. B. CARPENTER, M. D., F. R. S., F. G. S., F. L. S. Edited by HENRY POWER, M. B., F. R. C. S., London. This is a new American from the Eighth revised and enlarged English edition, with notes and additions by FRANCIS G. SMITH, M. D., Professor of Medicine, University of Pennsylvania. Philadelphia: Henry C. Lea; Chicago: Jansen, McClurg & Co.; Svo.; pp. 1065; \$6 50, sheep.

Years ago this work was the standard one on physiology. It was too comprehensive and indefinite in many parts to suit modern teachers, therefore the great demand for Dalton's work and various manuals. Ten years ago we greatly enjoyed comparing Dalton and Draper with Carpenter. In this way we acquired a relish for this most practical branch. The relation normal physiology holds to pathology and drug pathogenesis makes it one of the most important branches in medicine, and especially to the Homœopath.

For many years Carpenter was the recognized authority on physiology, but as investigations have gone on widening the scope of this science the whole field has become too comprehensive for one man to treat satisfactorily, therefore we find that this volume is essentially a cyclopædia of physiology.

Normal and pathological histology and histo-chemistry have lately undergone extraordinary developments, and here we find the labors of Stricker, Frey, Rindfleisch, and other workers. The section on the blood contains the recent results obtained by Brozeit, Steinberg, Gamgee, Jacobson, Bernhardt, Albert, Stricker, Korner, Losterfer, etc. In sections on the liver, kidney, and nervous system, a long list of able

investigators are given, among them we find Dr. Farrier. His experiments with electricity on the functions of the convolutions created a great sensation in physiological circles two years ago. Here we find the results given in full and illustrated. The long list of authors at the close of the volume proves the exhaustive nature of the work.

We would like to note some of the more important discoveries in the various departments of this science, but space forbids. We learn from the preface that the prospect is that a future edition will no doubt be divided into three, viz., minute anatomy, pure physiology, and the relations of physiology to pathology. With Stricker's and Frey's works on minute anatomy, we think that task may be omitted, but we certainly need a work on abnormal physiology; especially as developed by growth, food, drink, dress, habits, occupation and climates, also by drugs, etc. This is a most important field that stands between physiology and pathology proper, as well as between hygiene and remedial treatment. Rindfleisch comes near to it, but he is too general, so is Wagner, and any special work that we know of.

In our notice of Dalton's last edition, we were especially urgent that it should be in the hands of every one of our readers. Now we would press the claims of this work of Carpenter's as being more elaborate and exhaustive at many points. It stands as a sort of advanced book. Those who possess Dalton, Flint, Kirke, or Marshall, will want Carpenter. We are especially desirous that every Homœopath should be well read in physiology.

**CYCLOPÆDIA OF THE PRACTICE OF MEDICINE.** Diseases of the Circulatory System, together with the Chapters on Whooping Cough, Diseases of the Lips and Cavity of the Mouth, and Diseases of the Soft Palate.

This is Volume V. of this ponderous work. The uniformity in size is broken in upon, for this volume contains about 1000 pp. Naturally following the respiratory system comes that of the circulation. The subjects treated are diseases of the endocardium; changes in position of the heart, and diseases of the heart substance; congenital diseases of the heart; diseases of the arteries, veins, and lymphatics; and diseases of the pericardium. These, with the chapters above noted, complete the volume.

We think the idea of placing diseases of the lymphatics among the diseases of the circulatory system seems to us sound. We believe the day is not far distant when the circulatory system will include the spleen and lymphatic glands also. The subjects are all treated in an

able manner. The monograph order seems to be here substituted for the strictly cyclopædia form. The great value of these volumes will be apparant to those who wish to be up to date in all branches of his art. Any one who peruses these 372 pages on the Diseases of the Heart and its appendages, will find a vast amount or information. Again we commend this Cyclopædia to those not already subscribers.

**PUBLIC LIBRARIES IN THE UNITED STATES, Their History, Condition and Management.**

This is a "Special Report" of the Department of the Interior—Bureau of Education. It is a very valuable volume of 1,175 pages, giving information concerning public libraries of all kinds, general, law, medical, etc. One cannot go over this volume without being impressed with the great number and value of these literary store-houses. Nor did we appreciate the value of a library as we did when standing in the midst of 40,000 volumes of medical works in the Army Medical Museum at Washington. Our physicians everywhere should encourage the formation of town libraries. We should cultivate solid literary and scientific tastes in the people.

**A TREATISE ON DISEASES OF THE SKIN.** By S. LILIENTHAL, M. D. New York and Philadelphia: Boericke & Tafel; pp. 495; 8vo; cloth, price \$3 50.

This work was published in instalments as an appendix to the *Hahnemannian Monthly*. The work is divided into two parts; the first gives the pathology and treatment of the different diseases of the skin, while Part II. gives first the special skin and concomitant symptoms of the remedies, which is then followed by the repertory proper. The work is brought up to date, and includes all modern research, and is written with that painstaking exactness which is characteristic of the author. Of the great need of the work there can be no question. For years the only available Homœopathic work was that by Jahr, translated by Hempel. Although it is incomplete at many points still we are thankful for its appearance. We hope the profession will examine it carefully and give Dr. L. the benefit of their experience for a second edition.

**A DIGEST OF THE LAWS OF INSURANCE.** By O. B. Sansum, Counselor at Law. Chicago: Callaghan & Co.; pp. 790; \$7 00.

This is a royal-octavo volume, containing "An Analysis of Fire, Marine, Life, and Accident Insurance cases, adjudicated in the courts



of England, Ireland, Scotland, the United States of America, and Canada, commencing with the earliest reported adjudications, and continued to the present time." It is really an abstract of all the cases that have passed through the courts. There are quite a number of life insurance cases which show conclusively the effects of fraud, careless examinations, etc.; facts that should be in the possession of every physician. "Who is your medical attendant?" is an interesting question. The law presumes that all persons have one, and we may be the physician to more people than we imagine. The author of this work is a staunch Homœopath (the editor of this journal is his medical attendant), and as we have watched the progress of this portly volume, we know the labor spent on it, and take special delight in calling the attention of our readers to this able and valuable digest of insurance law. Commend it to your legal friends.

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## Medical News.

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### PAT'S CRITICISM.

There's a story that's old,  
But good, if twice told,  
Of a doctor of limited skill,  
Who cured beast and man  
On the "cold-water plan,"  
Without the small help of a pill.

On his portal of pine  
Hung an elegant sign,  
Depicting a beautiful rill,  
And a lake, where a sprite,  
With apparent delight,  
Was sporting in sweet *deshabbille*.

Pat McCarthy, one day,  
As he sauntered that way,  
Stood and gazed at that portal of pine,  
When the doctor, with pride,  
Stepped up to his side,  
Saying, "Pat, how is that for a sign?"

"There 's one thing," says Pat,  
"Ye 've left out o' that,  
Which, be jabers, is quite a mistake;  
It 's trim and it 's nate,  
But to make it complate,  
Ye shud have a foine burd on the lake

"Ah, indeed! pray then tell,  
To make it look well,  
What bird do you think it may lack?"  
Says Pat, "Of the same  
I've forgotten the name,  
But the song that that he sings is 'Quack! quack!'"

**Gross Allopathy.**—DEAR DOCTOR: I quote the following from a letter written me by one of our "other" brothers:

"The literature of your school I admire very much. It is certainly of a high grade, and the fundamental law of your system in no way offends me, but I am afraid I never can understand how one dose of

the 200th dilution can effect a change in the tissues or organs of the system. My mind is so grossly constituted that I require remedies in at least appreciable quantity. 'Thomas because thou hast seen thou hast believed, but blessed are those who have not seen and yet believe.'"

It is certainly candid and honest, and would it were that hundreds of others were as willing to be convinced as the writer of the above.

G. M. PEASE.

#### Removals.

Dr. G. W. Todd, from Canton, Ill., to Talleyrand, Iowa.

Dr. H. F. Kilgore, from Pleasant Grove to Luverne, Minn.

Dr. W. D. Scott, from Clam Lake, Mich., to Sigourney Iowa.

Dr. H. A. Houghton, from Keesville, N. Y., to Charlestown, Mass.

**The Homeopathic Life Insurance Company.**—The "balance sheet" for this company for 1876 is before us. The figures show it to be in a very flattering condition. *Low mortality* and *solid growth* are the features which attract attention at once. The fact that this is the only company Homeopathic by name demands that it should certainly receive the hearty co-operation of every Homeopath, as it without a question merits. We hope every one of our readers will have their life insured for the benefit of their family. Life insurance is wise, business forethought. Homeopaths should insure in this Homeopathic company.

**"War of the Pathies."**—Apropos to the fermentation progressing at the University of Michigan, at Ann Arbor, a lesson from the conduct of Chicago physicians after the great fire may not be amiss. The day following that calamity Drs. J. E. Gilman, a graduate of Hahnemann College of Chicago, and C. H. Evans, of Hahnemann College of Philadelphia, members of the citizen's committee on sick, sanitary and hospital measures, associated with Drs. J. H. Rauch and H. A. Johnson, of the board of health, met at the central distributing headquarters, the First Congregational Church, where for the first few days they were busily engaged in assigning physicians, without regard to schools or "pathies," and providing medicines and stores for the churches, and other buildings used as temporary hospitals. This work was carried on without jealousy or bickering by the adherents of the two schools, all meeting on the general level of their medical abilities with the single idea of relieving suffering to the extent of their power. When the Relief and Aid Society took charge of the work in accordance with the proclamation of the mayor, it assigned to Dr. Johnson the special duty of organizing and directing this department, with authority to associate with himself such members of the medical profession as he should think best. The following gentlemen comprised the committee as finally constituted: Dr. Hosmer A. Johnson, professor of diseases of the organs of respiration and circulation, Chicago Medical College, chairman; Dr. M. J. Asche, medical inspector-general, Sheridan's staff; Dr. J. H. Rauch, superintendent board of health; Dr.

Brock McVickar, lately prominently connected with the board of health; Dr. R. Ludlam, professor of obstetrics and diseases of women, Hahnemann Medical College; Dr. M. Mannheimer, Dr. Ernst Schmidt; Dr. H. M. Lyman, professor of chemistry, Rush Medical College; Dr. Ben C. Miller, superintendent of public charities, connected actively with the management of the city hospital and formerly superintendent of the board of health; Rev. Dr. H. N. Powers, the rector of St. John's Church, now of Bridgeport, Conn. Dr. J. E. Gilman was appointed secretary. This committee for some time held daily meetings, and weekly meetings were held during the entire winter. Under the direction of this committee and actively at work during the entire winter were nearly a hundred physicians of both schools, embracing such men as Dr. Edwin Powell and Dr. R. G. Bogue, surgeons in charge of the city hospital; Dr. J. W. Freer, president of Rush Medical College; Dr. T. S. Hoyne, professor of materia medica, Hahnemann Medical College, and Dr. H. B. Fellows, at one time prominently spoken of for the chair of materia medica in the Homœopathic side of this same Michigan University; Dr. E. L. Holmes, professor of diseases of the eye and ear, Rush Medical College. But why go on further to enumerate names and titles? So many have been given to show the character of the movement, and the list could be extended to include nearly all the physicians in charge of the public hospitals, of the faculties of Rush, Chicago Medical, and Hahnemann Colleges—many of them physicians of cosmopolitan reputation, and all of them men of thorough medical education and large experience, and of acknowledged social and professional standing. The amount of labor done by this corps of medical men is a matter of public record in the reports of the Relief and Aid Society. More than fifty thousand visits were made, and the tabulated reports show that about one hundred thousand patients were treated in hospitals, dispensaries, and at their homes. During the entire work, visits were made, consultations held, and operations performed, Homœopath and Allopath together, without one word to vex or ruffle the spirit of fraternal feeling. Individual expressions of cordiality were frequent, and there seemed to be a general desire to break down the wall of prejudice existing between the two schools. As Dr. Johnson said to one of the Homœopathic physicians, "You claim to be a physician, and so do I. As physicians we meet on common ground. We treat our patients as our judgment and experience directs, and are responsible to them and ourselves alone for the results. Educated physicians may have differing views, and it is time that a man's ability and accomplishments should make his standing in the medical world instead of a 'pathy' or school." Brave words, that stamp the doctor as a man of broad, comprehensive, and liberal views; with a mind too active to submit to the fossil bigotry that of old time found expression in persecution of Harvey and Jenner, or burnt Quakers and Baptists, or to-day will not accept of a statement of any scientific fact, if the writer be of another denomination of religious or medical belief.—SCALPEL in *Chicago Tribune*.

# 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.

DUNCAN BROS., Publishers.

67 Washington St., Chicago, January 15, 1877.

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**FOR SALE**—I will transfer to any competent physician who will pay me a fair price for my residence, a practice, in a growing city of central Illinois of 10,000 inhabitants, which for several years has ranged between \$3000 and \$4000 per annum. For further particulars address M. J., this office.

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**FOR SALE**—Medical Investigator, unbound, vols. xiii, ix, x, xi, \$1 50 per volume, very little soiled; United States Medical Investigator, vol. i, 1875, \$3, few numbers 1875 thrown in, unbound; Hahnemannian Monthly, vol. vii, 1871, three odd numbers 1874 thrown in, \$1 50, unbound; American Journal Homœopathic Materia Medica, vols. v, vi, viii, \$1 per volume, unbound; Guernsey's Obstetrics, bound in sheep, as good as new, \$4; Burt's Characteristic Materia Medica, cloth, slightly soiled, \$2 25; Hull's Jahr Repertory, as good as new, \$2; Raus Pathology and Therapeutics, as good as new, \$4 50; Hoynes's Materia Med. Cards, groups 1, 2, 3, 4, 5, 6, 50c each, \$1 80; Ludlam's Diseases of Women, 6 parts, unbound, 75c per part, \$4 50; Hill's Pocket Anatomist, cloth, \$1; Wythe's Pocket Dose-Book, 50c; Wright on Headaches, cloth, \$1; Wood's Therapeutics and Pharmacology, 2 volumes, bound in sheep, nearly as good as new, \$3 per volume, \$6; Dalton's Treatise on Human Physiology, good as new, \$4 50; Hoblyn's Medical Dictionary, sheep, \$1; Dickson's Elements of Medicine, much soiled in cover, sheep, \$2; West on Diseases of Children, good as new, sheep, \$4 50; Erichson's Science and Art of Surgery, latest edition enlarged, sheep, slightly soiled on cover, \$5; Scanzoni's Diseases of Females, much worn, cloth, \$3; Bedford's Principles and Practice of Obstetrics, little soiled on cover, sheep, \$4. Address C., this office.

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## WANTED.

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**WANTED**—Medical Investigator, vol. 1, ii, iii, iv, *Old Series*; also No. 99, of 1871. State condition and price. Address, D. A. H., this office.

THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

*A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.*

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*New Series, VOL. V., No. 3.—FEBRUARY 1, 1877.—Whole No. 183.*

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Therapeutical Department.

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*CLINICAL OBSERVATIONS.*

REPORTS FROM THE FIELD OF PRACTICE.

KIRWIN, Kan., Jan. 5.—Quite sickly here for the past three months, though generally this is a very healthy country. We are having an epidemic of diphtheria, some fatal cases; some cases combined with croup, and generally fatal. Wish I knew how to cure them. Some typhoid and bilious fevers. Had a cold winter, so far. I prize THE UNITED STATES MEDICAL INVESTIGATOR very highly. Cannot afford to do without it.

N. B. HOMAN.

OLATHE, Kan., Jan. 10.—Measles have been prevailing for the past three months, very few families escaping, but few serious cases, however. A great many have been suffering with colds, and some few cases of pneumonia, which are easily controlled by *Acon.*, *Bry.*, and

*Phos.* Have had several severe cases of supra orbital neuralgia caused by malaria, *Ars.* and *Nux v.* have proved most efficacious.

J. H. MOSELEY.

HENRY, Ill., Jan. 8.—It has been remarkably healthy here the last year. Chronic diseases have been more common than usual, especially diseases of the kidneys. For alternate flush and scanty urine, with pain and weakness of the back, *Belladonna* has done good service; *Mercurius sol.* for the same symptoms, where the back is not implicated; *Eupatorium purp.* for flush flow of urine, with great uneasiness, and worse on the left side. *Erigeron can.* has been one of the most useful medicines we have used in kidney complaints. When other medicines have helped, but not cured, this medicine has been of great use. Its symptoms are about the same as above, with aching-pain or distress in the bladder, and burning and smarting when urinating, and general prostration. *Cocculus* has been of great use where there was great nervous prostration. The medicines were given mostly in the 200th dilution, except the *Eup. purp.* and *Erigeron can.*, which were given in the 1st. The Old School has lost several cases. Homœopathy has lost none yet.

CHARLES DAVIS.

ALBANY, N. Y., Jan. 15.—Scarlatina, measles, rheumatism, and typhoid fever have prevailed, more or less, but not very alarmingly. Of the former I have witnessed beautiful results from *Merc. cyan.* 200, where the uvula and soft parts were covered with much deposit and a thin, watery ozæna from the nose.

By the way, I have just learned that high potencies are sheer nonsense, a mere delusion, that high dilutions hold the same relation to pure "Homœopathy" that "Spiritualism" does to religion, so saith a devout Homœopath. Oh, shade of the immortal Hahnemann, where sleepest thou! It is well that thou cannot return to earth again, for, behold, thou wouldst find that poor mortals had been deluded, that sheer nonsense, yes, worse than all that, "Spiritualism," thou hast been guilty of palming off for Homœopathy! How comforting it would be to our beloved founder of the true system of medicine, to learn that his last years of medical practice, with high potencies, were nothing more nor less than "Spiritualism." E. B. GRAHAM.

SAN FRANCISCO, Dec. 27.—We still have diphtheria in abundance, and many deaths. For five weeks previous to last week the mortality from this disease was exactly 22 each week, but last week the number was increased. When the disease is ushered in with high fever, or

much fever is present, I have found *Merc. biniod.* to be of little or no use. I do not yet have any reason to give up the frequent use of *Lach.* and *Lyc.*, but in addition I have found cases to require *Apis*, which latter remedy I have given in the 30th and in the 20,000th. *Kali bich.* 200, I give if there is a disposition to the formation of the exudate in the trachea, or in cases that would be called by some croupal diphtheria. *Phy.* 200, I have also used with some benefit. In those cases which are simply "sore throats," but which in these epidemic times are apt to be called by the epidemic name, the *Merc. biniod.* 2 does good service. I believe a gargle of *Alcohol* and water to be a good adjuvant, still, some of the bad cases are made more bearable to attending friends if the odor can be kept down by using the *Chloride of Lime* gargle. Thus far I think the loss of such cases has been small among the Homœopaths. We are all anxiously looking for rain—nearly eight months with only three or four rainy days, is more pleasant weather than we wish.

G. M. PEASE.

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### CONSULTATION CASES.

#### QUARTAN INTERMITTENT.

Mrs. J. C., aged fifty-two years. Strumous habit. Tall, slim, somewhat stooping. September 4, 1876, applied for treatment for sore eyes, that had been troubling her a long time. Symptoms: Extreme redness and inflammation of the lids, with small vesicles, and occasionally styes on the edge of the lids. Great heat and burning in the eyes; worse at night; much lachrymation on going in the wind. Prescribed *Sulph.* 200, dose every night.

Sept. 9. Had a light chill, 7 P. M., mostly in hands and feet; chilliness and fever at the same time. Commencing panaretia on the right index finger. Eye symptoms about the same. *Sil.* 200, dose at night.

Sept. 12 and 13. Chill again, with no material change of symptoms. *Ars.* 200.

Sept. 18. Chill 7 to 8 P. M., one hour. Heat with sweat at same time; thirst and headache. All symptoms lighter. *Sac. lac.*

Sept. 21. Chill about 4 P. M., then sweat, followed by internal heat, thirst, headache, and loquacious delirium; sleep, with sweat. Apyrexia: constipation, vertigo on stooping or rising. *Lyc.* 200.

Sept. 24. Chill 4:30 P. M., then dry heat and thirst, till midnight;

headache; no sweat; sleeplessness; loquacious delirium. (Had fever night preceding the chill.) Every three hours a dose of *Puls.* 200. Chills continued, with varying symptoms, till about the 1st of November. Chill 4 to 8 P. M., lasting about one hour, mostly on the back. Dry heat, with thirst; headache; heat internal, heat predominates; sleeplessness. The light chills consisted of coldness of hands and feet. Apyrexia: constipation; vertigo the day after the chill.

Sept. 27. Chill, 11 P. M., while in bed. Sweat before the chill, and during the chill. Heat, with thirst; headache; sleeplessness; loquacity; no sweat following the last. Apyrexia: vertigo; sallow, yellowish color of the skin; appetite fair. *Apis* 3x, trit. (This *Apis* was prepared by picking up the live bees with a pair of small polypus forceps, and with sharp scissors clipping off the sting, while the tiny drop of poison was hanging on it, and letting it fall into my mortar of *Sac. lac.* In this way the stings of two dozen bees were clipped off and triturated. I have often used this preparation of *Apis*, effectually, in acute intermittents, when all other preparations of *Apis* failed). Following the administration of *Apis*, the chills came, for a time, as follows: Chill *one night*, then *miss two*. Then chill *two nights*, and *miss one*. The concomitant symptoms varying. Sometimes heat preceded chill for two hours, and burning of the feet, *loquacious delirium*, vertigo and headache, following the fever in the *first day* of the apyrexia. The following day, and the first half of day preceding the chill, she felt pretty well, and could attend to her household affairs. After one month treatment the patient got discouraged, and refused to take any more medicine, but continued to have chills till about November 1st. Was persuaded to take pills compounded of *Chinoidine*, *Iron*, *Caps. nig.*, which stopped the chills till the latter part of December. About the 1st of January, 1877, applied to me for treatment, with the following symptoms:

Jan. 3. Chill 4 to 5 P. M., preceded and accompanied by *stiffness of the knees, thirst and internal heat, followed by heat without thirst; headache, beginning in the back of the head, and extending all over the head; burning of the eyes; eyelids look red, especially the edges, and smart; during the heat, loquacity; no sleep till the fever abates; no sweat.* Apyrexia: *no sweat; poor appetite; bowels regular; burning and dimness of the eyes; worse at night; redness of the edges of the lids; face somewhat bloated (the patient thought she was more fleshy than when I saw her last, in October). Said her right foot swelled some. Aching along the back, and between the shoulders; worse at night from lying long in*



one position; would become so stiff as to make it difficult to turn in bed. On account of the *Chinoidine* I first gave *Puls.* 200 for three days, followed by *Sulph.* 200, every four hours, till four powders were taken, then *Sac. lac* until the next chill.

During the past four years I have hardly been without a case of quartan ague on my hands, and I confess that I am *not aware* that I have ever *cured* a single case. If any of the readers of THE UNITED STATES MEDICAL INVESTIGATOR have ever had any success in their treatment and cure of quartan ague, we would feel under lasting obligations if they would report the same to THE UNITED STATES MEDICAL INVESTIGATOR, or to me personally, if they can suggest the remedy that will cure the above case.

I would like particularly to hear from my Indiana friends, Drs. Eggert, A. Leroy Fisher, and McNeil, also Drs. Sarchett and Routh, of Illinois.

MUNCIE, Ind.

E. BECKWITH.

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#### WHAT SHALL WE CALL IT ?

There is at this time a disease prevailing in this section of country called by the Allopathic fraternity, typhoid fever, but differing very much from regular typhoid fever, as the following symptoms and treatment will show :

Patient complains of violent headache, generally occipital; loss of appetite; severe pain in cervical and dorsal region, and left deltoid muscle; tongue coated white, with cough; pain in abdomen and limbs; lassitude; sleeplessness; nervousness; with cold hands and warm feet; always feel bad after eating or drinking. Patient generally remains in this condition for several days before being confined to his bed. Then high fever sets in; skin hot and dry; pulse 95, with great thirst for ice water, or something very acid. Pupils contracted; vision imperfect; face flushed; violent headache; tongue coated a dark yellow in center, with white edges, or yellow edges, with a scarlet center; taste very bitter; mouth and lips dry; difficult deglutition; abdomen tender and tympanitic, with vomiting; bowels costive; retention of urine; feet and hands become cold, followed by rapid prostration, with delirium apothetica.

Patient remains in this condition about two weeks before improvement sets in. Great tendency to sleep. Now what shall we call it? During the day, little fever; no sweat at any time; less thirst and

pain. From 10 P. M. to 4 A. M., fever very high, with considerable excitement.

Would I be justified in calling it typho-malarial fever?

Treatment: *Bell.* and *Ars.* 3x, are generally the leading remedies. *Merc. iod. rub.* for the costiveness, *China* for the tympanitis. Patients seldom convalesce under four or five weeks.

CHURCHTOWN, Pa.

C. H. GIBSON.

#### CRUSTA LACTEA.

Answer to "W. P. R.," Vol. V., page 16, of THE UNITED STATES MEDICAL INVESTIGATOR. Cause: Scrofulous dyscrasia, causing sup-puration of sebaceous glands of scalp. Treatment: *Calc. carb.* and *Ars.* 3x, each in weekly alternations, will cure worst cases in from six to ten weeks. Dose, medicated globules, given night and morning.

EAGLE, Wis.

C. B. BANNISTER.

#### DR. ROBERT'S CASE.

In Dr. Robert's case, page 10, of THE UNITED STATES MEDICAL INVESTIGATOR, I would have suggested *Cimicifuga* 2, with hot baths during the paroxysm. The history of the case is not sufficiently minute to define the cause of the insanity—it might have been cerebral, from an over-taxed brain, or menstrual consequent upon uterine derangement. In either case *Cim.* would be indicated. Have frequently had very happy results from its administration in mental derangements caused by uterine inflammation or ulcerating cervix.

CHICAGO.

A. B. STOCKHAM.

#### CLINICAL NOTES ON COLCHICUM.

I would call the attention of the profession to a marked indication for *Colchicum*, as it once enabled me to relieve a case of chronic asthma complicated with dropsy of the lower extremities, extending to the knees, in which the patient was not far from being *In articulo mortis*: It was a marked *nausea* from the smell of cooked food. Her face, especially the nose, was of the color of bleached coal-ashes, the tongue was coated with a light, downy-white fur, which I have since verified in a case of dysentery.

## CINA IN SCARLATINA.

The angina in the *Cina* case of scarlatina [see page 78, Jan. 15, 1877,] was very slight. After the relapse the patient received a dose of *Sulphur* 30, which was repeated at each aggravation to the end, and which was followed, after a reasonable interval in each instance, by the main remedy. This has been my constant practice in the severer cases of any disease. Both patients were women.

LYONS FARMS, N. J.

J. E. WINANS.

A *CANTHARIS* CASE.

I give you a case in practice, with a ray of previous history :

Mrs. R., aged fifty-three, farmer's wife; fair health prior to an attack of pneumonia which occurred one year ago, December, 1875, and treated (?) by "ye" very ancient Allopath of forty-five years' practice, who ordered (and they were applied) a succession of "Spanish-fly blisters," (seven applications in all) with terrible specific consequences. He was sent for in haste. Not being at home at that moment, the messenger came for me. I found her in extreme agony from the strangury, constant and uncontrollable desire to urinate, drop by drop voided, and as she said, she seemed "on fire down there," placing her hand over the genitalia. I ordered a continuation of the cloths wrung out of hot water which they had been applying, and gave drop doses of *Camp.* in a little water every five to ten minutes. Also told the family the cause of the trouble, and removed the plaster, which was applied over lower lobe of right lung, extending nearly from the spine to the sternum.

Presently the old doctor came, and I left. He gave *Morphia*. Personally, I know nothing further, only that she had a lingering illness. Mr. R. told me afterward that the old doctor agreed with me as to the trouble, and he seemed pleased to think that we had. What seemed strange was that no word of blame escaped him for this piece of — treatment.

I was called to see Mrs. R. again, December 25, 1876. She stated that she had "taken cold." An inspection of the lungs showed pneumonia bronchial; the left lower lobe considerably hepatized, right slightly, with considerable mucous expectorated, dark and lumpy; having an old look; pulse feeble, small, 110 strokes per minute; temperature 101½; bowels slightly constipated, (one stool in

two or three days); complexion slightly sallow; face slightly flushed, with full feeling of head; urine scant, about three or four ounces night and morning, or, as she said, "half teacupful, with much pain and tenderness down there (laying her hand on pubic region), bearing-down and burning when I urinate," requiring, I found, on questioning her further, a continued effort to void it, sometimes failing to do so. Prescribed for the urinary trouble *Eryngine aquat.*, in drop doses of the strong tincture, in water, every two hours. Alternated with *Phos.* 8x, a few drops in one-half glass of water. Dose, a teaspoonful.

Dec. 26. All urinary symptoms much improved. Continued.

Dec. 27. Urine voided four times in past twenty-four hours, without pain or other difficulty, being plentiful as to quantity, and free of the white, slightly tinged with pink, sediment. (The sediment I omitted to mention in its proper place.) Discontinued *Eryngine*. Gave *Phos.* as before, with a grain of *Sulph.* 6x, at bed time. The case has otherwise progressed slowly, but favorably, with no further urinary trouble of any kind.

On inquiry, she stated she had never been entirely free of these symptoms, until now, since she was so thoroughly "Spanish-fly-blistered." She says, "Shoo fly to Spanish fly—in blisters," and I think, after this, to Allopathic doctors.

MT. HEALTHY, O.

J. FERRIS.

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### PRACTICAL NOTES.

#### SULPHURIC ACID IN CROUP—NITRIC ACID IN DIPHTHERIA, ERYSIPELAS, CHILDBED FEVER, ETC.

I have received much valuable information from THE UNITED STATES MEDICAL INVESTIGATOR.

I. One remedy, *Sulphuric acid*, is a sure cure for membranous croup. I cured a child after two Allopathic physicians had given it up, after the disease had run five days.

II. *Nitric acid* is also a sure remedy in diphtheria. It has never failed me.

III. I can recommend *Chloride of Potash* in child-bed fever.

#### ERYSIPELAS AND PUERPERAL FEVER.

Last winter a lady wrote me, one hundred miles from here, asking if I would come and wait on her through confinement. I left here the

18th of April, arrived there the nineteenth. The day I arrived there her mother fainted at the table. After coming too, I took her to her own room. (She lived in the same block with the daughter). At three o'clock, erysipelas set in, the worst form. She was delirious. It commenced in the face. In twenty-four hours she was black; swollen beyond recognition. She was comatose from that day till the twenty-third, then consciousness returned; at night she was a raving maniac. She remained so till the night of the twenty-fifth, when she sank into a comatose state. In the first onset of the disease *Acon.*, *Bell.* and *Rhus* were my remedies; when she relapsed into the state again, I gave her *Lach.* She revived on the twenty-fifth, and recovered.

This was truly a battle for Homœopathy, as it was a new town, and strangers to our practice, except this family. They had perfect confidence in me and my practice. Now what I was going to say is this: After I had read and re-read Guernsey, or what different experience there is contained in his work as to the danger attending an erysipelas patient, then a confinement case, I shrank from my duty, whether I had better attend the daughter in confinement. I laid the facts before her, advising her to get another physician. Her answer was, "I can trust you and my Heavenly Father." The twenty-fourth, she was confined. Got through all right. The second day after, she was taken delirious, with a high fever. I gave her *Bell.* and *Chloride of Potash*, (I saw *Chloride of Potash* recommended in THE UNITED STATES MEDICAL INVESTIGATOR, in child-bed fever). She became conscious, in about two hours the fever abated. The fourth day she had the second attack. I resorted to *Chloride of Potash* again. She revived. She finally recovered without further trouble. She was, to all appearances, threatened with the child-bed fever. The flabby, softened condition of the uterus showed it more than any other symptom.

The ninth day her baby was taken in the same way, delirious, refused to nurse; in twelve hours there was an appearance of an exanthem on the face, neck, arms. It commenced with a high fever, gastric symptoms. It soon became comatose, and in eighteen hours it was a corpse.

This was my first experience with black erysipelas. No one thought any of these would live. Tell me, is it possible for the mother of the babe to have breathed enough of the poison from her mother to affect the child? On the morning when the mother became conscious, and heard that her daughter had been confined, she wanted to see the baby, and in my absence they took it to the grandmother. Could the

baby take it that way? Since my return home I have attended several in confinement, and one in erysipelas, and no serious results. I have been here three years, and have lost but three patients.

MASON CITY, IOWA.

H. D. PRAMER.

### PROTRACTED REMITTENT FEVER.

Being at home for the Holidays, I find a record of my daughter's symptoms, at a time of great anxiety on my part—and which reproduce many cases seen in Illinois. I feared I had lost the record, but I transcribe and send it to you that it may not be unknown. The potency, 40,000, single dose; absence, at the time, of organic lesion, which had been present at the acme in the form of perineal abscess and timing the dose to the lowest ebb of fever, being all points of special significance:

Oct. 28, 1873. Miss L., aged seventeen years, has had malarial fever of remittent type (contracted at the seashore, in September,) for several weeks. Has taken *Gels.*, *Calc.*, etc. Has daily remissions from 8 o'clock A. M. till 1 P. M.; exacerbation the remainder of the day and night, worst about and after bed-time at night. No organic lesion now. One P. M., exacerbation begins with retention of urine, drowsiness, and winking of eyes; at 1:30, the toes, and then the back, get cold, slightly, then passes urine. Then heat, with dry skin; face pale; breath short; cannot talk much aloud; speech broken, hesitating, short, in unfinished phrases; muscular weakness extreme; must change position often, from soreness of parts lain on; mental excitability, with mental irritability; inclined to talk; memory feeble; weeps about her disability, mental and physical; worries about her want of memory; flushes easily; wants to be covered; falls asleep late at night; gazes, on waking from sleep; gets happy in tracing the pattern in the table-cover; fears much as to her recovery; dream of being on the eaves of the house, and being surrounded by spectators who could help her but will not; little thirst; dry lips; fever blister at left corner of mouth; tongue dingy; constipation; emaciation; hacking cough, occasionally; in the morning, heat, with moisture; during remission (having taken already a good deal of milk,) attempts to feed her develop aversion to milk, aversion to sweets, aversion to potatoes—in even the most delicate form of preparation. (Compare *Arn.*, *Bapt.*, *Calc.*, *Natr. m.*, *Sulph.*, *Ars.*).

Of the remedies bearing a resemblance to the case, Dr. H. N. Guernsey, in consultation, advised *Arsenicum* 40,000, one dose at the lowest ebb of the heat, i. e., October 29th, at 9 A. M.; very slight exacerbation this day. No medicine, scarcely any sign of exacerbation on October 30th; thence convalescent.

PHILADELPHIA.

J. C. MORGAN.

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### LYCOPODIUM IN INTERMITTENT FEVER.

DEAR DOCTOR MORGAN: You ask for a *Lycopodium* case or two. I have had a few since I wrote you:

CASE I. September 20, 1875. Mr. T., nearly seventy years old, had a chill at 5 P. M. on the sixteenth, lasted nearly all night; headache and dryness of the mouth, but without disposition to drink; very hot, but no sweat. Slight chill again at 5 P. M. on the seventeenth. No chill on the eighteenth, but chill again on the nineteenth at 5 P. M., lasted nearly all night; slight headache; dryness of the mouth but no desire for water; urine very copious, seems to pass much more water than he drinks; very warm, but no sweat again last night; pain flying all through him; œdematous swelling all over face, eyelids, body, limbs, etc. Fever lasted the balance of the night after the chill passed off, and all day on the twentieth. Saw him first at 6 P. M. on the twentieth. Prescribed *Lyc.* 200. Came to the office on the twenty-first, in the afternoon, and reported that the fever went off about three o'clock that morning; heat, but no sweat. Gave *Lyc.* 200. Have seen him since — had no more chills or fever.

Mr. T. had three chills before I saw him, but none after taking *Lyc.* Several years ago I cured a number of similar cases with *Puls.*, but I gave *Lyc.* because it seemed to be the epidemic remedy. Even in typhoid fever, when there is an evening aggravation, *Lyc.* is very beneficial.

CASE II. September 22. Vernie B., aged three years, had a chill about 5 P. M. yesterday, began with yawning and stretching; very cold, but did not shake, lasted about an hour, followed by fever, went off about 11 P. M., not much thirst. Prescribed *Lyc.* 200. Had a slight fever for two or three evenings, none since the twenty-sixth.

I think some of the cases had thirst with fever.

LATER.

I am sorry to say that I can find a record of only one more case of

intermittent fever treated with *Lyc.*, though I remember having treated several others.

CASE III. September 15, 1875. Maggie S., aged two years and four months. Prescribed for her first on the thirteenth, but took no notes then. Symptoms: fever between 2 and 4 P. M., then again between 7 and 8 P. M.; tongue furred, papillæ elongated, red margins; very cross, would not allow me to feel her pulse or to touch her, would do nothing when requested, is generally very friendly. Slept through the fever. No thirst. Began taking *Lyc.* 200 on the thirteenth. No fever on the night of the fourteenth, and not so cross to-day, tongue cleaner. Prescribed *Lyc.* 200, every two hours. Did not see her afterward, professionally, as she had no return of the fever.

During the busy season I often make twenty-five to thirty visits, and sometimes more, a day. When making that many visits I do not have time to take notes, and when a person once gets out of the habit of it, it is hard to resume again, although I now have my son with me to assist in lightening my labor.

The symptoms of *Lyc.* and *Puls.* in intermittents correspond very closely. I was under the impression when I wrote to you first, that some of my *Lyc.* cases had great thirst during the fever. I made inquiry about one case, and was told she had no thirst when I gave her the *Lyc.*; some two weeks afterward she had a relapse and *did have* thirst. *Lyc.* did no good. Finding her symptoms to correspond to *Quinine*, I gave it in small doses and cured her. This was about the only case of genuine relapse that I had, and the only case in which I used *Quinine* this season.

I formerly cured a great many cases of afternoon chills with *Puls.* as well as I remember the paroxysm came on from 5 to 7 o'clock; had thirst only during the fever, or absence of thirst throughout the paroxysm. *Lyc.* has sour vomiting or sour taste, or if the taste is bitter it is often of a bitterish-sour taste. *Puls.* has a slimy, putrid, or bitter taste, but it is a pure bitter; a sour taste is also mentioned, but I think the first three are the most characteristic. On the other hand *Lyc.* has also a bitter, slimy, and mouldy taste mentioned, but I think the sour taste predominates. If there is constipation and rumbling of wind in the bowels, I should give *Lyc.*; if diarrhœa, *Puls.* Puffiness of the face and hands is another symptom indicating *Lyc.*, it was very marked in Case I, in fact he was swollen all over. If the case is a quotidian, I give *Lyc.* 200 every hour, while the patient is awake; if



a tertian, and I have two days to give the medicine before the next paroxysm, I give it every two hours, I do not omit the medicine during the paroxysm.

#### GELSEMIUM IN INTERMITTENT FEVER.

I used *Gels.* some years ago a great deal, and with moderate success, but I was not so successful as my friend Dr. M. Hammond. He said, in sick stomach and vomiting during the paroxysm, it corresponded very closely to *Ars.* I endeavored to individualize, while he appeared to give it indiscriminately in nearly all cases, and he had fully three times more cases than I had. He said some years it would cure nearly every case, and other years it would cure but very few, but the next he would try it again to see if it was the epidemic remedy, and if it was, he would have plain sailing. He gave three or four drops of the tincture every two hours; sometimes he would begin about two hours before the chill and give it every half hour, so as to get the patient in a perspiration before the chill came on, and so break it up.

I find I have added the following marginal note to *Gels.* in Raue's Pathology. I have not given the authority, but I think some of the symptoms are yours: Thirst during sweat; sleeping throughout the heat; muttering on half waking up; wants to be held that he may not shake so much; heavy eyelids; great prostration; drowsy, stupid condition, with little thirst.

#### CASE OF CHRONIC PNEUMONIA.

I have a case of chronic pneumonia I wish you could help me out with. I was called to see him on the 1st of November, found him with a dry, hacking cough, *no expectoration*, shortness of breathing on making the least exertion, *no pain*, pulse below 100, hepatization of almost the entire posterior portion of the right lung, tongue clean, very weak, and very little appetite. Said the symptoms first came on five or six weeks before I saw him, it was evidently a case of latent pneumonia. Many years ago I had quite a number of cases of latent pneumonia, several of them had gray expectoration, and *Lyc.* cured them very quickly. Some were constitutional *Calc.* cases, and that remedy did its work well and speedily; and some I gave *Sulph.*, with the happiest effect. I gave this man (who is about thirty-five years old, has had dark hair but is now getting quite gray, rather spare,) *Phos.* for two days, then *Bry.*, then *Lyc.*, the two last, one day each, only, then *Calc.* four days and *Sac. lac.* one day, then *Merc. c.* 3d trit. three days, then *Lyc.* again for three days, then *Tart. em.* 2 for three days, *Carbo veg.* one day, then *Phos.* again three days; then learning that he had a

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condylomatous wart on the prepuce, *Natr. sulph.* 3d trit. in alternation with *Phos.* for a week (he has had gonorrhœa several times, but never had syphilis), then *Phos.* 200 followed by *Sac. lac.*, then *Sulph.* again for four days, *Brom.* 10 one day, *Iod.* 1 one day; took cold, was taken with pain in the right (affected) side, has been obliged to lie on his back, was a little better before he took this cold, the hepatization was diminishing but has become worse again; *Bry.* for three days, relieved the pain and enabled him to lie on either side. All the remedies where the dilution was not mentioned were about the 35th centesimal. I now gave *Sulph.* 3x for three days; finding he was constantly cold on the right side of the chest, and *Bry.*, *Phos.* and *Lyc.* having been given, I thought of *Puls.*, then I remembered that Teste gave *Puls.* and *Spong.* in alternation in pneumonia, and gave them. Called in Dr. Shearer the next day, when we arrived there in the evening there appeared to be a more decided improvement than I had before observed. Concluded to continue *Puls.* and *Spong.*, and if that failed to give *Hepar.* low, accordingly continued them four days, then gave *Hepar.* 2d trit., has been taking it now five days. I think there is a very little improvement. Crepitation has returned in some places, and the lung does not appear to be so solid. Twice he seemed to be a little better, and twice he appeared to take cold from walking from his room through a passage to the parlor. The wart still continues on the prepuce, the base is rather broad, it is not moist. I have been thinking for some time of giving *Thuja*, either alone or in alternation with *Nat. sulph.* He has lost considerable flesh since I have been treating him, but he breathes easier, sleeps well, appetite is now very good and bowels regular, they were very costive at first. Pulse ranges from 116 to 128. Tongue looks natural, very little cough, no expectoration. What is the remedy?

Yours truly,

BALTIMORE.

ELIAS C. PRICE.

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A CASE OF SCIATICA, LUMBARGO, SPINAL IRRITATION, ETC.

I report a case which may be of more interest to others than myself: W. W., aged thirty six; heater by occupation, since a boy; about seven years since, suffered a severe attack of sciatica, which confined him to the house for several weeks. Some four or five years since, a mild attack, while employed in a rolling mill at Pittsburgh, was speed-

ily relieved by Dr. McClelland. Two years since, another attack came on, with pain at the eleventh and twelfth dorsal vertebræ. Several remedies were prescribed, with varying results. *Rhus tox.* 200, relieving the symptoms. This was kept by him, and one or two doses per week enabled him to continue labor with comparative ease. Some months later a severe attack of what seemed lumbago, came on, but which I considered spinal irritation, and I prescribed for. The symptoms most painful at this time were tonic spasms of the abdominal muscles, starting from last dorsal and first lumbar vertebræ, and extended over the whole abdomen, and were excruciating. Cold compress, covered with flannel, over the lumbar region, relieved many of the symptoms. *Nux vom.* 3x and *Rhus tox.* 200, were the chief remedies that availed much. After being confined to the house for about one week, and quite indisposed for several weeks, he was relieved of the most unpleasant symptoms; some pain, occasionally, in loins, and general sense of weakness in the back. He changed his occupation for an agency, and enjoyed general immunity from former troubles; many of the symptoms, recurring upon walking too far, or being exposed to inclement weather. Feeling much recruited, he returned to his former occupation in September or October, 1876.

November 15th, attended an outdoor political meeting, when the temperature was low enough to cause a chill, and was attacked at once with a severe pain in the back and abdominal muscles; symptoms he had suffered before, but more severe; was called Nov. 22, 1876, and continued to attend him till about December 10th, when he died. Medicine or regimenial treatment seemed to do little good, save *Apis.*, of which I used the 28th centesimal. He had severe pain as before, in the lumbar region, with spasms of abdominal muscles, and in addition to this, a pain he described as of a burning iron over most of the outer and inner aspect of the left thigh, in the region of the crural and sciatic nerves, for which pain I chose *Apis.* He also had severe pain in the upper cervical region, with tenderness upon pressure. Also tenderness over lower dorsal. Respiratory organs much embarrassed, having a sense of constriction. Heart beat somewhat tumultuous, and from 120 to 140 pulsations per minute. Left limb "numb" much of the time, and sometimes feeling as large as two limbs; very little appetite, or sleep, for three weeks; constipated; emaciation quite rapid, and considerable thirst. For many years a fine ringing, as of escaping steam, in the head, and especially so during the attacks.

## POST-MORTEM APPEARANCES.

Pia and dura mater, of spinal cord in dorsal and lumbar regions, congested, though not marked; opposite the tenth dorsal vertebræ a protuberance of nerve structure over the posterior median fissure, and a little softer than normal. Within the spinal canal there was about two ounces of dark, bloody, fluid serum; muscæ volitantes were abundant for years. Among the remedies given, were *Verat. vir.*, *Verat. alb.*, *Nux v.*, *Mercurius*, *Ars.*, *Rhus tox.* and *Apis*. A few days before death I applied actual cauterly, (by request of the patient,) with some relief, for nearly one day. His pain came in paroxysms, from two to six, or more, times a day, usually recurring in the afternoon, after 4 P. M., and were most intense, and burning over the inner and outer aspect of upper third of left thigh. After the cauterly, this was relieved, though the general discomfort of lumbar region remained, and, in fact, was never absent from the beginning of last attack.

This case is interesting on account of its resemblance to lumbago, in fact a suspicion is created, that, often times, the so-called lumbago is really spinal irritation, and may become expressed, in time, as a chronic myeletis. Many times lumbago lacks the essential diagnostic indication of rheumatism, i. e., swelling and redness; and we venture to say, that not one case in ten will exhibit the peculiar condition of the blood or urine so constant in a true case of rheumatism. Any suggestion that would promise much in a case like the one above related, would be cordially received. There is no physician but has spinal irritation to treat, in mild or severe form, and often it is mistaken for some other affection. Among reflex symptoms, noises in the ears and head, and spectra in the field of vision, are the most common, and often referred to some other affection than spinal. They may occur in other affections, but it is well to make inquiry concerning the condition of the spinal column and its meninges.

CLEVELAND, Ohio.

E. H. PECK.

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*HOMŒOPATHY VS. THE PHYSIOLOGICAL SCHOOL.*

BY E. W. BERRIDGE, M. D., LONDON, ENGLAND.

There are in the ranks of *professed* Homœopaths two parties, the *true* Homœopaths or Hahnemannians, and the physiological school.

It has been thought that the chief difference between these two schools lay in the question of potency, or of the single remedy, and

that by the exercise of great latitude on the potency question, combined with the practice of alternations, "always under protest," the medical millennium would have arrived — "freedom of medical opinion," and "Homœopathy without bigotry." But the real point of difference lies far deeper, and any compromise on the above principles is only a temporary healing over of a cancerous ulcer. In the November number of *THE UNITED STATES MEDICAL INVESTIGATOR* for 1876, Dr. Richard Hughes appears as a champion of the physiological school, and in his concluding remarks we find the secret which has been more than once expressed by other adherents. It is briefly this: That the physiological school make the pathology of the remedy and the disease the basis of treatment, using the symptomatology as quite secondary in importance, and to be resorted to only when the former fails; whereas the Homœopathic school make the minute symptomatology the basis of treatment; pathology and everything else being subservient to it.

Now what does this difference really amount to? Simply this, that the physiological school treats the sick according to *theories*, more or less uncertain; while the Homœopath treats his patient according to *facts*, i. e., symptoms. Which treatment is most likely to be successful is obvious.

Dr. Hughes attempts to show that pathology is now a science. He says "it has established the existence of a number of morbid species, which are as truly entitled to the name as those which natural history identifies in the animal and vegetable kingdom. When capable of reproduction (as in the case of the infectious fevers,) they invariably reproduce their kind; and when sterile, they prove their individual unity by springing from a common cause (as in the malarial fevers); or consisting in a certain process taking place in a certain organ (as pneumonia"). Hence he seems to think that pathology (at least in many cases) is so certain that we can, as Homœopaths, base our treatment on it; nay, more, that such treatment is far superior to mere "symptom-hunting," as it has been called; from which we can only conclude that he considers the pathology to be more certain than the symptomatology.

The academicians of Paris, in the compilation of their dictionary, defined a crab thus: "A crab is a red fish, which walks backward." Wishing, however, to observe strict accuracy in so important a matter, a deputation from that body waited on the great Cuvier, to submit the matter to his judgment. "Gentlemen," said Cuvier, "the crab-eaters,

and they are numerous, will not fail to recognize your description." The academicians were retiring in delight; Mr. Cuvier called one of them back, and whispered in his ear, "Between ourselves, a crab is not red, it is not a fish, and it does not walk backward; but with these exceptions, your definition is perfect." What a pity that some kind friend could not have whispered in Dr. Hughes' ear, and told him that his theory had only one fault, viz., that it was incorrect!

Dr. Hughes appeals to the analogies of the animal and vegetable kingdom. The analogy is against his conclusions. Where are we to draw the distinction between these two kingdoms? Till recently, it was a disputed point to which kingdom the sponge belonged. And if we take a number of individuals which we usually class under one specific name, do not we find remarkable differences? Two quadrupeds may both be asses, but one may be far more amenable to *stick* than the other; and in two-legged asses (of which I have had a more extended experience than of the four-legged), the differences are innumerable.

But let us analyze Dr. Hughes' conclusions, one by one:

#### INFECTIOUS DISEASES.

Is it true that these *invariably* produce their kind? Not only do we find individual differences in each case of what we, for the sake of convenience, call "a disease," but also, there are far greater differences noticed in the effects of the same poison. In an epidemic of scarlatina, many persons suffer from sore throat; in an epidemic of cholera, from diarrhœa. Glanders and farcy, according to veterinary surgeons, reproduce each other indiscriminately; and typhus and typhoid are sometimes mixed up together in inextricable confusion. I once witnessed a remarkable case in point. A case of typhus of a peculiar kind was admitted into the hospital, the typhus spread through the ward, all cases being characterized by the same peculiarities. One of the students, who was often in that ward, sickened, he had all the premonitory symptoms of the rest, and all expected that he would fall a victim, but in a few days the attack passed off. He had been in good health, was of strong constitution, and no cause could be discovered for his illness, except exposure to the typhus poison. That there is a *generic* likeness in these cases I do not deny, but I deny that fevers "*invariably* reproduce their kind."

#### MALARIOUS FEVERS.

Dr. Hughes says they "prove their individuality by springing from a common cause." Does he, therefore, hold that all cases of ague are



alike, and must be treated alike? And how? With massive doses of *Quinine*, whether the symptoms indicate it or not? This is, indeed, an *easy* way of treating ague, and much in favor with lazy practitioners, but unfortunately, the patient suffers, which is discouraging. In ague the widest disunity of symptoms occurs, and necessitates the most close individualization.

#### PNEUMONIA.

The pathology and morbid anatomy of this "disease" is well enough known, but did it never occur to Dr. Hughes that we do *not* know, and, perhaps, never shall know, the *minute* pathology or morbid anatomy of this or any other "disease?" One patient suffering from pneumonia has pains shooting from the center of the sternum to the clavicle; another has a pain shooting from the right side of the chest to the left. There must be some *cause* for this difference of symptoms. If, as Dr. Hughes says, the symptoms are the outward manifestation of the pathological state, I ask him to tell us *what is the pathology of these two different symptoms, and with what special lesions of lung-tissue is each connected?* If he cannot do this, then his boasted pathology leaves him in the lurch, even in his typhoid disease, pneumonia, and after all, proves to be inferior in accuracy to symptomatology. Again, Dr. Hughes contradicts himself. He says (on page 408), "If fever, pain in the side, hurried breathing, and cough, with rusty sputa, mean pneumonia in the patient, do they not mean the same in a proving?" No one ever said they did not. But Dr. Hughes continues that we are "treading on surer ground when we oppose to a pneumonia a drug capable of causing pneumonia, than when we choose the remedy on the ground merely of the resemblance of the effects to certain outward symptoms present; *the latter comparison may err, the former cannot.*"

Dr. Hughes has just said that the same symptoms must indicate the same pathological condition, both in the prover and the sick; how, then, can a comparison based upon the symptoms, err, while that based on the pathological change is infallible?

Again, I would ask Dr. Hughes this question. If, in prescribing for pneumonia, he selects his remedy solely from those which are known to have produced pneumonia, what will he do if the symptoms happen to indicate a drug (such as *Lycopodium*) which is *not* known to have produced pneumonia? Will he rely on the symptoms, or on the pathology and post-mortem appearances of cases of poisoning? If the former, he is one with us, and must forsake the physiological school; if the latter, he can only avail himself of those drugs, the

provings of which have been pushed to extremes. How many drugs are there which are known by post-mortem examination to have produced pneumonia? From what a wide range of medicines should we be excluded, did we select our remedies in pneumonia only in this manner?

But Dr. Hughes says that we select "from the remedies which correspond to the *morbid species*; those which suit the *variety* present, and from these, the one which meets the *individual* case before us." He appeals to *authority* for this plan, even to Dr. Carroll Dunham. Be it so. It may be "scientific," but it is not *Homœopathy*. Homœopathy, as taught by Hahnemann, teaches us to select the *simillimum* at once, without going through this three-fold process. Indeed, this plan of selecting first the *simile*, then the *similius*, and lastly the *simillimum*, can only be compared to the conduct of the Irishman, who enlisted in the thirty-first regiment in order to be near his brother, who was in the thirty-second.

*The time has come for a separation of the two schools.* They can never amalgamate, unless Homœopathy is to perish. When Dr. Joseph Kidd, of London, *pretended* Homœopath, could treat the late Dr. Phillips, another *pretended* Homœopath, with *leeches*, *blisters*, and twenty-grain doses of *Bromide of Potassium*, every two hours, and yet such *quackery* be tacitly endorsed by all the British Homœopathic journals, and the only British physician (myself) who thoroughly and publicly exposed this quackery, be assailed with a series of vile abuse and *falsehood*, the right of reply being denied—when this can happen, I say, it is time to separate, and *publicly* repudiate all traitors and pretenders. Let a circular for the public be drawn up, stating the rules of *true* Homœopathy, and how it differs from the *false*; let this be signed by all *true* followers of Hahnemann, and be printed and circulated among the people as widely as possible. I ask Dr. Lippe, as being the fittest man, to draw it up. Then we shall soon be free from the Upas tree of *mongrel* Homœopathy.

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HAHNEMANN ON CROUP.—The symptoms of croup are to be found in the Pure Materia Medica, among the symptoms produced by *Burnt sponge* and *Hepar sulphuris*; and see! these two alternately, and in the smallest doses, cure this frightful disease of children, as I first discovered.—*Lesser Writing*, p. 693.

## Obstetrical Department.

### A CASE OF TRIPLETS, AND NON-MEDDLESOME MIDWIFERY.\*

BY T. G. COMSTOCK, M. D., MASTER IN OBSTETRICS OF THE  
UNIVERSITY OF VIENNA, AND ONE OF THE ATTENDING  
PHYSICIANS OF THE GOOD SAMARITAN HOSPITAL,  
ST. LOUIS, MO.

“*Omnia ars imitatio naturæ est.*” “*Arte non vi.*” “*Nec temere, nec timide.*”

These aphorisms, the first, the quaint words of the philosopher. Seneca; the last two, the maxim of the old master in obstetrics, Blundell, should guide the practice of every obstétrical surgeon.

In the plain words of Seneca, the qualified physician and surgeon should by his art assist in the accomplishment of the result which nature designs, but which she fails to complete; and of Blundell, describing the application of the forceps, who says, use art, know just what you are doing, and avoid all brutal force. How often, in the practice of medicine, as well as obstetrics, have we waited patiently for nature, and nature has brought about the desired result. These reflections we had occasion to make, once, in attending a case of labor where triplets were born. In the case in question, one child was born, and six hours elapsed before the second was delivered; we preferring to act conservatively, and wait for the powers of nature. Our only indication for this was, that the woman seemed doing well, notwithstanding the delay. This expectant course of treatment was pursued amid the clamor of the attendants and friends, in the lying-in room, for the doctor “to do something.”

#### THE CASE IS AS FOLLOWS :

Mrs. G., aged thirty-two years, pregnant for the second time, consulted me in May, 1870. According to her reckoning, she was in the seventh month of pregnancy, with her abdomen so unusually distended as to indicate the existence of dropsy, co-existent with the

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\* A notice of this case was published in *The American Observer*, Vol. VIII., page 220, but as I regard it an important case, I have rewritten it, with additional remarks.  
T. G. C.

pregnancy. The distension of the abdomen was so abnormal that I feared dropsy of the amnion. The lower limbs were unusually œdematous, and she was confined to her bed, and could not walk about the house. After a careful examination, I diagnosticated a plural pregnancy; I supposed twins, and so informed her. Her condition was such that I feared she could not go on until her full term of pregnancy would terminate, which would be in July. I attended her some three weeks, and in spite of remedies to reduce the dropsy, if possible, such as *Apocynum tr.*, *Apis*, *Helleborus*, and *Arsenicum*, the enlargement of the abdomen rather increased, and she could scarcely sleep, or be comfortable in any position. About the 7th of June I gave her *Cream of Tartar*, in doses of two teaspoonfuls, repeatedly. This acted palliatively, produced copious, watery stools, which relieved her a little, so that she was enabled to pass a comfortable night, the first for several weeks. I should state that she had suffered greatly in her head, with painful headache, and a constant fullness, which was relieved for the first time after the hydragogue-action of the *Cream of Tartar*.

On the 12th of June, at 12 A. M., suddenly, without any premonitory labor-pains, the waters broke, and she felt a wonderful relief of her headache, and of all the other bad feelings which she had complained of for weeks before. In about an hour after this, slight labor-pains set in, and I diagnosticated a head presentation, in the first position. The pains were rather feeble, but she was delivered of this child, which was a male, at 5 P. M. I ligatured the cord, and then verified my previous diagnosis, finding a second child within a bag of waters, but high up in the womb.

The woman had no more pains for six hours. I applied frictions and manipulations, by imitating the effect of the pains, by the "method of pressure," as advocated by Schroeder, but all to no purpose. On account of the great quantity of the waters, a temporary paralysis or inertia of the womb had resulted. I argued the case to myself in this way, and concluded to wait, especially as the woman was doing well, although the friends present were dissatisfied with my seeming inactivity, and were clamorous that I should "do something." At about 10 P. M. she began to have pains, but they were not of the character of expulsive pains; they were apparently "cross-pains," to use the expression of the lady herself; that is, they seemed to be pains which were transversely directed across the abdomen, and not in the back, as forcing pains should be. I placed my ear upon her abdomen,

and could hear the sound of a foetal heart, but the bag of waters, which was clearly intact, did not seem distended; added to this, the lady was very unusually sensitive against any examination of the condition of the os, which, by-the-by, was dilated. In this dilemma I concluded to "trust to nature," although I was strongly prompted to give *Ergot*, in infusion, in order to hasten or excite the pains. At 11 o'clock, P. M., the pains began to be regular expulsive pains, and after three such pains I made another examination, and finding the second bag of waters distended, I ruptured it, when a second child presented, it being a footling-case. Her pains now were like the pains of a natural labor, but of a very trying and agonizing kind; I forthwith delivered her of a second child, which was a male. This was at 11:35 P. M. I ligatured the cord, and examined for the placenta, when I found still another child in the uterus, with a distinct bag of waters, and a breech presentation. The pains were still very good, and after about four pains, I ruptured the membranes, and soon delivered her safely of a third child, which was a female. This was at 11:55 P. M.

I removed the placenta, after the lapse of half an hour; it was unusually large, with the separate bags developed from it, and three umbilical cords of unequal lengths. These three children weighed altogether, eighteen pounds. The female child was the most delicate of the three, and for a few days, it seemed that it could not live. The mother made a good convalescence, but the children were all weakly, and suffered through the hot summer of 1870, with diarrhoea, but they finally recovered. The mother nursed them for the first four months, then she weaned them, and "brought them up by hand." I vaccinated them when they were six months old, using the same virus for all three; the vaccination "took" well upon the two boys, but failed upon the girl. These children did well until they were thirteen months old, when they unfortunately took the whooping-cough, all three being affected very severely. One of the boys died June 28th; the second boy died June 29th, within twenty-four hours of each other. The girl, the most delicate of the three, recovered, and is still living, a finely developed, and withal a very interesting child.

The peculiar feature of this case was, the absence of all regular labor-pains for nearly six hours after the birth of the first child. In this dilemma, I confess I was at a loss just what to do; one child was born, a second within the uterus, but the mother resting quietly, and free from labor-pains. Upon placing my ear upon the abdomen, I could distinctly hear a foetal pulsation, and as the woman was certainly

doing well, I wisely, as I now think, concluded to wait, and trust a little to the powers of nature.

Most authors, in describing the conduct of a labor in plural births, say that the interval between the birth of the first and second child, "varies from ten to twenty minutes." Cazeaux, Bedford, Meigs, Hodge, Byford, Schroeder, Scanzoni, and Leishman, do not give any particular satisfaction as to the manner of procedure in twin-labors, where there is an unusual delay after the first child is born; Murphy, Milne, and Playfair, are more explicit in their directions. But we find the subject fully discussed in the work of one of the older writers upon obstetrics; we refer to Denman. In his work, *Introduction to the Practice of Midwifery*, London: sixth edition, 1824. page 406, he says:

"But when, after the birth of the first child, expelled in a reasonable time, and by the natural efforts, from some cause which we cannot comprehend to counteract, no efforts whatever are made for the expulsion of the second child, the patient being as much at her ease as if there had been no previous labor. This is a state of great solicitude to every person careful for his patient, and of his own character, as he must know she will, in some degree, be liable to unpleasant, and even to dangerous symptoms, till the second child is also born, and the business completed. The rules of practice on this subject have been not only various, but directly opposite. By the older writers we have been taught that it was necessary and proper, if the second labor was not speedily finished immediately after the first, to extract the second child, according to its position or situation, by properly adapted artificial means. Others, on the contrary, averse, on every safe occasion, from the interposition of art, have advised us to wait patiently till the efforts to expel the second child were renewed; unless some symptoms should arise which should call for more speedy assistance. The latter appears to be a more judicious principle on which to act in general, and it is supported by some facts under the eye and direction of every able man, as well as by many popular accounts; not to mention the guard it provides against the misconduct of those who may not be perfectly competent to give that assistance which is presumed to be required. Like all other general principles in practice, it requires nice distinctions to be made in particular cases, otherwise the cause of danger will sometimes creep on insidiously, and come by surprise. No person can object to waiting for a certain time after the birth of the first child, provided there be no pressing occasion for his interposition, before he determines on the extraction of the second child by art. \* \* \* \* Without regard to those who are fond of speculative opinions, or the determination of those who are guided by a few instances which have occurred in practice, I have concluded that we may safely, and ought to wait *four hours* at least after the birth of the first child, before we deliver the patient by art; that is, *in case there should be no particular cause for delivering her sooner.*

By this decision we shall certainly avoid many *unnecessary operations*, without detriment to the patient, without increasing our own difficulties, or hazarding our reputation; and on particular occasions, it will not prevent our waiting a longer time. There have been many examples of women passing several days, after the birth of the first child, with perfect security, before the birth of the second, which has been completed by the natural pains.

Whether, therefore, we be compelled by these dangerous appearances, or after waiting a specific time, four hours, for instance, as was before stated, we have determined on the propriety of delivering the patient by art, we must bear in mind this rule, that we never ought to proceed with any degree of hurry or violence, if they can possibly be avoided. We must never forget that it is not the mere delivery of a woman which is of value, but as this may be the means of freeing her from the immediate danger she is in, leaving her with the fairest chance of a perfect recovery, at the same time preserving, should it be possible, the life of the child."

The above extract from Denman's work, is replete with sound advice, and might with propriety be copied into the latest works upon obstetrics. The maxim, "A meddling midwifery is a bad one," might well be remembered by a good many modern physicians; especially when we see breech-presentations recommended to be converted into foot-presentations, and this spoken of as an "achievement often practicable."

In my experience, twin-labors are usually quick labors; this is, however, not always the case, but the prognosis for the mother, is about as favorable as in single births. Since the above case, I have heard of another twin-labor, where the second child remained in the womb for five days, and was then born alive, and the case terminated well. Both children are now living. I find that Merriman, in his work on difficult parturition, page 99, mentions a case of twins, where the second child was retained for fourteen days after the birth of the first; and still another instance, in which six weeks elapsed between the birth of the twins.

These cases of Merriman, as anomalies, are certainly worthy of record, and I take the liberty of calling the attention of the profession to them.

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#### SABINA HÆMORRHAGE.

On the morning of the eighth I was called to Mrs C., her husband stated that she was about having a miscarriage. While chopping wood

a short time before, she was suddenly taken with violent pains of an expulsive nature, followed by a profuse flow of blood from the vagina.

On examination, found her to be in the third month of pregnancy, (this being the third time); os considerably dilated; vagina filled with dark, coagulated blood; chilly; nausea; great thirst, with much prostration. Prescribed *Sabina* 3x, every half hour; after taking second powder hæmorrhage ceased, pains less violent. Continued medicine for two hours, then discontinued till the following morning, when hæmorrhage and pains returned; repeated the remedy every two hours, for twenty-four hours, with entire relief.

CHURCHTOWN, Pa.

C. H. GIBSON.

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### SALICYLIC ACID IN SEPTIC FEVER.

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

Read before the Wisconsin State Homœopathic Society.

It is my intention to mention only the septic form of the puerperal state, because I have had no opportunity to test the value of this remedy in any other.

Puerperal septicæmia is due to the absorption into the blood of septic material, resulting from the retention and decomposition of blood clots, or from tissues which have, by disease, terminated in necrobiosis.

It is not necessary that there should be any traumatic lesion, although I believe that in a majority of cases the poison gains an entrance into the system through some lesion of the tissues of the vagina or cervix uteri. I have, however, seen cases where no appreciable lesion could be found, but the discharge issuing from the uterus was peculiarly offensive. In such cases, the poison is doubtless absorbed by the interior surface of the uterine walls. Dr. Fordyce Barker asserts that he has seen cases where a dead fœtus in utero poisoned the blood of the mother, although the membranes were still intact. I have certainly observed similar cases, which disproves the old idea that septicæmia could only occur, in such cases, when the fœtus was exposed to the air.

Many cases of septic fever might be prevented if the use of vaginal or even uterine injections were prescribed soon after labor, and great care taken to remove all clots or shreds of membrane. But with the



greatest care, this condition will occur. Septic fever may occur at any period after labor—from a day to ten days or more. It is often difficult to distinguish this from milk fever, as it may occur at the same time, and the two may mingle. But as milk fever is rarely attended by a chill, we may safely decide, if a woman has a chill at any period soon after labor, not the result of a cold, that we have to deal with a septic fever, and if the chill is followed by fever, *without* much or any local pain (indicating metritis or peritonitis) our diagnosis will be confirmed.

In addition to injections of *Carbolic acid*, the Allopathic treatment consists of the administration of *Quinine*, *Chlorate of Potassa*, and the *Muriate of Iron* (*Tinc. ferr. mur.*), and a strong diet.

The Homœopathic treatment consists in antiseptic enemas, usually *Carbolic acid*, and the selection of remedies in accordance with the symptoms of the case. I am sorry to say that this method of selecting the remedy, in cases of septicæmia does not bring about curative results with the promptness which we desire. The condition of the blood is too often ignored, and the patient dies while we are engaged in the futile task of affiliating remedies to symptoms.

Of all our remedies, those most strictly Homœopathic to the symptoms and pathological condition, are *Baptisia*, *Arsenicum* and *Lachesis*, or *Crotalus*. But none of them cause any close similarity to the morbid processes caused by the absorption of septic material.

Some remedy should be used which has the power, when taken into the system, of entering the blood and there destroying the poison. Of all the remedies known to us, none seem more likely to be of service than *Salicylic acid*.

It is surely the most potent of all the antiseptics. One part in one thousand will prevent the fermentive process, and one part in fifty will avert putrefaction of the most offensive character. While it is not as efficient as *Carbolic acid*, when used as enema, probably owing to the difficulty of making a permanent solution of it, it is much more efficient when given internally. *Salicylic acid* can be given in quite large doses; from a drachm to one-half ounce a day has been given without any unpleasant results except slight headache, roaring in the ears, etc.

I have never found it necessary to give more than a few grains of the first decimal trituration several times a day.

To illustrate its value, I will relate two cases which lately came under my care—cases very like others which I have seen years ago,

and which I treated with old remedies, but with very unsatisfactory results.

CASE I. Mrs. A., primipara — was delivered on the 9th of May, of a large male child, weighing ten pounds. There was a slight lesion of the vagina — a piece of the mucous membrane, large as the finger-nail, torn up. The membranes were unusually tough and extensive, and, in spite of my best endeavors, a small shred was left in utero. On the third day she had a smart chill, followed by fever; pulse 120, temperature 105. The lochia became offensive. Ordered vaginal injections of *Carbolic acid*. Gave *Arsenicum* and *Baptisia* for two days, with but little change in the fever.

I then prescribed *Salicylic acid* 1x, five grains every two hours. In twelve hours the temperature fell to 101, in twenty-four hours to 100. From this time the temperature and fever declined until after three days they reached a normal condition. In this case, I cannot but believe the rapid improvement was due to the destructive power of the medicine upon the septic poison in the blood.

CASE II. Mrs. C., was confined with her second child on May 15th, and was delivered with forceps, owing to the great size of the head. There was no apparent lesion, the lochia was not offensive, and disappeared on the tenth day. She had considerable hæmorrhage after labor, and I suppose a small clot or clots became impacted in the uterine blood-vessels, and owing to the access of air (perhaps) underwent decomposition, and this septic material was absorbed into the system. Any way, on the eleventh day she had a severe chill, and this was repeated twice the next day, when I was called, and found the pulse 130, temperature 104. The chills alternated with febrile heats, and the chilliness was excited by the slightest touch of anything cold, or a swallow of cold water, and she was very thirsty. There was some pain and swelling of one breast and one knee. In this case there appeared to be a mixture of septicæmia and pyæmia, and the prognosis looked very grave.

*Arsenicum* and *Belladonna* were given, with mitigation of some of the symptoms, but the pulse and temperature remained high. To make matters worse, exhausting sweats occurred. On the sixteenth, the symptoms looked very bad, when I commenced the use of *Salicylic acid*, ten grains of the 1x trit., every three hours (in extract of malt), and she was ordered to take beef tea, milk punch, etc. On the seventeenth, the pulse was 100, temperature 101, and a steady improvement

set in from this time until the twenty-fourth, when I ceased the use of the *Acid*, and the pulse and temperature was normal.

Before closing this paper, I desire to warn the practitioner against the use of *Aconite*, *Gelseminum*, or *Verat. viride*, in septic fever, or pyæmic fever. In fact, it is wrong to call these conditions *febrile*. The pulse is the pulse of irritation, and the temperature is the heat of combustion, and the use of either of the above four remedies only increases the danger. Dr. Fordyce Barker urgently protests against the use of *Verat. viride*. I am aware that a would-be-high authority in our school and the west, advises *Verat. viride* 3x, in such cases, but the results of his practice do not prove its usefulness, but rather the reverse.

One word more. Be sure that you use the chemically pure *Salicylic acid*, and make your triturations with granulated sugar of milk. Moreover, have your patients *swallow* the powder. It should not be left to dissolve on the tongue.

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## Surgical Department.

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### HOMŒOPATHIC STATISTICS IN SURGERY.

BY WM. TOD HELMUTH, M. D., NEW YORK.

[Continued from page 500].

#### ANEURISM.

Aneurism, abdominal; *Secale* 500; cured.—UNITED STATES MEDICAL INVESTIGATOR, vol. i., p. 48, Dr. Pease.

Aneurism of the right common carotid, near innominata; *Belladonna* 200; cured.—UNITED STATES MEDICAL INVESTIGATOR, vol. i., p. 124, Dr. J. C. Morgan.

Aneurism carotid; *Lycopodium* 12 dil., one drop three times a day; tumor almost disappeared; both legs normal size; entire recovery.

Aneurism popliteal; *Secale* 1, internally, twice or thrice per day, lotion of *Chlorate Potassa*, afterward *Belladonna* and *Arsenicum* 3; entirely cured of aneurism, but subsequently taken by his friends and put under Allopathic physicians for subsequent ailments, of which he died.

## ANUS, DISEASES OF.

Ani prolapsus, intestine blackish, and painful to touch; *Mercurius*; cured.

Ani prolapsus; Eliza Thomas, aged four; fomentation in the solution of alum; *Nux vom.* every two hours; relief and improvement; incomplete report.—Helmuth's Clinic, p. 46, Dr. Helmuth.

Anus, fissure of; prescribed *Hamamelis* 2, one drop three times a day, then *Cocculus* 2, in the same dose, lastly *Arsenicum* 5, twice a day; a permanent cure; no indication, whatever, of a return.—Dr. Hughes' Therapeutics, p. 284

Anus, mucous tubercles; *Thuja tinct.*, complete cure.

## BONE, DISEASE OF.

Caries of femur and hyperostosis radii; *Sepia* 30, and, after six weeks, *Nitric acid* 30; cured in nine weeks.

Caries of maxillary bones; *Merc. sol.* 30, *Nitric acid* 30, *Silicea* 30, *Causticum* 30, *Calcarea* 50, *Sulphur* 30, *Bell.* 30 and *Sepia* 30. *Merc. sol.* and *Causticum* proved the most useful; complete cure; dead bone came away.

Caries of maxilla; *Silicea* 30, four globules night and morning, for fifteen days; after this *Silicea* 30 and *Silicea* 3, in alternation, one globule night and morning; complete cure; dead bone expelled without the aid of instruments.

Caries of maxilla; *Merc. sol.* 30, four globules in teaspoonful of water, one night and one morning; toward the close, *Merc. sol.* 200; complete cure.

Caries of inferior maxilla; R. L., aged twenty-three; *Merc. sol.* 6 *ter die*, *Merc. sol.* 12 *bis die*, *Sulphur* 30, one dose bed time, *Arsenic.* 12 *ter die*; pain lessened by *Merc. sol.*; burning feeling relieved by *Arsenicum*. After discharge of abscess *Phos.* 6 *ter die*, causes ulcer to heal; continued well for five months then returned, with cheek much indurated and very painful, administered *Silicea* 12 and 13 *bis die*, subsequently *Sac. lactis*, for six days, *Silicea* 30 every alternate night; thorough cure, no symptom of return of disease.

Caries inferior maxillary; 1. *Aurum mur.* 6 pulv. xx.; 2. *Calcarea carb.* 6 pulv. xx.; powder every night for one week of No. 1; then, after one week's intermission, every night from No. 2 in same way; in three months perfect cure effected.

Caries ossium digitorum; *Silex*; cured.—Jeane's Practice of Medicine, p. 57.

Caries of temporal bone, a sequel of scarlet fever; boy, aged six,

left side of cranium arrested in its growth, and considerably smaller than the right; *Fluoric acid* administered. After the employment of *Fluoric acid* attack came on in aggravated form but never returned; left side of cranium gradually increased in size until the inequality was too insignificant to be perceptible.—Dr. Hughes' Therapeutics, p. 480.

Caries tibiæ, from an insect bite six years before, with large ulcer; *Asafœtida* 6, in one drop doses; caries removed and ulcer healed in thirty six days.—Jeane's Practice of Medicine, p. 51.

Caries of supra-orbital arch; *Merc. sol.* 30, *Silicea* 30, *Aurum* 30, *Merc. sol.* 300 and *Sulphur*; speedy cure.

Caries tibiæ; *Silex*, *Asaf.*, *Calcarea carb.*, *Mezereum*, *Silex*, repeated, *Spirit sulph.* and *Nitric acid*; cured. Caries of maxilla upper, from *Nitrate of Silver*; *Merc. corrosivus* 2; slow but perfect recovery. Caries of dorsal vertebræ; child aged five; tried *Rhus*, *Cocculus*, *Sulph.*, *Bryonia*, *Ipecacuanha*, *Arsenic.* and *Merc. viv.*, without perceptible effect; prescribed *Lachesis* 30 dil., two doses; marked improvement immediately after *Lachesis* was administered; dyspnœa and thirst nearly removed after four days treatment with *Lachesis*; restored to normal condition except muscular weakness.

Distortio spinalis with great protuberance of the abdomen, pain in head and eyes, strabismus, etc.; *Bell.* 16, in one drop doses; entirely cured in two weeks. Distortio spinalis, with chronic hydrocephalus; *Calcarea carb.*, *Ipecac.*, *Silicea*; complete cure. Distortio spinalis, with tetanic symptoms and dysuria; *Cicuta*, *Staphysagria* and *Sulph.*; the *Cicuta* removed tendency to tetanus, *Staphysagria* stopped dysuria, and *Sulph.* cured deformity in eight weeks.

Exostosis on frontal, parietal and occipital bones; *Phos.* 36 gtt. j, frequently repeated; cured. Exostosis from *Mercury*; *Bell.* 12; much better. Exostosis syphilitica and caries, with other symptoms of tertiary syphilis; *Aurum* 3 dec. trit. in scruple doses; two doses per day for ten days, then one dose every six days for three weeks; completely cured in less than five weeks; no return at the end of three years.

Fracture of cranium, depression of both plates of the skull; applied *Calendula* externally and internally; cured.

Fracture of superior maxillary; *Calendula* locally; *Aconite* for fever; *Silicea* and *Hepar* during suppurative process; entire restoration.

Depression of both tables of skull, with fracture of occipital bone; wound dressed with *Calendula*; *Aconite* given during febrile reaction, *Hepar*, *Silicea* and *China* for general purposes; rapid recovery.

Fracture of cranium and protusion of brain; cold application of

*Hypericum* to injured parts, *Arnica* internally every hour, followed, subsequently, by *Aconite* and *China*; reaction in eight hours; entire recovery in two months after injury. Fracture of femur, with non-union of bone; *Calcarea phos.* 30, dose morning and night; cured in three weeks.

Hyperostosis of femoris; *Arnica*, *Lycopodium* 30 and *Silex*; cured. Hyperostosis of foot; *Lycopodium* 80, *Silicea* 24, *Mezereum* 24, and *Ledum*; cured. Hyperostosis of humerus throughout its entire length; *Dulcamara* 20, *Staphysagria* 20, *Phos.* 30, *Sulph.* 2.; cured in eight weeks. Hyperostosis of radius; *Asafœtida* in large doses; then *Pulsatilla* 12; to counteract this, *Mezereum* 6, *Silex* 18 and *Calcarea carb.* 30; finally *Lycopodium* 30; bone regained natural size; joint became perfectly movable. General health improved; scurfiness of skin removed by *Lycopodium*. Hyperostosis tibiæ; *Cinchona* 18, two pellets at a dose, *Asafœtida* 9, *Mezereum* 6, *Silex* 21, *Sulph.* 6; improvement for seventeen days under *Cinchona*; *Asafœtida* diminished the swelling and softened the skin; after fifty-one days a slight thickening of the skin alone remained, which the *Sulph.* removed.

Necrosis following periostitis; complete atrophy; *Calcarea carb.* 6, one dose a day for a few days, then at longer intervals; subsequently *Silicea*, *Sulph.*, *Phos. acid.*, *Merc.*, *Merhyd.* and *Rhus*; cloths kept constantly wet in cold water; improvement prompt; no pain after three days; foot assumed healthy appearance in a few weeks; discharge of healthy pus and fragments of bone for several months; limb now of natural size and perfectly well.

Necrosis, acute, of inferior maxillary; J. Walsh, aged nine; *Merc. prot. iod.* 30, two grs. night and morning for one week; parts syringed *bis. die*, with Lister's Solution *Carbolic acid*; considerable improvement; treatment continued; cured.

Necrosis, three cases; *Silicea* 30; quantity of pus diminished in less than three days; pus, which was before very offensive, became entirely inodorous.—UNITED STATES MEDICAL INVESTIGATOR, vol. i., p. 228, Dr. Wm. P. Armstrong.

Necrosis of bones of arm and forearm, from a blow four months before; *Arnica*, *Silex*, *Calcarea carb.*, *Spirits of sulph.* and *Colocynth*; *Arnica* relieved the pain; *Silex*, *Calcarea carb.* and *Sulph.* effected a cure; *Colocynth* removed stiffness of joint.

Necrosis of metatarsal bone, with ulcer; limb resembles case of elephantiasis; *Arnica* 15 dec., three globules internally every morning, fasting; *Arnica* tincture, ten drops in a pint of rain-water, as a lotion;

considerable relief as to pain and ability to use limb; ulcer remained unaffected. Prescribed *Merc. cor.* 6 dec. trit., one grain in eight ounces of clarified rain-water; œdema of limb arrested by *Bell.* 30 dec., three pellets, fasting; for fetor *Carb. veg.* 15 dec., three globules every morning, fasting; *Phos. acid* 3, same dose, *Sepia* 30 dec., one grain, *Sulph.* 30 dec., one grain; entire cure and rescue of limb from amputation.

Necrosis of tarsus; *Calcarea carb.*; separation and painless discharge of dead bone. Necrosis of tibiæ; *Silicea* 5 and 200, taken every other night, alternately; change for the better in less than a week; spiculæ of bone thrown off every few days; complete cure in six months.—UNITED STATES MEDICAL INVESTIGATOR, vol. i., p. 228. Dr. Wm. P. Armstrong.

Periostitis; R. W., aged thirty-six, never had syphilis; no fever; all functions of body healthy, but unable to walk; right limb much swollen; prescribed *Veratrum album* 2, every three hours; limb to be packed in cotton wadding; in seven days limb restored to normal condition, not a trace of swelling or pain.

#### CANCER.

Cancer of right breast; woman aged forty-six; cancer treated with *Hydrastis*, mother tincture, and Nos. 3, 6 and 12; indigestion and other constitutional ailments, treated with *Arsenic*, *Conium*, *Spongia*, *China*, *Nux vom.*, etc.; cured; tumor very much decreased, though still adherent to the skin.

Cancer of right breast; woman aged seventy-seven; tumor unattached to either skin or ribs; a small, hard tumor, (movable,) just above the clavicle; *Hydrastis* from 30th dil., to mother tincture internally; lotion of tincture *Hydrastis* gtt. x. aq. dis. drachms xvi, twice per day; tumors have not increased. pain much diminished, health excellent.

Cancer of left breast; woman aged twenty-two; *Hydrastis can.*; tumor entirely disappeared. Cancer, open, of the left breast; woman aged fifty; *Hydrastis can.*; tumor reduced to size of small pea.

Cancer. 1. Malignant tumor of right breast, size of duck's egg; *Hydrastis* 5, in drop doses; thorough cure in about six weeks; pain at once relieved.

2. Tumor in left breast; *Hydrastis* both externally and internally for two months; immediate cessation of pain and ultimate dispersion of tumor, with no indication of return.

3. Cancer in left breast, and neck of womb, ulcers and nodula-

ted; *Hydrastis* internally as a lotion to the breast and an injection to the womb; swelling disappeared from breast, discharge ceased; pains gone, and ulcers cleansed and cicatrizing.

4. Large, hard tumor in left breast; *Hydrastis*; ten days afterward a plaster of one-third paste and *Stramonium ointment*; improvement; inflammatory action having set up, desisted from local treatment for twenty-four hours, and substituted *Acon.* and *Bell.* with a lotion, around circumscribed parts; removed seventeen ounces of diseased tissue by application of *acid*; patient fully recovered in less than three weeks.

5. Similar case and treatment, with the exception of substituting *Arsenic* for *Bell.*; tumor size of a large orange; thorough cure effected in two months; entire restoration to health and spirits; freedom from pain.

6. Cancer of left breast, movable tumor; *Hydrastis* 1 dec.; complete cure in two months.

Cancer of right breast; woman aged forty-eight; tumor stony-hard, and adherent to subjacent tissues; *Hydrastis*, commencing with 30th, running down to mother tincture, in five-drop doses; *Hydrastis* had marked influence in relieving pain; size of tumor stationary, but patient subsequently died from pleurodynia and neuralgia.

Carcinoma of left breast; married woman, aged forty-one; *Arnica* 2, pilule twice a day; indurated scirrhus; perfect cure; inflammation subsided; *Hydrastis* 3 gtt. iv, *Sac. lac.* gr. xx. dissolved in half a pint of water; *Arnica* and *Hydrastis* alternately administered in increased quantities; tumor disappeared; to take away slight pain remaining, *Conium* 30 gtt. iii., *Sac. lac.* gr. i., every third night.

Carcinoma uteri; *Arsenicum* 3, dose night and morning for one week, *Conium* 3, night and morning, one drop for one week; these two remedies were rotated thus for four months, with an occasional dose of *China* for hæmorrhage; perfect cure; no return three years afterward.

Carcinoma uteri, chlorosis and menstrual derangements; medicines used, *Cocculus*, *Crocus*, *Ferrum met.*, *Pulsatilla* and *Secale*; chlorosis yielded to *Pulsatilla*; only two cases required *Ferrum met.*, and one *Natrum. mur.*; in cancer of womb, *Secale* of most service.

Cancer of digestive organs; Madam —, aged forty-eight, had attacks of abdominal pains and cramps which, finally, became fixed in the pit of the stomach; on first attack prescribed *Acon.*, *Arsenic*, *China*, *Lycopodium*, *Nux vom.* and *Sulph.*; on second attack, *Ipecacu-*



*anha*, which relieved her; on third attack, *Ars.* 2 dec.; on fourth attack, *Ars.* 2 dec., gtt. vi; in aqua, drachms iv, tablespoonful every quarter of an hour; on this last attack vomited up pieces of colloid cancer; *Arsenic.* was continued in higher potencies for two months; has had no attack since.

Cancer, encephaloid (subacute); Mrs. E. B., aged thirty; *Bell.* 2, *Bryonia* 3, *Phos.*, *Hepar*; under these remedies there was little improvement, *Arsenic.*, under *Arsenic.* tumor separated into many pieces, one piece size of hazel-nut was removed; cured.

Cancer of face; *Arsenic.* 30 dil.; the lower dilutions of the same drug were afterward used; cure in four months; no return.

Cancer of face; *Kali chlor.* applied with compresses, every two or three hours, dissolved in distilled water in the proportions of one to six, and afterward one to twelve; in eight days the corroded parts were almost healed; in fourteen days a clear demarcation formed between the ulcer and healthy skin; in three weeks the base of the ulcer sloughed off, and in five weeks a fair, smooth, white cicatrix formed; permanent cure.

Cancer, hæmatoid, on right cheek, extending to ala of nose; *Carbolic acid* externally and internally; entirely removed without operation; all traces removed within two months.

Cancer melanotic; *Carbolic acid* and *Sanguinaria* for three weeks, the former for the cancer, the latter for the gastric disorder merely, at intervals; during the first three weeks tubercle reduced to size of a pin-head, and all pain stopped; ultimately complete recovery.—MEDICAL INVESTIGATOR, vol. xi., p. 549, Dr. Albert G. Beebe.

Cancer, open, of left breast; woman, aged fifty; *Hydrastis*; *Hydrastis* occasionally suspended when depression of heart's action present; when brought under treatment, bed-ridden and believed to be *in articulo-mortis*; so far recovered as to be able to pursue her daily employment in housework.

Cancer, scirrhus of the breast; treated with lotion *Hydrastis* and *Arsenic.* 6 pilule twice a day; suffering from phthisis, for which *Bryonia*, *Phos.*, etc. were prescribed; pain in breast removed; patient still under treatment.

Cancer, scirrhus in the antrum highmorianum; Mrs. Elizabeth B., aged fifty-three; the remedies were first, *Arsenic.*, *Silicea* and *Sulph.*, next, *Nux vom.*, *Carbo ligni*, *Lyc.*, *Calcar. carb.*, third series, *Ipecac.*, *Pulsatilla* and *Aurum*; the intercurrents were *Asafoetida*, *Luchesis* and *Iodine*; scirrhus never gave way till *Aurum* 12 was given, two

globules for a dose, night and morning for three weeks; perfect cure.

Cancer, scirrhus; *Arsenic.* 3, repeated every eight days; cured. Cancer, scirrhus; *Bell.* 12, one dose, repeated at the end of fourteen days with smaller dose; cured. Cancer, scirrhus of breast; *Conium*, *Chamomilla*, *Ccniium*, locally; improvement under both *Con.* and *Cham.*, finally cured by the *Con.* locally. Cancer, scirrhus of the uterus; *Magnesia mur.*; cured. Cancer, scirrhus of lip; *Nux vom.* 18 gtt. j, *Con.* 12 gtt. j; *Nux.* was followed by great improvement, *Con.* completed cure by tenth day.

Scirrhus, induration of cheek; *Sil.* 30, six pellets in two ounces of water, table-spoonful every other day; completely removed.

Scirrhus, induration of left breast; Mrs. B., aged twenty-one, *Pulsat.* 6-30, *Bell.* 3, *Bry.* 3, alternating, *Merc. sol.*, *Arsenic.* 2-23, *Con.* 2-30; cured.

Scirrhus, induration of the breast; Mrs. H. J., aged fifty. Gave *Arnica* to antidote the camphorated oil which had been used; prescribed *Con.* 1-30; gave *Pulsat.* 1-30, *Bell.*  $\frac{1}{2}$  for shooting pains under arm; improved.

Scirrhus of mammæ; Mrs. S. Everit, aged fifty-three; *Arsenic.*, *Bell.* 2-80; much improved, the tumor lessened; patient considered herself well enough to cease treatment; came again claiming to be as bad as ever, having brought it on by drinking. Improvement this time slow.

Cancer of the stomach; nurse, aged fifty-two; *Arsenic.*, *Kreasote*; subjective symptoms much relieved by *Arsenic.*; vomiting diminished by *Kreasote*, but never entirely disappeared.

Cancer in the uterus; Mrs. D., aged fifty-six; *Nux vom.*, *Sepia*, *Pulsat.*, *Bry.*, *Kreasotum*, *Sulph.*, *Carbo anim.*, *Thuja* and *Arsenicum*; disease was of too long standing and too deeply ramified to be cured, but under the action of *Sepia*, *Thuja*, *Carbo anim.* and *Arsenicum*, pieces of decomposed cancerous tumor came away from rectum and vagina.

Cancer, uterine; Mrs. F. B., M. aged seventy; the ground work medicines were *Sepia* and *Sil.*, next *Magnes. carb.*, *Sulph.*, *Caut.*, *Lyc.*; in third place, *Pulsat.*, *Arsenicum.*, *Bell.* Other medicines were given to rectify accidental occurrences; so much improved as to be able to walk for two hours as exercise.

Cancer of womb; menstruation ceased five months since; in its place a continuous fetid discharge, with labor-like pains; profuse urination *Bryonia* removed the severe pains within six days. *Bell.*

reduced these pains to mere trace of irritation ; diminished quantity and fœtor of discharge and abated urgency for stool in urine ; headache entirely gave way, sleep and moderate appetite established ; cure nearly established.

1. Condylomata, specific ; warty excrescence behind the glands, *Tartar emet.* ; complete cure in five weeks.

2. Urethritis ; *Tartar emet.* ; complete cure.

Cancerous tumor of breast ; *Con.*, one pill a day, afterward increased to four ; complete cure.

Tumor in cervical gland, left side of neck ; *Calcarea carb.* 30 gr. iij, *Sac. lac.* gr j every third night, *Calcarea carb.* 6 pilule every night on which powder not taken ; great improvement ; *Calcarea carb.* 12 pilule every other night. Hardness remaining, with occasional shooting pain ; *Hydras. can.*, three pilules every night ; swelling much reduced and generally better. Suffers from indigestion ; repeat pill *Hydras.* and *Nux vom.* 6, pilule twice per day ; pain ceased and no increase of tumor.

Tumor on dorsum of foot, size of walnut ; woman, aged fifty-five ; *Hydras. can.* 3 pilule bis die. ; *Tinct. of Hydras. can.*, ounce ij, aqua dis, drachms jss, to be rubbed in every night. After six months treatment reduced to size of a pea. No indication of return.

Stony tumor in the left breast ; woman, aged thirty-seven ; tumor movable, size of large filbert, somewhat nodulated ; lancinating pains ; *Hydras.* 12, pilule twice per day, afterward *Hydras. tinct.*, a third of drop three times per day. Intercurrently a few doses of *Nux vom.* for dyspeptic symptoms ; tumor became painless and gradually diminished ; thorough cure ; neither pain or induration remaining.

Two knotty tumors in right breast size of hen's egg, and one in left breast ; *Hydras.* in increasing doses, and *Hydras* lotion ; great and rapid improvement. Tumor reduced to size of walnut. Steadily gaining health and strength ; still under treatment.

Stony enlargement of os uteri ; Miss H., aged forty-eight ; *Hydras.* 6 12 ; lotion ounce ij, mother tincture, to drachms viij water ; lotion gave much pain and was discontinued. *Hydrastis* produced no effect ; *Arsenic. iod.* 2 substituted, with rapid change for better in all symptoms. Cold infusion of *Hydrastis* as an injection to relieve pain ; still under treatment.

Fungus hæmatodes oculi ; *Bell.* 30, *Cal. carb.* 12, *Lyc.* 12, *Sepia* 30, *Silex* 12, *Cal. carb.* 18 ; *Bell.* removed the excessive photofolia and inflammation in six days ; *Cal. carb.* at first aggravated, but after-

ward removed cloudiness of cornea; *Lyc.* lessened size of fungus, as did also the remaining remedies; the cure was complete. Fungus hæmatodes oculi; *Bell.* 26 gtt j, at intervals of a week for four weeks, *Nux vom.*, *Euphrasia* and *Aconite*; complete cure.

Cauliflower excrescence of uterus about six inches in circumference; internal administration of *Hydrastis*, subsequently using paste to reduce the fungoid growths; general health greatly improved; marked diminution of vegetatious growths, and at close of six weeks almost level with surrounding healthy structures.

[TO BE CONTINUED.]

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## Children's Diseases.

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### CLINICAL SUCCESS IN SCARLET FEVER.

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

Read before the American Institute of Homœopathy, 1875.

I have the honor of calling attention to one of the greatest triumphs of Homœopathy — the prevention and cure of scarlet fever. What is the remedy for scarlatina? was the cry of the sympathetic, paternal heart of Hahnemann. Is there no cure? is there no prevention? are questions that are graphically portrayed in the anxious face of Hahnemann, as he bends over two sick children, in a picture that hangs in our office, sent us from Bogata, South America. This picture bears the inscription, "Hahnemann discovering Homœopathy." His faith in Allopathic medicine in this dire extremity is here depicted as utterly died out. In his experiments with the bark, the possible fact of *similia similibus curantur* dawned upon Hahnemann. *Sulphur* curing scabies threw additional light upon his mind; but when he found that *Belladonna* was the simillimum of scarlet fever, the glories of Homœopathy broke upon his saddened, dejected heart with all the effulgence of a rising sun. With what transports of joy must he have sent out the words, "*Belladonna* cures scarlatina." No wonder the feeling came over him that it was too good to be true; "The physicians would not believe me. I will put a price on the secret, and

then they will be forced to believe, yes, ready to believe, when they have paid for it." Another thought struck him : if it will cure it will prevent. This will be welcome news to anxious parents. No prejudice will stand in their way. They will test, and give credit where it is due. "*Belladonna will prevent scarlet fever.*" has gladdened the hearts of parents all this century. "*Belladonna will prevent scarlatina.*" has been the herald of Homœopathy in all countries and in all homes. "*Belladonna is the prophylactic of scarlet fever.*" will echo down the corridors of time till sickness and death are no more.

#### SUCCESS AS A PREVENTIVE.

"An ounce of prevention is worth a pound of cure," is an adage appreciated by all people, and especially by mothers, when scarlet fever is about. The grand success of Homœopathy has been in preventing attacks of this dreaded disease.

In 1799 a severe epidemic of scarlet fever followed one of small-pox, in the vicinity where Hahnemann resided, and from a study of the disease he found *Belladonna* would cure, and would also prevent. In 1801 he published this fact to the world : *Belladonna* is a preventive of scarlet fever. "It has been long known," says the *London Medical and Physical Journal*, in September 1824 (the most respectable Allopathic journal of that period), "that Hahnemann, of Leipsic, has asserted the above fact; since the year 1818 several practitioners in the north of Europe have repeated these experiments, and they find them founded in truth." The first of these, Dr Berndt, of Custrin, affirm that *all who employed this remedy escaped the infection*. His account is corroborated by Dr. Musbeck, of Demmin, of Western Pomerania, who says he has used it for *seven years*, and with equal success. Dr. Dusterbourg, of Warbourg, also published an account of a series of experiments confirming these statements (Sharp's Essays, p. 97). Dr. Condie (p. 440), says : "The one (primitive plan) which has attracted most attention is that suggested upward of thirty years ago by the celebrated founder of Homœopathy. When given in small and repeated doses, it was long known that *Belladonna* would cause a heat and dryness of the throat, and an efflorescence upon the skin having a very close resemblance to that of scarlatina. Hahnemann hence maintained, in accordance with one of the fundamental principles of his system, that when administered so as to give rise to these symptoms, it would prove a certain preventive against the occurrence of the latter, and that such is actually the case, we have the testimony of Hufeland, Berndt, Dusterbourg, Koreff, Thiebaud, Bayle, Zeuch,

Schenh, Köhler, Neglin, De Leus, A. T. Thomson, and Green.”

The strongest evidence in favor of the prophylactic powers of *Belladonna* is that of Dr. Stivenart, of Valenciennes. During the winter of 1840-1, several villages in the neighborhood of Valenciennes were visited by an epidemic of scarlatina of a very fatal character. In a small village of two hundred and fifty individuals, the *Belladonna* was administered by Dr. Stivenart to two hundred persons, all of whom escaped the disease; of the remaining fifty, fourteen were attacked, and four died. In another village he placed the majority of the children at the public school under the influence of the *Belladonna*, allowing them to continue their lessons, and to have free communication with other children of the place. Not one of these were affected with the scarlet fever, while a few who refused to take it were attacked. He dissolved 2 grs. of fl. ext. in (oz.) 480 grs. of any aromatic infusion. Dose, 2 drops a day, to a child aged one year, for nine or ten days; an additional drop for each year up to twelve were given to other children.

In an epidemic of scarlet fever which occurred in South Carolina, Dr. Irwin made a very extensive treatment of the prophylactic properties of *Belladonna*. Of two hundred and fifty children who took *Belladonna*, less than half a dozen had the disease, and but very mildly. He gave 3 grs. of fl. ex. dissolved in an ounce of cinnamon-water, two to twelve drops a day, according to the age of the child. After eight or ten days' use, there appeared an eruption over most of the surface, in some cases profuse and troublesome from itching. Those families that did not take the *Belladonna* had the disease, with scarce an exception. A poor woman with a family of sixteen children used it carefully according to directions, and it is notorious, we are told, that her family alone escaped when hundreds were attacked.

Dr. McKee, in the extension of the same epidemic, observed it to exert the same protective power (Condie, Diseases of Children, p. 442).

Bouchut says, in reference to the prophylactic powers of *Belladonna*: “This is one of the most curious facts of modern therapeutics; the knowledge of it is due to the illustrious Hahnemann, whose observations leave little room for skepticism. They are moreover confirmed by a host of physicians, amongst whom we may mention Schenk, Massius, Hufeland, Berndt, Neglin, Boyle, Godelle of Soissons, Stivenart, of Valenciennes, etc., who have made use of this remedy in several epidemics, and who maintain they have thus limited the number of victims.”

Boyle reports (*Bibliothèque de Therapeutique*,) that out of 2,027 individuals thus treated in an epidemic of scarlatina, only 79 were attacked and 1,948 escaped; only about 3 per cent. In the face of this he merely remarks that there are many facts of this kind accepted as true in medical science.

His experiments, however, are valueless, so he pronounces against it.

#### SUMMING UP THE EVIDENCE.

Meigs and Pepper, in the recent edition of their work, cautiously admit that *Belladonna* has the reputed power of preventing scarlet fever, then very cautiously admit that they have used it some, and then state, "The impression we have received is decidedly favorable, so much so that we always make use of it now when the cases are severe, and especially when the type of the epidemic is *dangerous*."

MM. Rilliet and Barthez are of the opinion that it is worthy of trial.

M. Cazenave (p. 58) states that M. Biet saw the disease reign epidemically in one of the lofty valleys of Switzerland, and respect without exception children to whom the *Belladonna* had been administered.

Dr. F. Peyre Porcher, in an elaborate article to *The Charleston Medical Journal and Review*, 1851, to prepare which he consulted over four hundred volumes, says, "After, by far, the most thorough and careful examination of the interesting and important matter that we (Meigs and Pepper) have yet seen, his opinion is decidedly in favor of the prophylactic powers of *Belladonna*. The physicians' duty in the matter he puts thus: The failure to avail ourselves of the prophylactic influence of *Belladonna* we cannot now but regard as a violation of those sacred obligations which force us to leave nothing untried which may contribute so largely to the mitigation or eradication of one of the severest inflictions of the hand of God."

Professor Stille writes as follows (*Therapeutics*, vol. i., p. 788): "We feel bound to express the conviction that the virtues of *Belladonna*, as a protective against scarlet fever, are so far proven that it becomes the duty of practitioners to invoke its aid whenever the disease breaks out in a locality where there are persons liable to the contagion."

This testimony is all from Allopathic sources, and is sufficient.

#### SUCCESS IN TREATMENT.

The success in preventing this disease is an honor that people will ever accord to Homœopathy. Further, the success with which we treat this disease has stripped it of much of the terror with which it was formerly regarded. Was it not for the severe mortality in hands of the non-Homœopathic profession, scarlet fever would now be no more dreaded than measles.

So great has been our success in preventing this disease, that there is danger from carelessness in not giving definite and emphatic directions for the management of children exposed to the disease.

The real comparative success is to be gleaned from those who have passed through epidemics while practicing both systems. It is to be regretted that so few of these have left their comparative success on record. This is due, perhaps, because few keep statistics and can show the figures, because many think it too trifling a matter; but as a legacy to the future profession, this certainly should be done. We hope that at this meeting the veterans who have had experience on both sides will give us the results of their observations.

Dr Wild, of England, affirms that patients have far greater chances of recovery under Homœopathic than under Allopathic treatment. Out of sixty cases treated by him, only three died.

Dr. Kyngdin, of England, who has practiced more than thirty years, says he lost but few cases, and during the last fifteen years he has lost *none*.

Dr. Bodman, of England, says: "Homœopathy generally brings the patient safely through without serious complications or sequelæ." This is the general verdict

So far as can be ascertained the mortality in Allopathic ranks, in England, is about 13 per cent of the cases treated.

Grauvogl reports, under Homœopathic treatment, one hundred and three cases, and only three deaths; less than 3 per cent.

In the Halifax Orphan Asylum, 1873, there were ninety-four cases of scarlet fever, with two deaths.

Hartmann says: "Ten years elapsed since I first commenced the practice of my profession, and during all this period I had treated many cases of scarlatina *without losing a patient*." During a severe epidemic, shortly after that, he lost two cases which corresponded to the pathogenesis of *Arum tryph.* and *Apis*, that he had no doubt he would have been able to save them had these remedies been as well as well known twenty-five years ago as they are to-day.

#### COMPARATIVE SUCCESS.

The most reliable statistics we have are those compiled by Dr. Kellogg. In the cities of Philadelphia, in 1872, and Brooklyn, in 1872 and 1873, the results of the two schools are compared in the treatment of this disease, as follows:

The ratio is, Homœopathy sixty-nine, Allopathy one hundred, or nearly two to one; or, out of every hundred cases lost by our Allo-



pathic brethren, Homœopathy might have saved thirty-one precious lives.

In eleven years' practice I have only lost two cases. The first was an infant at the breast, whose mother at the same time had severe diphtheria.

The other case occurred during our epidemic this spring, and had been badly managed before I saw it. They had given *Aconite* and *Bell.* tincture, following Ruddock's work, with acid drinks. It never recovered from the coma in which I found it. The angina was the most severe that I ever saw before. It was a very malignant case, and all in the house were affected by the poison. This was the only instance where *Bell.* did not prove a prophylactic in my hands. Another child had the scarlet fever very severely, and in a few days, while convalescing, measles made their appearance.

In our ranks there is a feeling spreading and perhaps based on facts, that *Bell.* is not the prophylactic in all cases, and not the remedy in the early stage of the disease. *Aconite* and more recently *Verat. viride.* are supposed to take precedence of *Bell.* Now I deem this a grave pathological error. Remedies that produce anæsthesia of the peripheral nerves, as do both *Aconite* and *Verat. vir.*, are not remedies for capillary congestion and peripheral hyperæsthesia, as we find in scarlatina. *Bell.* produces hyperæsthesia and hyperæmia of the surface, and hence, according to our law, is the remedy. *Acon.* and *Bell.* are given in alternation, and so recommended in domestic works. Here are two remedies antagonistic in a pathological point of view, and should in no case be given thus, if we expect any effect.

In 1700, an epidemic of purpura miliaris made its appearance in Germany, and prevailed for eight years. This disease was mistaken for scarlet fever, which was not so well known as now, and for this disease *Bell.* did not prove a prophylactic. The reason for this Hahnemann pointed out, and suggested *Aconite* and *Coffee* as remedies for this disease. Miliary fever has not made its appearance again for about one hundred and sixty years. (Zimssen's Cyclopedia of Practical Medicine Vol. II, page 489.) Hahnemann's reference to this disease in his *Materia Medica*, introduction to *Bell.*, has confused many physicians in reference to the prophylactic powers of *Bell.* in scarlatina proper.

Another error, it seems to me, is to look upon the miliary form of the disease as the more mild, and not therefore calling for *Bell.*; but a moment's reflection will show the fallacy of this reasoning. The

miliary eruption is deeper, and must therefore be the more severe and more lasting of the two. Take the tongue as an index ; first, we have a shining redness, then the lingual papillæ protrude, and we have the peculiar strawberry tongue of scarlet fever. The smooth redness of Sydenham is, then, a milder capillary injection than the miliary form so common to-day. Let the congestion of the surface continue, and the tongue assumes a dusky hue, and the skin a mahogany appearance. The deeper the inflammation the more grave the case, is the rule.

There is another point in the prophylactic question I wish to notice, that may account for the failures recorded.

The Allopaths put their stopping-point in the use of *Belladonna* thus: " Administered so as to give rise to these symptoms, (i. e., sore throat and efflorescence)." (Condie, p. 441).

Stivenart, in five or six cases, observed a rash similar to that of measles (miliary), and in a few other cases headache, with dilatation of the pupils, dryness, and slight soreness of the throat.

In Condie's experiments he produced a worse disease than scarlet fever, and one case, a week afterward, took the disease and died. Their mistake was in giving too strong doses.

Another point we are too careless about. In all fevers it is very common for the people to give acid drinks, with or without the advice or consent of the physician. Now it should be borne in mind that acids antidote the effects of *Aconite*, and aggravate those of *Belladonna*. If they aggravate the effects of *Belladonna*, it is but natural, yea, logical, to expect an aggravation of the scarlet fever. Acid drinks should, then, be scrupulously prohibited. Cold water is the beverage.

I am of the firm conviction that if *Belladonna* was properly and extensively used, scarlet fever could be stamped out now and forever.

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#### OBSERVATIONS ON SCARLATINA.

As an epidemic of scarlet fever seems to be quite prevalent throughout the country, and as far as we can learn is somewhat different from former epidemics. We believe it would be of general interest if our readers would report their observations and experience. We would suggest that the observations be upon: 1. The symptoms before the eruption. 2. The course of the eruption. 3. The complications that arise. 4. The sequelæ, and order of appearance. 5. The remedies found valuable, and those that proved useless. 6. How this epidemic compares with previous epidemics on the above points.

## Hospital Department.

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### ON THE CHOICE AND USE OF A MICROSCOPE IN PRACTICAL MEDICINE.\*

BY CHARLES ADAMS, M. D., CHICAGO.

In the short course of lectures which I have the honor of delivering to you upon the choice and use of a microscope in medicine, it will be my purpose to give the most practical information regarding this important instrument, entering as little as possible into details which properly belong to works upon optics. Physicians and students are often deterred from purchasing a microscope, by a prevalent notion that nothing can be accomplished without the possession of a large and expensive stand and an extensive collection of accessory apparatus. It is true that for purposes of investigation of the finer points of histology expensive apparatus is required, but for the ordinary purposes of medicine we shall see that a very effective instrument can be obtained at comparatively low cost. It may be of advantage, to those of you who are unacquainted with the instrument, to give in a brief way, a description of the parts entering into the make-up of the modern, compound microscope.

The body in which are the optical parts is supported by a stand which also carries a stage upon which the object to be examined is placed, and a mirror or prism for purposes of illumination.

The optical parts consist of an *objective* or object glass, and an *eyepiece*, or ocular. The objective consists of a number of lenses of various qualities, optically speaking, so adjusted as to give an image with flat field, untinged by prismatic colors, or, technically speaking, free from spherical or chromatic aberration. The objective is screwed on to the lower end of the body and transmits an image of the object which is again magnified by the eyepiece slipped into the upper end.

The eyepiece is made up of two lenses which magnify the image made by the objective.

Objectives are classified by American and English makers according

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\*The above is the first of a series of lectures now in course of delivery at the Chicago Homoeopathic College.

miliary eruption is deeper, and must therefore be the more severe and more lasting of the two. Take the tongue as an index ; first, we have a shining redness, then the lingual papillæ protrude, and we have the peculiar strawberry tongue of scarlet fever. The smooth redness of Sydenham is, then, a milder capillary injection than the miliary form so common to-day. Let the congestion of the surface continue, and the tongue assumes a dusky hue, and the skin a mahogany appearance. The deeper the inflammation the more grave the case, is the rule.

There is another point in the prophylactic question I wish to notice, that may account for the failures recorded.

The Allopaths put their stopping-point in the use of *Belladonna* thus : “ Administered so as to give rise to these symptoms, (i. e., sore throat and efflorescence).” (Condie, p. 441).

Stivenart, in five or six cases, observed a rash similar to that of measles (miliary), and in a few other cases headache, with dilatation of the pupils, dryness, and slight soreness of the throat.

In Condie's experiments he produced a worse disease than scarlet fever, and one case, a week afterward, took the disease and died. Their mistake was in giving too strong doses.

Another point we are too careless about. In all fevers it is very common for the people to give acid drinks, with or without the advice or consent of the physician. Now it should be borne in mind that acids antidote the effects of *Aconite*, and aggravate those of *Belladonna*. If they aggravate the effects of *Belladonna*, it is but natural, yea, logical, to expect an aggravation of the scarlet fever. Acid drinks should, then, be scrupulously prohibited. Cold water is the beverage.

I am of the firm conviction that if *Belladonna* was properly and extensively used, scarlet fever could be stamped out now and forever.

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### OBSERVATIONS ON SCARLATINA.

As an epidemic of scarlet fever seems to be quite prevalent throughout the country, and as far as we can learn is somewhat different from former epidemics. We believe it would be of general interest if our readers would report their observations and experience. We would suggest that the observations be upon : 1. The symptoms before the eruption. 2. The course of the eruption. 3. The complications that arise. 4. The sequela, and order of appearance. 5. The remedies found valuable, and those that proved useless. 6. How this epidemic compares with previous epidemics on the above points.

## Hospital Department.

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### ON THE CHOICE AND USE OF A MICROSCOPE IN PRACTICAL MEDICINE.\*

BY CHARLES ADAMS, M. D., CHICAGO.

In the short course of lectures which I have the honor of delivering to you upon the choice and use of a microscope in medicine, it will be my purpose to give the most practical information regarding this important instrument, entering as little as possible into details which properly belong to works upon optics. Physicians and students are often deterred from purchasing a microscope, by a prevalent notion that nothing can be accomplished without the possession of a large and expensive stand and an extensive collection of accessory apparatus. It is true that for purposes of investigation of the finer points of histology expensive apparatus is required, but for the ordinary purposes of medicine we shall see that a very effective instrument can be obtained at comparatively low cost. It may be of advantage, to those of you who are unacquainted with the instrument, to give in a brief way, a description of the parts entering into the make-up of the modern, compound microscope.

The body in which are the optical parts is supported by a stand which also carries a stage upon which the object to be examined is placed, and a mirror or prism for purposes of illumination.

The optical parts consist of an *objective* or object glass, and an *eyepiece*, or ocular. The objective consists of a number of lenses of various qualities, optically speaking, so adjusted as to give an image with flat field, untinged by prismatic colors, or, technically speaking, free from spherical or chromatic aberration. The objective is screwed on to the lower end of the body and transmits an image of the object which is again magnified by the eyepiece slipped into the upper end.

The eyepiece is made up of two lenses which magnify the image made by the objective.

Objectives are classified by American and English makers according

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\*The above is the first of a series of lectures now in course of delivery at the Chicago Homeopathic College.

to their focal length, as 2-inch, 1-inch,  $\frac{1}{2}$ -inch,  $\frac{1}{4}$ -inch, etc., etc., and with the diminution of their focal length, the magnifying power is increased. Continental European makers classify their objectives according to their power, as No. 1, 2, 3, 4, etc., the power increasing with the number. It may be here stated that "focal length" is a term of inexact value, and objectives nominally of the same focal length from different makers are often of different power. Eyepieces are classed according to their magnifying power by letters, as A, B, C, D, etc., or by numerals, as 1, 2, 3, 4, etc., the lowest in power being indicated by the first letter or numeral, and known as "shallow," the higher being known as "deep."

The power of an objective, as usually stated, is that given by its use with an A eyepiece, and may be roughly estimated by multiplying the denominator of the fraction expressing the focal length by fifty and dividing the result by the numerator; thus, in the case of the  $\frac{1}{4}$  objective, 4 times 50 are 200 divided, by 1 leaves 200; therefore the magnifying power of the  $\frac{1}{4}$  may be set at about two hundred diameters. Practically, most objectives magnify a little more than this estimate. With a B eyepiece the magnification of the  $\frac{1}{4}$  is increased to about three hundred diameters.

For ordinary medical work the powers necessary are, a 1-inch and a  $\frac{1}{2}$ -inch objectives, and A and B eyepieces, giving in their combinations 50, 75, 200 and 300 diameters. If a C eyepiece be used, additional powers of 100 and 400 diameters are secured. These powers, we repeat, will be found sufficient for purposes of diagnosis, and a fair share of histological work may be accomplished with the apparatus above mentioned.

A high magnifying power may be reached by the use of an objective of low power and a high eyepiece, but this method is faulty as, by it, all the imperfections of the objective are magnified, light is lost, and what is gained in power is lost in clearness or definition. The better way is to increase the power of the objective and use low eyepieces. In the cheaper instruments made by any of the well known manufacturers the optical parts, as a rule, are of about the same grade, and in those models which we especially recommend may be relied upon as very well adapted to the physician's work. On the other hand, if objectives are required for special lines of research, the novice will require the assistance of an expert in making a choice. What is actually required by the beginner is that the objective gives a flat field, and especially defines well, that is, shows a clear, sharp-cut outline to the objects viewed.

A point worthy of attention is the shape of the stand, which should be so made that the body is well supported by it. This is necessary to avoid tremor. The body should move *upon* the frame and not *with* a large portion of it. In this instrument (Queen's Student's) you will observe the body is supported in a good share of its length, the same is true of the two smaller instruments (Beck's Economic and Bausch and Lomb's Student's). This principle is used in all microscopes made upon what is known as the "Jackson" model. In the "Ross" model the body is held in a collar at one end of a right-angled arm, the other end being moved up and down in adjusting the focus, and even if made in the very best manner, is certain to vary somewhat in its motions, interfering very seriously with delicate observations.

For changing focus the body has a sliding motion, effected either by rack and pinion, or by simply pushing it up or down with the fingers, and another in which the change is effected by means of a screw having exceedingly fine threads, and making very slight changes in the focus. The first is known as the quick motion, or coarse adjustment, and is used with the low powers, while the second is known as the slow motion or fine adjustment, and is used mainly with the higher powers.

The hand movement is a very clumsy substitute for the coarse adjustment by rack and pinion.

The stand should be capable of use in an inclined position, as the long continued bending of the neck and stooping of the shoulders, necessary in the use of an instrument in a vertical position, are fatiguing, and produce headache.

The stage is a perforated platform, upon which is placed the object to be examined. In the lower priced instruments the slide is moved about by the fingers; in the costlier forms, ingenious mechanism is applied to the stage itself. The mirror is mounted on an arm beneath the stage, and is used to throw light up through the object and objective. The amount of light passing through the object by reflection from the mirror is regulated by what is called the diaphragm. This is a thin metal plate placed about one-half inch below the stage, and having holes in it of varying size; this is so mounted that the differently sized holes can be successively brought beneath the object, so as to diminish or enlarge the illuminating ray at will. Objects are seen by *transmitted* light, when the light is passing through them, in the line of vision. For examination by *reflected* light, the instrument should be provided with a bull's eye condenser for the purpose of condensing lamp or diffuse sunlight upon the surface of the object.

It will be seen that only objects of considerable transparency can be viewed by transmitted light, and opaque objects and surfaces of tissues by reflected light.

Now among the microscopes readily procurable here, I may, without any idea of disparagement of other makes, mention four which fill the requirements we have detailed :

Bausch & Lomb's Student's, \$50 ; Beck's Economic, \$45 to \$55 ; Tolles' Student's, \$50 to \$70 ; Queen's Student's, \$75 to \$100 ; Bullock's Student's, \$75.

[TO BE CONTINUED.]

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## Medical News.

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**New York Ophthalmic Hospital.**—Report for the month ending Dec. 31, 1876 : Number of prescriptions, 2,104 ; number new patients, 214 ; number of patients resident in hospital, 21 ; average daily attendance, 84 ; largest daily attendance, 110.

ALFRED WANSTALL, Resident Surgeon.

**Joint Conventon.**—It has been thought advisable to unite the Western Academy of Homœopathy, and the Indiana Institute of Homœopathy, in one grand meeting, on the 29th, 30th and 31st of May next, at Indianapolis, in hope that a concentration of effort may be productive of a much larger amount of good to the members and profession generally, than if either met alone at its respective time and place. Articles from some of the ablest minds in the profession, in this country and Europe, will be read, and the discussions which follow cannot be otherwise than of great practical value to all who are fortunate enough to listen to them. The various departments are composed of physicians who are well qualified for the position assigned to them, and their well known zeal and earnestness are a sufficient guarantee that they will bring before the convention a large amount of practical matter, just such as is needed in the daily routine of professional life. Every effort will be made to make the meeting one of the best ever held in the west, and it is hoped all will be present. Contributions of articles will be thankfully received.

S. B. PARSONS, M. D., St. Louis, Mo.

President Western Academy of Homœopathy.

W. L. BREYFOGLE, M. D., Louisville, Ky.,

President Indiana Institute of Homœopathy.



A "Charity Ball" was given in Albany, N. Y., January 24th, for the benefit of the Homœopathic hospital of that city, which added to the treasury, \$1000.

Scarlet Fever in Chicago, is the topic of much newspaper and professional discussion. Dr. Beebe and several of the profession are using the *Sulpho-Carbolate of Soda* with success.

#### Removals.

Dr. Jas. Small, from Isabella to Brooklin, Mo.

Dr. S. T. Clark, from Talleyrand, Iowa, to Canton, Ill.

Dr. A. S. Richardson, from St. Albans, Vt., to Belmont, Nev.

Dr. A. B. Stockham, from Leavenworth, Kan., to Chicago, Ill.

Dr. A. H. Lovett, from West Washington to Kennebunkport, Me.

W. J. Blakely, M. D., of Erie, Pa., died of typhoid pneumonia, January 7th, after a brief illness. Dr. B. was a rising member of the profession, an enthusiastic Homœopath, and a skillful prescriber. He was naturally of a feeble constitution, inclined to phthisis, we believe. He was held in high esteem by all who knew him. His proving of *Iodide of Mercury*, and careful diagnosis of the *Merc.* preparations, are valuable additions to our literature.

Dr. William Hering.—Dr. Hering, who died on the 10th of October last, at Reigate, after repeated attacks of an apoplectic character, was one of the older race of Homœopathic practitioners. He was born in 1803, and took out his license to practice from the Apothecaries' Company in 1826. Early in his career he became a convert to Hahnemann's doctrines, and continued steadily to practice Homœopathically until the end of his professional life.—*British Journal of Homœopathy.*

Notice.—We are having so many orders and inquiries for back numbers, and in order to fill some of these orders we have to pay a high price to get the numbers, we have thought best, to save time and expense, to offer them at the following prices :

For single numbers, for the years 1875 and 1876. . . . .25 cents each.

For single numbers, for the years 1872, 1873 and 1874 . . .35 cents each.

For single numbers before the above. . . . .50 cents each.

All parties who have back numbers that they will dispose of, please let us know what you have, also price.

Chicago Homœopathic College.—Mrs. Julia Holmes Smith, wife of Saben Smith, of A. T. Stewart & Co., Chicago, a lady of rare culture, who is studying medicine from pure love of the science, is attending the winter course of lectures at this college, and is a member of the graduating class of '77. It is somewhat to be wondered at that more people of intelligence and leisure do not study medicine for the pleasure afforded. Mrs. Smith matriculated first at the Boston University School of Medicine, and attended a full course there. She has frequently expressed her opinion that the course of lectures given this winter at the Chicago Homœopathic College would compare most

favorably with that of the Boston University School, which has the largest class of any Homœopathic college in the United States. M.

**World's Homœopathic Convention.**—At the British Homœopathic Congress of 1876, it was unanimously determined to invite the convention of 1881 to meet in London, which invitation has been accepted, and a committee was appointed consisting of Drs. Bayes, Clifton, Dudgeon, Hughes, and Pope, to initiate the necessary arrangements. This committee has met; has appointed Dr. Dudgeon its chairman and Dr. Hughes its secretary; and has commissioned the latter to draw up a plan of action to be submitted at its next meeting. This, in concert with Dr. Carroll Dunham, who was the chief organizer of the late meeting, is being done, and at the next congress the committee will probably have a complete scheme to present for approval, and some immediate action (as regards the choice of essayists) to report.

**Journalistic Changes.**—The old *British Journal of Homœopathy* deemed its portly size unnecessary and drops down to 112 pages a quarter—about what we give our readers each month. It seriously questions the necessity for its existence. The *Monthly Review* and *Homœopathic World*, it thinks, is extracting its vitality. This venerable quarterly has always occupied a high position in our estimation, but it has always been a wonder to us how less than three hundred Homœopaths could support three medical journals. Much as we would regret the demise of this *Journal* we cannot but think that, with such men as Drysdale, Dudgeon and Hughes, united to the corps of contributors of the *Monthly*, a most excellent journal would be inevitable.

The *Monthly Review* comes out in a new dress by new a publisher—E. Gould & Son. Henry Turner & Co., we learn, have failed. Dyce Brown, who has removed from Aberdeen to London to take a chair in the new school of Homœopathy, is associate editor with the energetic Dr. Pope. They will make a fine journal, if ably supported by the British profession.

The *Homœopathic World* also comes out in a new dress. For some time it has had a decided medical bias. We think this a mistake. The *World* should be the popular exponent of Homœopathy and sanitary science. There is a wide field here.

The *American Journal of Materia Medica* has been consolidated with the *Hahnemannian Monthly*, with A. R. Thomas, associate editor. We dislike to lose any journal, still we think if there were a few less it would be better for all.

The *Observer* and *Reporter* both don a new dress.

The *Advance* is done up in Scotch granite with a tint inside.

Our journals all present a very creditable appearance. After a trial of tinted paper we have returned to white, with an open face, which is, we believe, very acceptable to all. We have arranged to expand as the exigences of the hour may demand. We assure our readers that our periodicals compare very favorably with those of the other school.

THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

DOVER, Del., Feb. 5.—Prevailing disease here are epidemic of measles.

E. S. ANDERSON.

DENVER, Col., Jan. 20.—We are having just now an epidemic of measles; some few cases of scarlatina, whooping cough, and mumps, all of a mild type, requiring little medication.

J. M. WALKER.

SAN FRANCISCO, Cal., Jan. 15.—In my practice diphtheria has assumed a milder type, and there are fewer cases. There are still many cases of "colds." We are all longing for rain. What is to be our next epidemic remedy, is it *Arsenicum*?

G. M. PEASE.

PEORIA, Ill., Jan. 23.—Not so much diphtheria as there has been

for several months past. Bronchitis, whooping cough, catarrh, gastritis and enteritis are prevailing. *Acon.*, *Tart. em.*, *Merc.*, *Bell.*, *Bry.*, and *Lach.* act promptly, so far successfully. M. M. EATON.

BANGOR, Me., Jan. 30.—We are having but very little sickness in this section—nothing prevalent. Have had a cold winter thus far, and plenty of snow. Thermometer has been down to 23, and even 30 degrees below zero, a few times. We are having very fine and pleasant weather just now; and snow goes so fast I fear danger.

W. GALLUPE.

WATAGA, Ill., Jan. 29.—It is not very sickly here now. At the commencement of cold weather, had the usual amount of throat and lung troubles. Had one severe case of diphtheria, for which the remedies, *Bell.*, *Merc. iodat.*, *Lach.*, *Rhus tox.*, *Calc. chlor.*, all seemed powerless. All other cases of sore throat have yielded readily to treatment. J. D. DICKINSON.

NEWTON, Mass., Feb. 3.—There is, I believe, no prevailing sickness here. An occasional case of diphtheria or scarlet fever, which generally yield readily to the appropriate remedies, *Bapt.*, *Phy.*, *Lach.*, *Apis*, *Cyanuret of Merc.*, etc. Some cases of pneumonia, in which *Tart. em.* will not be forgotten. Allopathy is giving up some of the best families every week to Homeopathy. EDW. P. SCALES.

ALBANY, Oregon, Jan. 20.—We have been having a run of diphtheria here for a few weeks past. Not to the credit of our Allopathic brethren, they lost more than half of their cases, and so far, I have treated thirty-eight cases and lost none; twice as many as any one Allopathic physician, and the above result. *Lach.* 6x, *Phy.* dec. 1x, with *Alcohol* gargle, have been my principle remedies.

G. W. WILCOX.

TOULON, Ill., Jan. 30.—Concerning some of those cases of malignant diphtheria, *Rhus tox.* has saved several cases for me this winter, when there were severe pains all over; great prostration; great restlessness, almost agonizing; throat, tonsils, etc., very dark red, almost purple. *Rhus tox.*, if I recollect rightly, was one of the helpful remedies at the time diphtheria made its first appearance, many years ago, in Albany, since that, has not been used much, I believe. *Rhus* is much indicated this winter in my locality, in various disorders. T. BACMEISTER.

UTICA, N. Y., Feb. 6.—For the present we have less sickness than any winter in twenty-five years. The prevailing cold weather in the

early part of the winter has been favorable to health. Since the "January thaw" commenced, ten days since, influenzas of a mild character with an occasional case of pneumonia, which have yielded to the common remedies. Measles, now in a rather mild form, is the prevailing form of disease. In one of our public schools sixty-eight of the scholars have the disease. A few doses of *Acon.* during the congestive stage, and if the eruption is not well developed, *Bry.* or *Sulph.* is sufficient. There have been a few cases of diphtheria, not malignant, yielding readily to *Baptisia* 3 and *Kali bich.* 6, a remedy always efficient in my hands in removing the diphtheritic deposit. The type of the fever is peculiarly adapted to *Bapt.* L. B. WELLS.

MARSHALL, Mich., Jan. 26.—Scarlatina, diphtheria and pneumonia are met with frequently. Scarlatina has been rather malignant, and some deaths have occurred under the old empirical practice, and some under the Eclectic, which is quite as empirical as the other, neither having any law to guide them in the selection of their remedies. *Bell.* 3 has served me faithfully in the majority of cases of former. In some complicated cases, where the throat and glands of the neck were much affected, *Apis* 3, two grains, and *Merc. bin.* 3, two grains, have been added as they were indicated. *Acon.*, *Bell.*, *Bry.*, *Tart. em.*, and *Phos.* have enabled me to successfully vanquish all cases of pneumonia, while my opponents have lost some cases. I have a very severe case of small-pox (confluent) on my hands, now the fourteenth day, the case is doing well upon *Saracenia p. tinct.*, 4 gtt., *Tart. em.* 3, two grains, and for the past two days have added *Cimicifuga r.*, tinct., every two hours in alternation. I never saw a worse case, and so far I am well pleased with the action of the remedies.

E. L. ROBERTS.

CHAMPAIGN, Ill., Jan. 18.—We have been having diphtheritic sore-throat here during December. I have known of it going through seven families, affecting most of the children of each, and some adults — all having more or less swelling of the neck. Have cured two cases in one day, with *Apis mel.* 3x; one case, in one day, with *Merc. bin.* 2x; four cases, in three days, with *Merc. bin.* 2x, alternating with *Merc. cor.* 2x; one case, in four days, with *Merc. bin.* 2x; one case in two days, one in four days, with *Arum try.* 3x, alternating with *Eup. arom.* 3x, and one case in four days, with *Hepar sulph.* 3x, trit., dry on tongue. Convalescence slow, except in two or three cases. About one-third of the cases commenced with chill and vomiting.

## LAST AND WORST CASE :

December 24, 1876, 10 A. M., I was called to see a boy, aged five years (fifth in the family affected). He was taken the day previous with vomiting; found considerable fever; glands of the neck enlarged; palate and tonsils red, with small diphtheritic patches, (and a slice of fat pork bound around the throat); weak, and wants to be held by his mother. Gave *Acon.* and *Bapt.* in water, alternately, every hour, until 4 o'clock P. M., then *Apis mel.* 3x, in water, every hour, also, two pellets *Bell.* 3x two or three times during night, if restless.

Dec. 25, 10 A. M. Not much fever, but prostration, and all throat symptoms worse. Gave *Merc. cor.* 2x, trit., and *Merc. bin.* 2x, trit., in water, alternately, every hour.

Dec. 26, 10 A. M. Symptoms worse than day previous; large white patch on right side; swelling worse externally on left side; dirty white coat all over the tongue, worst in center; *breath very offensive*; labored breathing. Gave *Kali bich.* 3x, half-grain powder, dry on tongue, and same in water, alternated with *Merc. bin.* 2x, in water, every hour.

Dec. 27, 10 A. M. Nose-bleed during night; patch on right side, large as a quarter of a dollar and eighth of an inch thick at back part; white membrane a little larger than a clay pipe-stem, sticking up full one-eighth of an inch out of left side of throat; buccal cavity wash-leather color; tongue coated thicker and darker. Nothing around the neck, and I advised two or three thicknesses of flannel put around. Gave ten drops *Phytolacca*, tinct., in four ounces of water, for a throat wash, every three or four hours, and *Merc. bin.*, in water, every two hours.

Dec. 28, 10 A. M. Symptoms all same as yesterday, except breath not so offensive. Put out two powders of *Borax*, crude, one-fourth grain each, held patient's head back and put one on the large patch on right side, the other in the throat on the left side and on the tongue, and left two more powders of the same, one to be turned on the large patch at 1, and the other at 4 o'clock P. M. Also prepared *Merc. bin.* 2x, as before, to be given every two hours.

Dec. 29, 3 P. M. Was surprised to find the mouth almost normal, except a slight redness of the palate and tonsils. Prepared *Merc. bin.* 2x, as before, to be given every three hours.

Queries: Was *this* genuine diphtheria? Did the *Borax* help to cause the gratifying result?  
C. HUTCHINSON.

## CONSULTATION CASES.

## A CASE FOR COUNSEL.

Edward W., aged nine. Had been in perfect health up to the age of six years, when a lump or tumor was discovered in the left iliac region, size of a hen's egg, which has gradually enlarged ever since, and at the present writing the abdomen is double its normal size, presenting a bladder-like appearance, showing the enlarged veins, which give it a purplish color.

The patient has been treated by seven or eight Old School physicians — receiving no benefit from either — nearly all pronouncing it “ague cake,” one says its “tape worm.”

By inquiring into the history of the case, I learn that the child was very backward teething, the fontanelles not closing until nearly three years of age; intellect bright; active and smart. Since the tumor began to enlarge the bowels have been open on an average of twelve times in the course of twenty-four hours, patient having little control over the sphincters. The discharges being of light clayish color, frothy, and very offensive; appetite good, craves slate pencils, *Magnesia*, and *starch*, especially the latter; urine has a light cloudy sediment when there is profusion in alternation with a scanty excretion color of beef-brine. Since two years ago patient complains of cramps in lower extremities. There is no curvature of spine, but the bones are small and spongy. Patient was never fleshy, but rather on the scrawny, dwarfish order.

I diagnosed rachitis, and prescribed *Calc. carb.* 200, am I right? If the profession at large will respond, giving diagnosis and course of treatment, it will be gratefully received.

LYONS, Mich.

A. B. GRANT.

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 CASE FOR COUNSEL.

Patient aged about thirty-five. Florid complexion. General health good. Been troubled, spring and fall, for two or three years, with erysipelas of the face. Is well through the summer, and in steady cold, dry weather; coming on only when the weather is cold and damp. First saw him last December. Erysipelas commencing on the nose, extending to each cheek. Color, dark red, almost purple, swollen, shiny, hard and firm; no soreness, but an uncomfortable feeling; fever very slight. Otherwise, feeling well, and able to attend

business. In course of treatment gave, as seemed to be indicated, *Bell.* 3x, *Rhus tox.* 3x, and *Graphites* 4x, with external application of *Rhus tox.* liniment. All signs of erysipelas disappeared, leaving the skin natural and the patient feeling well, and remaining so until January 28, 1877, when he again called on me. The weather having moderated, and the air being damp from the melting snow. His face looked as badly as before, but felt sore and more painful. The skin seemed to be drawn over his nose, which was swollen, smooth, and shining, almost purple. His cheeks were less red, skin a little raised, and rougher in appearance. Otherwise feeling well. Put him on *Rhus tox.* 80, and *Bell.* 300. Will some one please answer through THE UNITED STATES MEDICAL INVESTIGATOR, and suggest the remedy indicated.

FREMONT, OHIO.

D. G. WILDER.

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THAT CASE OF RECTAL TROUBLE.

In your January 1st number, Dr. E. W. Sawyer, of Kokomo, Ind., relates a case similar, in many respects, to a number I have cured with suppositories of *Iodoform*, and would advise in this case

*Iodoform*, scruples ij.

*Theo Brema*, ounces ss.

M. *Ft Suppos.*, No. vj.

Introduce one immediately after stool. I would also suggest *Amm. mur.*, *low*, internally — yet some one may suggest better constitutional treatment; I offer simply a local measure which has done me splendid service.

BROOKLYN.

W. M. L. FISKE.

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QUATRAN INTERMITTENT.

My advice being asked as to this case, I will say, in the words of Raue, "of course, you can give nothing but *Nux vomica*, after all that medication." I would prescribe the 200th, in water, every three to four hours, and continue it steadily until the paroxysms were *arrested*, aggravated, or the indications for some other remedy cropped out so plainly that *no doubt* could remain. But *by no means* to change, simply because the *form* of the paroxysm changed.

In no other disease do Homœopaths in general act so unwisely as here, in that particular — and Dr. Lord hit the nail on the head when



he wrote against it. The phases of all diseases change under drug action; but the confident physician swerves not, if he can perceive that the general state of the patient is *better, at its best moment, or not so bad, at its worst*. Only when this can no longer be said, or positive exacerbation ensues, are we justified in changing a *good* prescription — for intermittent fever, or anything else.

All the leading symptoms of this case call also for *Nux vom.* — the pains between scapulæ — difficult turning in bed, etc. On September 9th, she should have had *Gels.* 3x, every two hours.

ANN ARBOR, Mich.

J. C. MORGAN.

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“CHILL FROM TOUCHING ANYTHING COLD.”

It might be well to insert this letter, or the substance of it, in THE UNITED STATES MEDICAL INVESTIGATOR, in answer to my inquiry:

E. M. HALE.

DEAR DOCTOR: Your note in this journal for December 15th, reminds me of a search I once had (in treating intermittents,) for the symptom which perplexes you — “chill on touching anything cold.” I can vouch in positive terms for two drugs only, that will crush it, *Natrum mur.* and *Silicea*. I am strongly inclined to believe that *Hepar sulph.* will do the same.

Fraternally yours,

TROY, N. Y.

P. J. MCCOURT.

On page 548, Vol. IV., Dr. E. M. Hale asks the profession, whether there is any drug in the materia medica having the symptom of chilliness on taking hold of anything cold. I would answer, yes. *Zincum metallicum* is the drug.

ALLEN, Pa.

C. H. GIBSON.

You will find “chill from touching cold things” on pages 103 and 106, Bœnninghausen’s Intermittent Fever. If you own the book you ought to have looked at it; if you don’t, get it quick. I don’t understand why you should not look in B. “There’s the rub.” \*

Dr. E. M. Hale will find “chill from touching any cold object,” under *Nat. mur.*, *Silicea* and *Zinc*, vide Bœnninghausen’s Repertory of Intermittent and other Fevers, by A. Korndœrfer, M. D.

LIVERPOOL, Eng.

THO. SKINNER.

Dr. Hale will find “chills from touching cold things,” under *Nat. mur.*, *Silicea* and *Zinc*, (Bœnninghausen’s Fever, by Korndœrfer, page 106). I am pleased to have this opportunity of testifying to the value and *completeness* of Bœnninghausen’s works.

LONDON, Eng.

E. W. BERRIDGE.

## DR. HINKLEY'S CASE.

It is possible that this is a case of lead-poisoning [ page 541, Dec. 15, 1876,]. A very high potency of *Plumbum* might relieve.

LONDON, Eng.

E. W. BERRIDGE.

## DR. O. D. KINGSLEY'S CASE.

In my judgement the disease is traceable to epizootic contagion (or inoculation). Would advise *Kreosotum*, *high*, also washing the discharging glands with a mild solution of *Iodine*. D. A. H.

## ON SCARLET FEVER, DIPHTHERIA, CHOREA, ETC.

The article in the last number (Jan. 15th.) on diphtheria, by Dr. Wilke, is a most infamous and cowardly surrender of the Homœopathic fort to the vandals of the Eclectic element; while the instruction Dr. Ludlam gives his class in regard to chorea during pregnancy, and the remedies he advises at the attenuations he uses (the 3d), will not be likely to give us a very successful class of practitioners in the future, for such remedies at such potencies never cured a case of chorea, Homœopathically, and never will.

WASHINGTON.

C. P.

## SHADOWY POTENCIES VS. SHADOWY CURES.

If Dr. Carr should ever visit our city, we would most cordially invite him to visit Ward's Island Hospital. Cases of delirium tremens and of *Morphineism*, are no rarities there, and we find, where the cause of it is sudden abstinence, that the cases frequently recover with good food, and without any medication whatever. The profuse perspiration and the maniacal excitement are necessary sequelæ of the sudden and abrupt stoppage of the stimulants formerly abused, and in cases of abuse of hypodermic injections of *Morphine*, with sometimes dangerous collapse after sudden cessation, mere hypodermic injection of water satisfies their imagination, and a cure will follow, if we have only determination enough not to give way to the heart-rending requests of the patient for a little *Morphine*. We do not doubt that the "perspiration without relief," was a good indication

for *Merc. cor.*; but the foolish craziness of *Mercurius* differs from the fear and restlessness of delirium tremens with maniacal excitement. In fact, we might just as well differentiate between the two kinds of delirium tremens; the one from sudden abstinence, the other from the constant abuse of alcoholic or narcotic (?) stimulants, as we differentiate in the selection of the remedy; and furthermore, strict individualization of the case will always lead to the selection of a remedy, where one is needed. That the soluble aided the cure is proved by the rapid improvement in less than twenty-four hours, as it takes, by mere nourishing and hygienic treatment, three to four days to get them well. It is a curious and instructive fact that the diarrhœa as well as the perspiration (inner and outer skin) so often observed in cases after abstinence from the habitual stimulant, is greatly benefited by *Nux vomica*.

NEW YORK.

S. LILIENTHAL.

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### ANGINA PECTORIS.

BY J. C. LEWIS, M. D., SOUTHAMPTONVILLE, PA.

Angina pectoris is a formidable disease, one that often snatches away the patient before the physician can be summoned. The cause of this trouble, how it originates, and what acts to produce its symptoms, have been, and are still, withheld from the profession. It may be an accompaniment of any organic disease of the heart. According to some authors, it most often occurs in those subjects afflicted with fatty degeneration. Fatty degeneration is often found, however, without this companion disease, and hence, as Da Costa says, "we are forced to admit that, however frequent the association, some unknown element is still, here, as in all cases, the determining cause."

The symptoms are easy of recognition, and when once seen, will not be forgotten. The patient is taken suddenly, and generally without premonitory symptoms, with violent pain in the cardiac region, and a sensation of quick-coming death, and for the moment, an inability to draw the breath. The pain also radiates up to the left shoulder, and down the left arm, associated with a tingling and pricking sensation, even to the ends of the fingers. The face is pale, and the extremities cold and clammy. The pulse varies. At times it is small and weak, and at others full and bounding. The fits may be repeated at intervals, for an hour or more. During a paroxysm the heart may stop

beating, thus producing death. The patient, after the subsidence of the attack, is left in a weak and exceedingly precarious condition, and may, on the least exertion, have a succession of fainting spells; and syncope, under these circumstances, is an alarming symptom. The occurrence of one attack of angina pectoris portends that of subsequent ones, and the person so afflicted should beware of all excitement.

Aided by modern investigations, it is permissible to urge that this disease is rarely purely nervous, although some late observers contend that it is caused by a disturbance of the cardiac flexus of nerves; the disquieting influence emanating from those sympathetic fibres that help form the flexus. In seeming proof of the statement that it is not strictly and wholly a disease of the nerves, it has been found to accompany many diseases of the heart. By post-mortem it has been proven to be present in calcification of the coronary artery, in valvular diseases, in dilatation, hypertrophy, and fatty degeneration.

To us, as Homœopaths, the most important item is the treatment. This has been a bugbear to the Old School, and it has remained for Homœopathy here, as in many other cases, to assert and hold its supremacy. Every earnest practitioner should, in reporting records of cures, give only those remedies he has verified. In this disease we must admit, we have used but three remedies, but these have done wonders.

We cannot do better than give the symptoms, as recorded in Jahr's repertory :

#### ARNICA.

"Stitches in the heart, from the left side to the right, *with fainting fits*. Oppression at the heart. The pulsation of the heart is like a quivering. Pain in region of the heart, *as if squeezed together*, or like a *shock*. The motion of the heart is first very rapid, and then suddenly slow."

#### ARSENICUM.

"Irritated pulsation of the heart; palpitation of heart, violent, excessive, *particularly at night*; also irregular, with *anguish*; also when lying on the back. Organic diseases of left heart; hypertrophy, with or without dilatation; in disease of the valves and large vessels. In paroxysms depending on organic disease, *Arsenicum* is an invaluable remedy."

#### DIGITALIS.

"Palpitation of heart, chronic and organic affections of the heart and large vessels. *The pulsations produce a contractive and oppressive sensation, with anguish, and spasmodic pains in the sternum, and below the ribs*. The pulsations of the heart become stronger as the anguish and contractive pains increase. The pulsations of the heart are hardly felt. Increased activity of heart, with slow pulse."

**EXPERIENCE WITH DIPHTHERIA.**

It is true that this city has suffered severely from this disease, and some people have been alarmed at its ravages, as one of your correspondents in your last issue says. His inquiry for a remedy causes me to write you the treatment I have found successful, and as his patients are in the same city as those I have treated, possibly they would be amenable to the same treatment.

In the commencement of the attack characterized, usually, with slight chill, followed by high fever, *Acon.* 3x, every two hours, alternating with *Chloride of Potass*, a little of 1x in a half a glass of water, a teaspoonful at a time; after twelve, or twenty-four hours, give *Bell.* 3x in place of the *Acon.* If great prostration is present, I give *Ars.*, *alb.* 3x, or *Verat. vir.* 3x, or *China*, continuing the *Chloride of Potass* all the time, and also using it as a gargle in the worst cases, and in the worst cases applying a solution of *Iodine*, two grains to the ounce, by means of a camel's-hair pencil, to the false membrane twice a day. Using the *Iodine* by inhalation in cases where the larynx, trachea, or bronchia are apparently obstructed with the membrane, using for diet plenty of milk and beef tea. In convalescence, *Nux.* 6x, I have found very useful, as well as *Phos.* 6x.

Dr. Potter, of Maquon, informed me, a few weeks since, that this was substantially his treatment, and that he had not lost a case. This, I am glad to say, has also been my experience. For seven years I have used this plan of treatment, before that, eleven years in the Old School. I have depended largely on *Chloride of Potass*, as a gargle, and given internally the local application of *Solu. Iod.* and, of course, giving *Quinine sulph.*, *Tr. Ferri murias*; internally. Still, even with this treatment, I have never lost a case. I wonder at it myself. I am sure, with Homœopathic remedies, my patients have recovered sooner. From my experience I am led to the conclusion that *Chloride of Potass* internally, in some way neutralizes the poison of the disease, for I must think the membrane poison, as when it has been detached and spit out, and when chickens have picked it up, it has killed them. To neutralize this poison has always been my aim. 'Tis true my patients are not generally among the poorer classes, and I am aware that much of our success is often owing to good nursing and favorable surroundings. And again, in some cases there seems to be a malignancy in many diseases that nothing will control.

I once had such an experience in cerebro-spinal meningitis, where I lost four patients in one family in a week, one was dead, however, when

I got to the house, on my first visit (was well the day before) another, a babe, the parents found dead in the bed with them in the morning. They not knowing it was sick at all. So we will sometimes meet with unfortunate circumstances over which we have no control. I treated about twenty patients immediately afterward in the same neighborhood, losing but one, (*Chloride of Potass*, I think, saved them also). In conclusion I will say I have steadily adhered to this treatment, even with cases so bad they could not swallow for two days, and others that had several spasms, and all recovered. Perhaps it has only been "luck," but a "luck" that continues for eighteen years is a tolerable good "luck."

Some who read this will doubtless say I have probably had few cases or perhaps that I don't understand diagnosis well enough to know diphtheria from pharyngitis. I can only appeal to those who know how small my practice is, and how ignorant I am of pathology, for my defense. I am much surprised at the recovery of many patients. I claim no superiority of skill or knowledge, I thankfully report what I have found useful, as it seems, to me. I hope others may find it equally so.

PEORIA, Ill.

M. M. EATON.

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### SCARLET FEVER IN CHICAGO.

#### THE "REGULARS" AND HOMŒOPATHS IN COUNCIL.

During the last few months, quite a large number of cases of scarlet fever and diphtheria have been met in various parts of the city. About five hundred deaths from scarlet fever occurred since October. Early in the season, Dr. Beebe called the attention of the public to the remedy he spoke so highly of at the annual meeting of the Illinois Homœopathic Medical Association (see UNITED STATES MEDICAL INVESTIGATOR, Vol. IV., p. 25). The merits of *Sulpho-Carbolate of Soda* became a subject of much comment. Homœopathic families were using *Bell.*, as formerly. Some added the new prophylactic. The fatality of the disease occasioned great alarm. That some physicians were more successful than others in the treatment of the disease, was soon apparent to the health officer, and on January 24th, he issued the following address :

"To the physicians of Chicago of both schools—GENTLEMEN: There having been a great fatality by diphtheria and scarlet fever in our

midst for some months past, and the same is apparently as rife and fatal as heretofore, would it not be expedient and beneficial for the fraternity to appoint a time and place where a general interchange of views could be had in regard to the most approved and beneficial manner of treatment, and cautions to be taken with these dreaded diseases? I, for one, believe it to be a duty that should not be neglected. It is to me a patent fact that some are more successful in bringing their patients safely through than are others, and it certainly is humane that the most approved and successful mode of treatment should be imparted to all. I would consider it my duty to put in practice such precautions as the said fraternity might suggest to this department, and lend my utmost energy for the cause of humanity.

H. P. WRIGHT.

Commissioner of Health."

An attempt was made to have a general conference of medical men, but a union effort was prevented by a hurried call for a meeting of "regular physicians." The evening following, a meeting of the Homœopathic profession was held. A full report of these meetings will be found elsewhere.

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### *A REMEDY FOR THE PRESENT EPIDEMIC.\**

BY PROF. A. W. WOODWARD, M. D., CHICAGO.

The epidemic of scarlet fever and diphtheria, which has proved so fatal in this city during the past three months, still continues its ravages, baffling the skill of our oldest practitioners; reaps its harvest of death speedily, and all of our usual remedies prove useless in staying its progress. Routine practice, whether in the New School or the Old School, has been proved utterly powerless in arresting the course of a serious case.

The essential symptoms needful for the selection of the remedy are found to be common to both diseases, and they are peculiar, differing from any descriptions of these diseases at present on record.

The following are the general symptoms presented in a majority of cases of either disease, (the peculiar and pathogenetic symptoms are in italics):

First appears *catarrhal complaints, sneezing, spasmodic coughs*; worse at night, or lying down; sore throat, with *stinging, shooting pains*; dark redness, and slight swelling of the throat; *offensive breath*; a white

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\*Part of a lecture delivered in the Chicago Homœopathic College, Jan. 26 1877.

tongue; ulceration in mouth; *hoarseness*; with the onset of the disease there occurs *protracted chilliness*, with slight rigors, followed by *burning heat* and redness of the surface; this fever sometimes exhibits *decided remissions*, even before the exanthem appears; *great drowsiness* is soon manifest, deepening into heavy sleep, with stertorous breathing, or broken by *many dreams*.

In severe cases the *hearing* and *sight* seem impaired, and the patient complains of severe pains in the *head, stomach* or *bowels*.

The abdominal sufferings are attended by much *flatulence*, and, sometimes, *diarrhoea*.

*Excessive urination, of dark color, or frequent and scant urination, with burning*, occasionally albuminuria; *hæmorrhages* frequently occur from the *nose* or *bowels*. *Rapid sinking of strength is soon manifested*, attended by *violent palpitation of the heart, faintness, dyspnoea, labored respiration*, with stitching pains through the chest. The coma gradually increases, convulsions sometimes occur, and finally death comes by cardiac failure, or by septicæmia.

As a rule, I believe the condition of the throat causes less alarm than the indications of impending paralysis of the brain and heart, which are soon manifest, as well as the evidences of uræmic poisoning and albuminuria, which are coincident with brain symptoms.

This combination of symptoms is peculiar, and to be successfully met, calls for a new treatment. In Hull's *Jahr*, page 755, under the head of *Petroleum*, we find the following symptoms: *Sneezing*, with *catarrhal* sensations in throat; *throat swollen, with stinging pains* and rawness; *soreness, with dryness, or great secretion of glairy mucus; tickling in throat, causing cough*, worse on lying down; *spasmodic coughs, with hoarseness; swelling of the submaxillary glands, ulceration in the mouth and nose; bleeding of the nose; white tongue; fetid odor from the mouth; excessive weariness; great weakness without apparent cause; fainting turns, with heat and pressure in the pit of the stomach and palpitation of the heart; frequent slight chills, with flushes of heat in face; excessive coldness from morning till noon, with headache and great languor; fever, with full pulse and burning skin; stitching and stinging pains in head, eyes and ears, with confused intellect, dull vision and deafness; great sleepiness; constant drowsiness; sleep full of dreams and waken from sleep with great palpitation of the heart; nausea and qualmishness; sudden gripings in the stomach; violent, cutting pains, with fullness and flatulence; eructations; colic and griping pains in bowels; diarrhoea, (sometimes bloody), with faintness; frequent urination; urine*



dark and scant; burning pains in urethra; *hoarseness*; cough, with stinging pains under the sternum; inclination to vomit, when coughing; *compression of the chest*; *labored respiration*; stitches in the heart, with *momentary palpitation*; violent pains of short duration in back and limbs.

This remedy has done me good service lately, in arresting the course of a number of cases, both of scarlet fever and diphtheria, and, while my experience with this drug has been too limited to make me positive of its prophylactic powers, I do not hesitate in recommending it to the profession as a remedy which promises to successfully combat these diseases when they occur during the present season.

While I recognize the benefits that are derived from the use of *Carbolic acid* in these diseases at the present time, I believe its use in large doses, or in combination, should be deprecated as likely to be injurious, and often a failure, especially when we may find a more accurate simillimum among our provings. A careful reading of the provings of *Carbolic acid*, as found in Allen's *Materia Medica*, shows a strong resemblance, and yet a material and serious departure from the totality of the symptoms, as found in the cases I have met with. Notably in the fact that *Carbolic acid* does not affect the glands, (according to the provings), and that its pains are more *spasmodic*, producing strictures and cramps, "closing the oesophagus," etc. Again, that it has *less heat symptoms*, and *more sweat*; *more exhilaration of mind* and *less despondency*, in short its action is more decidedly upon the cerebro-spinal nervous system than upon the ganglionic.

I read it as standing in the same relation to *Petroleum* that *Atropine* does to *Bell.*, and *Morphia* to *Opium*; as being *more neurotic* in its action, and less potent in its influence upon the other tissues.

I would not be understood as saying that all these symptoms are present in every case, but enough of them will be found to be characteristic indications for this remedy, of course the gastric and enteric symptoms would rarely, be found in a case of scarlet fever or diphtheria, but they are frequent in other diseases as they occur at the present time. I find this remedy, therefore, likely to be useful in cases of bronchitis, or enteritis and even rheumatism, as they occur this winter, as many of the above symptoms in their totality are present.

I have found that, as a rule, the 3x dilution of *Petroleum* is sufficient to control these cases, and I have given the 6x as a prophylactic with satisfaction.

**ALLOPATHY AND SCARLET FEVER.****CHICAGO "REGULAR" PHYSICIANS IN COUNCIL.**

Among the one hundred present, January 25th, were Drs. Byford, Blake, Isham, Dodge, McVickar, Guerin, Hurlburt, Rutter, Bevan, Simons, Parks, Knox, Mary Thompson, Jackson, Emmons, Powell, Starkweather, Hammill, De Wolf, Henrotin, Williams, Ingalls, Rauch, Chaffee, Sawyer, Johnson, Commissioner Wright.

On motion of Dr. Johnson, Dr. Hammill was called to the chair. Dr. Sawyer acted as secretary.

The chairman stated that the object was to aid the city authorities in diminishing the ravages of the diseases.

**PREVALENCE OF THE DISEASES.**

Commissioner Wright, by request, said that his object was to have the physicians decide upon some method for judiciously treating scarlet fever and diphtheria. The mortality had been great for the past few months, and had increased steadily during the last six. For three months it had been especially heavy. The diseases had assumed a malignant type, with complications. A majority of physicians claimed that there was no specific remedy. He desired to know if there was any preventive, in order that he might do what he could with the little means at his command in that direction.

Dr. Fenn inquired what districts of the city were infected.

Commissioner Wright replied that it prevailed all over the city. The death rate so far this month (Jan. 25th), was one hundred and sixteen.

Dr. Henrotin wanted to know how he came to the conclusion that some physicians were more successful than others.

Commissioner Wright said that there were physicians with a large practice who were successful in the treatment; others were not. Perhaps the care received had something to do with recovery.

Dr. Johnson asked how many patients each physician had, and how many recovered.

Commissioner Wright replied that some had quite a number and made scarcely a death return; others reported one almost daily.

Dr. Earle read some statistics. There were one hundred and ninety deaths from diphtheria in October, November and December, and three hundred and eighty-nine from scarlet fever.

Dr. Henrotin suggested that they discuss the treatment and use of remedies, and also the sanitary measures to be adopted.

Dr. Bevan remarked that the public were

**MOST INTERESTED IN PREVENTION.**

Dr. Ingalls said what they wanted to do was to prevent the disease, not to cure it. In that respect they had been going forward with closed eyes. He did not believe there was any necessity for having the number of cases which had characterized this winter. The public were not instructed as to the extreme contagiousness of scarlet fever. They

needed instruction on that point. What ought to be done was : Place the patients under surveillance, as was done with those afflicted with small-pox. Notices should be put upon the houses. This would teach people better than any other way of its contagiousness. When the cholera made its appearance in Chicago, it was surrounded as a fire, and this stopped its spreading. By not adopting precautionary measures several hundred lives had been lost. He had no doubt that scarlet fever could be carried one to another. Every case should be taken charge of, and all persons excluded from contact. The disease was certainly disseminated through the public schools.

Dr. Johnson did not think much could be done by general discussion. A committee should be appointed to prepare a statement of facts, leaving out all theories, in regard to the ordinary mode of propagation of the disease, and the methods known to be most efficient for preventing its spread. There should also be a committee to investigate the origin of the present epidemic — to learn the conditions of the city last fall, and who was responsible for this murder of the innocents. The guilt seemed to him distributed. In a city of 450,000 the first duty of every one was to take care of himself. The people of Chicago had not appreciated the importance of a thoroughly organized and efficient sanitary department. There ought to be one directed by a competent head.

Dr. Jackson thought much could be done at once. Delays were dangerous in this as in all other emergencies. There were two prevalent errors in the public mind with regard to the contagiousness of scarlet fever especially, and also of diphtheria ; and physicians desirous of carrying out sanitary measures, found it almost impossible to secure the co-operation of the patient and his friends. He did not believe in *Belladonna* or the *Sulphates* as preventives. They would not prevent propagation. He did not believe in the preventive efficacy of any single drug if one was exposed to the germs of the disease. A good many things, however, could be done to prevent a patient from becoming a centre of contagion, if the physician would give proper directions and the friends of the patient enabled him to carry them out. Isolation, ventilation, and cleanliness were all-important. He then read the following extract from "Aiken's Practice of Medicine :"

#### INSTRUCTIONS FOR SICK-ROOM.

The miasmata of scarlet fever cannot be destroyed by fumigation, although much may be done in this way by thorough disinfection with the fumes of *Nitrous acid*. While there can be no objection to using the *Sulpho-Carbolate of Soda*, or other drugs which promise even the least degree of prevention (*Belladonna* has been proven entirely worthless for this purpose) among those who are or have been exposed to the poison, our chief reliance in checking the progress of the disease must be placed upon separation, ventilation and cleanliness.

1 The sick person and the necessary attendants should not come in contact, or mingle with healthy persons.

2. All woolen articles, whether of clothing, furniture, or decoration, such as carpets, curtains, etc., which may be retentive of disease-germs, should be removed from the sick-chamber.

3. Flat dishes containing *Carbolic acid* in solution should be placed under the bed and in other parts of the sick-room; the floor should be sprinkled two or three times a day with the same solution. A basin or cup partly filled with a solution of *Carbolic acid*, or containing *Chloride* or *Carbolate of Lime* should also be constantly on the bed for the patient to spit into. This should be emptied, cleansed, and recharged two or three times a day.

4. All bedding or clothing when removed from the contact of the patient, should be at once placed in a tub, or other large vessel, containing a solution of *Carbolic acid*, prior to being washed.

5. Instead of pocket-handkerchiefs, small pieces of rag should be used for wiping the mouth and nose, so that afterward they may be at once burned.

6. The dresses of nurses should be of linen or other smooth material that can be readily washed. And nurses should be careful to wash their hands in a weak solution of *Carbolic acid* immediately after they have been soiled by the excreta of the patient.

7. The glasses, cups, spoons, etc., used by the patient should be carefully cleansed before being used by others.

8. The discharges from the bowels and bladder should be received on their very issue from the body into vessels charged with disinfectants.

9. So soon as the skin commences to desquamate, the minute particles should be prevented from flying off as impalpable powder, by thoroughly anointing the skin (the scalp included) with *Olive oil* or lard. This should be done as early as the fourth or fifth day. When the patient becomes able to take a warm bath, the whole person should be well scrubbed, free use being made of *Carbolic acid soap*. Three or four such baths should be given at intervals of two days.

10. When the patient has left the chamber, the latter should be thoroughly dusted, and the floors, bedstead and woodwork washed with the *Carbolic acid* solution. The walls should also be freshly lime-washed; or, if they are covered with paper, this latter should be removed and recovered.

If a patient be from the outset thus isolated from all who are susceptible of contagion—if everything proceeding from him is drenched with chemical disinfectants before it leaves the sick-room—if the exhalations from the skin, and the peeling skin itself, are mechanically imprisoned by inunction with *oil* until they can be removed by a warm bath—and if all clothing, bedding and furniture are disinfected at the close of the illness, a case of scarlet fever will remain barren of results. To carry out such a process thoroughly, requires the command of space, of money, and of attendance; and requires, also, wisdom and self-denial on the part of relatives and friends. If it were possible to begin to-morrow, and to carry it out in every case, scarlet fever would have ceased to exist in the country at the end of two months, and it is possible, or even probable, that it would never return.

He offered the following, which was adopted:

*Resolved*, That this meeting recommend to the mayor the appointment of a thoroughly educated physician to the office of health commissioner.

Dr. Fenn favored the changing of garments every day, and also bed-clothing, to say nothing of disinfecting, whether the patient was

well or dead. The atmosphere of the room should be swept out as carefully as the dust swept from the furniture.

Dr. Parks remarked that changing clothes could be done by the rich, but not by the poor, among whom the disease spread most. A preventive to reach them was essential. He had used *Bromine* with success, placing three or four drops in a dish half full of water, and replenishing it when it evaporated.

Dr. Black moved that a committee of five be appointed to suggest the best disinfectants, and the mode of their use, especially with reference to their use among the poor.

The motion was agreed to, and Drs. Johnson, Ingals, Etheridge, Byford, and Jackson, were designated.

They were given until Saturday evening to report.

#### NO PROPHYLACTICS.

Dr. Bevans spoke about the prophylactics of disease, saying that one of the most important things for the committee to do was to remove from the public mind the false ideas which they had about drugs. Many people were trusting to so-called specifics, taken internally, to protect them and their households from the maladies. He alluded to the necessity for isolation by extending the quarantine to the members of the household, and, certainly, to the general public. Next in importance was thorough ventilation of the apartment; and, third, the use of disinfectants. The *Sulphites*, *Sulphates*, and *Sulphurets* were good, and more trustworthy and reliable than *Carbolic acid*. The untrustworthy should be eliminated from the public mind, and such remedies as were known to be reliable placed before the people.

Dr. Byford said people were doing themselves harm by taking preventive drugs to kill germs which did not exist in the blood at the time. He referred especially to *Sulpho-Carbolate of Sodium*.

Dr. Ingals deprecated going too fast.

Dr. Byford offered the following :

*Resolved*, That we do not believe that there are any medicines that can be administered which will prevent disease, and that the continued administration of them for any great length of time is injurious.

Dr. Johnson offered the following as an amendment :

*Resolved*, That it is the sense of this meeting that, so far as we know, there are no remedies that have any influence in preventing the development of scarlet fever or diphtheria.

The amendment was lost, and the resolution was referred to the committee of five.

Dr. Isham agreed, in the main, with all that had been said, but the object of assembling was, as he understood, to stiffen the hands of the health officer in his efforts to stamp out the epidemic. All were satisfied that it could be extinguished. The disease lurked in certain localities last summer, and only awaited the congregation of people in close apartments and ill-ventilated rooms, without changes

of clothing; and these were carrying the contagious atmosphere all over the city. Had the physicians reported the cases to the health officer? An ordinance required it.

Several remarked that they never heard of such a law.

Dr. Isham continued: They should not wander from the subject to discuss questions of practice. Not only should the public be told what to do, but they should give no uncertain sound to the authorities as to their duties in the premises. The health officer ought to be clothed with arbitrary power to isolate cases of the disease, and the committee instructed to recommend to the authorities to take such steps as would bring the health officer a proper report of every case of infectious disease that occurred in the city. Then they could see what should be done in the way of prophylactics.

On motion, the committee was so instructed.

Dr. Rauch suggested that the committee recommend to the authorities such legislation as would enable the health department to carry out effectively what was necessary.

The meeting was then adjourned until Saturday night.

#### ANOTHER COUNCIL ON PROPHYLACTICS.

The Allopathic physicians of the city held an adjourned meeting at the Grand Pacific Hotel, January 27th, to hear the report of the committee of five appointed to report upon the subject of prophylactics for scarlet fever and diphtheria, and upon other matters in connection with those diseases which would be of interest to the public. There were about sixty present, and Dr. Hammill presided.

Dr. Johnson, for the committee, presented the following report:

*To the Health Department of the City of Chicago:* In conformity with the request of your superintendent, a large assemblage of physicians convened at the Grand Pacific Hotel on the evening of January 25th, to consult on the sanitary condition of the city, and especially as to the most effectual means of checking the scarlet fever and diphtheria under which it has for some time suffered. At this time the undersigned were appointed to prepare and present a report on the subject to a subsequent meeting. In fulfillment of the duty thus imposed, the subjoined report is made:

It is clearly true that the conservation of the public health is one of the most manifest duties of any civilized people, and the subject cannot escape the consideration and care of civil governments. At all times, and especially in times like the present, the health department of the city should be conducted on principles of strict economy; but we think sufficient money could be diverted from our present munificent expenses for the public charities of the county, and that without impairing their usefulness, to give an increased security to the lives and health of those outside of these institutions. Even liberal expenditures would be warranted, if for anything, for the purposes we seek; for, aside from the mental and physical pain that sickness brings to individuals and families, it is the most expensive misfortune that can

rest upon a people; and to the poor it is an overwhelming burden. Disease checks the production of wealth, and necessitates its largely increased consumption in the case of the sick, while the lives that are sacrificed have a substantial value to the state. Viewing the question in this its lowest aspect, it is clear that a proper regard for our commercial, social, and pecuniary interests demand that a residence in the city should be rendered safe, salubrious, and agreeable. Nature has given the surroundings that should make Chicago one of the most healthful cities of the earth, and all that is necessary to the realization of this condition is the intelligent co-operation of the citizens.

We think the board of health should be organized with powers adequate to the accomplishment of this purpose. As to scarlet fever, the more immediate subject of our inquiry, we count it among the most contagious of diseases, and of its fatality the many stricken homes of this and other cities are a painful attestation. The disease, when established, has a course largely controlled by the laws of nature. Most cases undisturbed in their progress go on to their recovery, while those of aggravated severity are not relieved from death by the most enlightened and assiduous efforts of both physician and friends. Therefore the public safety should be sought in efforts to prevent the disease from being disseminated. We believe proper methods, faithfully carried out, would expel it from the city and prevent its return in an epidemic form. Toward effecting this, the following rules, suitable to be observed, so far as practicable, are submitted. The following are plain rules for preventing the spread of contagious diseases:

#### INFECTION.

Scarlatina and scarlet fever, and scarlet rash and canker rash, are one and the same disease. It is very infectious. A very mild case may give rise, by infection, to a very severe one. Infection is contained in all discharges from the body during the progress of the disease and recovery, but more especially from the skin during convalescence, and when the cuticle is being shed. The dry particles which are separated from the skin are highly infectious, and retain their infectious nature for an unknown time, unless thoroughly disinfected. They are disseminated through the air, and become attached to articles of furniture, clothing, draperies, wall-papers, etc. Thus the disease may readily be conveyed from one person to another by those who are not themselves suffering from it. It is also conveyed by bedding, clothing, furniture, and other articles, and by rooms which, having been exposed to the infection, have not had their ceilings or walls disinfected, or had the wall-paper removed.

#### ISOLATION.

Isolate the person affected as much as possible from the other inmates of the house. This is most readily effected by at once removing him to an upper room if circumstances permit. The room selected should be large and airy, and the means of ventilating it, which shall be presently mentioned, at once adopted. No child should

be permitted to go to school or to any public assembly from an infected house, and communication of such in play or otherwise with healthy children should be prevented. When a person has had the disease he should not be permitted to mix with others until perfectly recovered, and has had his clothes thoroughly disinfected; and not even then without the permission of his medical attendant. Nor is it advisable that any one who has had the slightest communication with a person suffering from the disease should go to any church, meeting, public house, fair, market, etc. Neglect of these precautions is a prolific cause of the spread of this disease.

Attendants on persons suffering from scarlatina should be chosen, if possible, from those who have already had the disease.

There should be no public funerals of any patient who has died of an infectious or contagious disease. Remember that the separation of the sick person from the well is the most certain means of preventing the spread of the disease.

#### VENTILATION.

The room must be kept well ventilated under the physician's directions by means either of a fire (when required) or of an open fire-place and chimney, and of windows opening to the external air. By means of the latter ventilation is most effectually procured so as to avoid draughts in the following manner: Raise the lower sash of the window three or four inches; then procure a piece of wood made to fit accurately in the lower opening, and place it there. By these means free outward and inward currents of air, without causing any draughts, are obtained through the vacant space between the two sashes. When a window is merely opened from the upper or lower sash draughts are invariably caused.

#### FURNITURE, CLOTHING, ETC.

Before removing the patient to the room to be occupied, the following proposition ought to be made: All superfluous curtains, carpets, woolen articles, unnecessary clothing—in short, everything likely to retain infection—should be at once removed. The patient's bed ought to be so placed as to allow a free current of air around it, but not so as to place it in a draught. All sheets, towels, handkerchiefs, etc., which have been used by patients should be thoroughly disinfected, and afterward carefully washed. In all cases of infectious disease, it may be as well that the patient use pieces of rags or old linen in (lieu of pocket-handkerchiefs), which may afterward be burned, or, better, buried. When the bed or body linen is soiled, the soiled spots should be sprinkled with some disinfecting substance.

#### BATHING, ANNOINTING, ETC.

There should be frequent bathing and the application of *Oils* or *Glycerine*, water, or some such substance, under the direction of a physician.

*First*, They prevent the escape of contagious matters from the body.

*Second*, Many physicians believe they are useful.



## DISINFECTION.

After removal of the patient to the room in which he is to remain, the outside of the door and doorpost should be completely covered by a sheet kept wetted with some disinfecting fluid, such as the *Chlorides*, *Sulphates* or *Sulphites of Zinc*, *Lime*, *Soda*, *Iron*, and *Sulphurous* and *Carbolic acid*. Implicit trust, however, should not be placed in so-called "disinfectants." They are very useful when judiciously employed, but are by no means certain "preventives of disease."

## DIRECTIONS FOR DISINFECTING CLOTHING.

The best mode of effecting this is by the agency of great heat, and when this is possible no other plan need be tried. Unless, however, there are places built on purpose, this agency is hardly procurable. Failing this, boiling clothes in water to which some disinfectant has been added should be employed. *Carbolic acid*, one part of pure or two parts of *Commercial acid* to one hundred parts of water, is sufficient.

Woolen clothing cannot be treated in this manner, but must be exposed to a solution of the *Chloride of Zinc*, or high, dry heat, or hot steam.

## DIRECTIONS FOR DISINFECTING ROOMS.

Rooms which have been occupied by a person suffering from infectious disease should, on the termination of illness, be at once disinfected. To effect this thoroughly, all crevices around windows and doors and the fire-place should be closed by pasting pieces of paper over them. Lumps of *Sulphur* (*Brimstone*), one pound for every thousand cubic feet of space, should then be put into a metal dish, placed by means of tongs over a bucket of water. This being set fire to, the doors should be closed, and the room should be allowed to remain without interference for three or four hours. After this time the windows should be thrown open, and, when the fumes have disappeared, all the wood-work and walls should be thoroughly washed with soft-soap and water, to which *Carbolic acid* has been added (one pint of the common liquid to three or four gallons of water), and the paper on the walls stripped off. In whitewashed rooms the walls should be scraped and then washed with hot lime.

## PREVENTIVE MEDICINES.

Reliance ought not to be placed upon any medicine given to prevent the disease. Medicines so given may do harm. They should be taken, if at all, only upon the order of the physician of the family.

## WHAT THE AUTHORITIES OUGHT TO DO.

1. Require a report to the health department of every case of contagious or infectious disease.
2. Officially inquire into the origin of disease in each case.
3. Take such measures as will prevent communication between the infected location or house and those not infected by the placing of placards and other measures, which have been found useful as warnings to the public; and by prohibiting children from infected houses from attending public schools; prohibiting public funerals of

persons who have died from contagious or infectious diseases, and by enforcing the disinfection of clothing, furniture, bedding, and the rooms used or occupied by persons who have had any contagious or infectious disease.

If additional legislation is required to secure these measures, it should be had without delay.

The committee earnestly recommend the people, the physicians of the city, and the public authorities, to adopt and enforce so far as possible substantially the measures above recommended. Concerning the utility of these means there is among the educated physicians no important difference of opinion.

H. A. JOHNSON.  
E. INGALS.  
J. H. ETHERIDGE.  
W. H. BYFORD.  
A. R. JACKSON.

#### DISCUSSION.

The report was considered by sections, and the only part which met with any serious objection, was that relating to the use of preventive medicines.

Dr. Byford tried to have the language amended so that it would read that such medicines do harm, and should not be given at all. He contended that they could not be taken for any length of time without interfering with digestion and assimilation, and causing injury. There was a wide-spread belief or hope that absolution for the violation of known sanitary laws might be gotten by swallowing some bolus or mixture, and it was because of the falsity of this that he desired the meeting to express itself definitely on the point. Having seen everything tried that had been announced as a preventive agency, and having found in his own experience and in his reading of authors who had tried them, he was convinced that there was not an authentic example in which they had wrought other than harm.

Dr. Henrotin said that he had used *Sulpho-Carbolate of Sodium* in sixteen cases as a preventive where the children were below twelve years of age and in immediate contact with a patient, giving from five to ten grain doses every three hours, and eleven took the disease and five did not. As far as his experience went, it had no preventive virtues.

Dr. Ingals remarked that as strong a case could be made out from authorities in favor as against preventive medicines. While he had never seen any beneficial effects derived from them, he had prescribed them for families who wanted them.

Dr. Johnson urged, as there were doubts, they should express themselves cautiously.

The question was taken on Dr. Byford's amendment, and it was declared adopted by a vote of 38 to 29.

Dr. Fitch moved a reconsideration, and a second vote stood 31 for and 30 against.

The fairness of the count being questioned, a third "division" took place, and the vote — yeas, 32; nays, 33 — was accepted as final.

The report was then adopted as a whole.

Dr. Hollister offered the following :

*Resolved*, That a committee of three be appointed to confer with the state committee now in session at Springfield, and assure them of our earnest desire that their efforts may be successful in securing from our legislature such special legislation as may be needed to secure the creation of a state board of health, vested with such powers as shall be adequate to meet the sanitary necessities of our state.

It was adopted, and Drs. Johnson, Hollister and J. Ramsey Flood were designated as the committee.

On motion, the following were appointed a committee to confer with the mayor and health commissioner in regard to the sanitary needs of the city : Drs. Johnson, Ross, Bevan, Isham, and Ingals.

The meeting then adjourned.

## HOMŒOPATHS ON SCARLET FEVER

### A CONFERENCE OF THE CHICAGO PROFESSION.

A well-attended meeting of Homœopathic physicians was held January 26th in the Tremont house, to advise with each other upon the subject of the scarlet fever epidemic, and to discuss the efficacy of remedies for prevention and cure.

Dr. T. C. Duncan, president of the Chicago Academy of Homœopathic Physicians and Surgeons, called the meeting to order, and the veteran, Dr. D. S. Smith was called upon to preside. Dr. R. N. Foster was chosen secretary.

Upon taking the chair, Dr. Smith stated that the meeting had been called to consider the best means to abate the scourge of scarlet fever.

#### EXPERIENCE OF THE PHYSICIANS.

Dr. Small had had considerable experience in the treatment of scarlet fever, and his success had been reasonable. He had stuck to strict Homœopathic treatment usually; in families of scrofulous tendencies he had found that the disease was more stubborn, and in such cases he used *Calcarea carbonica*, and where there was high febrile excitement, *Aconite*, to be followed with *Belladonna*. He had treated a good many cases of scarlet fever this season, and had lost but one case, and that had been a very virulent one. His confidence, during his practice, in the use of *Belladonna*, had been very great. He had relied upon the remedy, and he had not heard of a fatal case

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where *Belladonna* had been used. He had also used *Chlorate of Potash*. He regarded it as an antiseptic, and in the treatment of diphtheria he had used it with much success, instructing his patients to use it as a gargle. So far as evidence could be gained of the utility of prophylactics, the *Chlorate of Potash* was a valuable remedy. He had used the *Sulpho-Carbolate of Soda* but very little, and could not pronounce an opinion of it.

Dr. Foster said that the meeting could not more surely strike the key-note of this matter than by showing its faith in prophylactics. He had no doubt of the efficacy of *Belladonna*, he said, and to show the soundness of his faith, read from Condie, on Diseases of Children, p. 440, in which the prophylactic qualities of this medicine were shown, and cases cited in which *Belladonna* had been used with great success. Experiments had been made with it in every country, and out of the 6,000 Homœopathic doctors in this country there were not sixty who would not indorse *Belladonna* in the treatment of scarlet fever. It was of the greatest importance, he thought, that the remedy should be considered unqualifiedly by the meeting, as there had been much done to weaken the confidence of the public in this drug. The evidence of its efficacy was overwhelming. They could not claim for it that it would cause the disease to entirely disappear, but they would claim that it was the best remedy for its prevention in use.

Dr. Williams, pharmacist, said he had furnished his brother physicians with a good deal of *Belladonna*, and he could indorse all the good things said for it. He had sold it to Allopathic physicians, and he had heard some of them speak enthusiastically of its efficacy.

Dr. Duncan then read a paper which he had prepared from the writings of various authors, on the value of this remedy. (See UNITED STATES MEDICAL INVESTIGATOR, Vol. V., p. 154.) Among about two hundred children in his parish, he had seen, this season, but four fully developed cases of this disease, but many had the premonitory symptoms. Cases were all about them, but they had taken *Belladonna* and escaped. He knew little about *Sulpho-Carbolate of Soda*, but if it aided at all in subduing scarlet fever, it ought to be approved.

Dr. Adam Miller said that it must be remembered that it was not only the efficacy of the drug that must be considered, but the strength in which it was to be used. The foregoing remarks might lead people to go to drug stores and buy *Belladonna*, and administer it in unwise and injurious quantities, in which it was a predisponent. The public must be given to understand that it is attenuated *Belladonna*, as

prescribed by Homœopathic physicians. [Applause]. Dr. Miller had found that *Bryonia* was a prophylactic remedy in the treatment of scarlet fever. In proof of this, he cited the features of several cases in his charge.

Dr. Small said that when speaking of *Belladonna* as a prophylactic, he had intended also to speak of it as a predisponent, and he wished to indorse the necessity of using it in its attenuated Homœopathic form.

Dr. Cooke spoke very earnestly of the value of *Belladonna*. He had never seen its value so well established as in the present epidemic. It was not a fair trial, he thought, of its potency in curing scarlet fever, to give it in tincture, or in large doses. At first it should be given in the 3d decimal attenuation, and gradually ascend to the 6th, 12th, 30th, and other attenuations. To give it in large doses was simply to increase the danger of the disease. As for the *Sulpho-Carbolate of Soda*, (if scarlet fever was a septic disease), to Dr. Beebe belonged the credit of suggesting it in preventing that disease. It was Dr. Beebe who had first suggested the prophylactic qualities of *Sulpho-Carbolate of Soda*, in spite of all that had been said and written on the subject.

Dr. Cooke said further, that though he regarded Dr. Beebe's remedy a preventive, yet he would not give it in all cases, to children, for he did not think it was entirely innocuous.

Dr. Wilkie said that in every case in which he had given *Belladonna* in thirds and sixths, as a preventive, the subject taking it had contracted scarlet fever, and in some instances had died.

Dr. Cooke was inclined to doubt this, and thought the coroner should have been summoned in each fatal case.

Dr. A. W. Woodward believed that the presence of catarrhal symptoms, sneezing, cough, and hoarseness, were new symptoms in scarlet fever, yet he had seen this disease begin with these symptoms frequently this season. He had also observed a tendency to remission in the fever, even before the eruption appeared; with these conditions there was rapid loss of strength, and very offensive breath, which denoted a profound adynamic condition, to which he could not see that *Belladonna* was Homœopathic. This was not the scarlet fever of Sydenham.

Dr. Mitchell spoke, endorsing *Belladonna*. He advised four pellets, night and morning, for three days, then skip three days. Had little faith in *Sulpho-Carbolate*.

Dr. Hawkes said he had had little experience in *Sulpho-Carbolate of Soda*. He had seen it used with success in one household, while in

another which came to his knowledge, it had failed. He had used *Belladonna*, and could say a good deal in praise of it. He thought that cases of scarlet fever were more severe and obstinate in seasons when there was very little sunshine. As to the cause of the disease in question, he laid it to the lack of sunlight of late. Since last October, there hadn't been fifteen days of sunshine, except during the past few days. "The conditions" had been most favorable for scarlet fever, diphtheria, and other diseases.

Dr. Ballard followed, with the strongest testimony to *Belladonna* as a preventive and remedy. He had rarely administered it, even in severe cases of scarlet fever, without curing the patients. An equally good preventive was light-heartedness; the absence of fear, and a good Homœopathic doctor were the best preventives he could recommend. [Applause].

Dr. Smith, the chairman, was asked for his views on prophylactics. He read from Dr. Eberle's Practice of Medicine several favorable comments on *Belladonna*, and instructions in administering it. In his own experience he had used it with favorable results in mild cases, and also in bad cases taken in time. When it had failed the cases were malignant, and he had not been called until it was too late. There had been cases of death from the use of *Belladonna* bought at drug stores.

A committee of three was here appointed, on resolutions, consisting of Drs. Foster, Cook and Duncan.

Dr. E. M. Hale briefly spoke in praise of *Belladonna*, and remarks to the same effect were made by Drs. Hoyne and von Tagen.

The committee reported the following :

*Resolved*, That this meeting emphatically recommends the daily use of *Belladonna* as a prophylactic against scarlatina, but only in doses so attenuated as not to produce visible effects upon the organism, and always under the advice of a family physician.

*Resolved*, That isolation is the next only means that we know of to prevent the spread of the disease; but we deprecate arbitrary interference with the right of families.

*Resolved*, That we have every reason to believe that such a course would reduce the frequency, the severity, and the mortality of this disease, but will not wholly eradicate it, nor do we know of any means that will.

*Resolved*, That these resolutions be transmitted to the public press, and to the commissioner of health.

These resolutions were adopted.

DR. JOHNSON (REGULAR),

being present, was invited to give the meeting his views. He said



that a difference in medical politics would not prevent him from acting with the physicians of any school whose object was to save life to abate the prevalence of the disease—scarlet fever. He of course, differed with those present, and indeed, they differed among themselves. In the report to be submitted to the Allopathic physicians, it would be stated that no reliance was to be placed upon medicines taken to prevent disease, and that all remedies should be taken under the advice of a physician. Although they differed, they were united, in this instance, in a common cause. Upon the question of the importance of sanitary measures, he thought they were all agreed. The Herod which was slaughtering the children was bad sewers, defective drainage, badly-performed scavenger work.

DR. MITCHELL OFFERED THE FOLLOWING, and supported it in a few remarks. The health department, he said, was run as a part of a political machine, and did nothing toward enforcing sanitary enactments :

*Resolved*, That it is the sense of this meeting that the necessary legislation should be enacted, to enable the mayor of the city of Chicago to appoint a health commission, to consist of four Allopathic physicians, four Homœopathic, and two Eclectic. Said commission to supersede all health officers heretofore appointed.

This resolution was referred.

Dr. Duncan moved that a sanitary committee of five be appointed, and Drs. Small, Cooke, Hoyne, Mitchell, and Ludlam, were named as that committee to report on the best general measures to be recommended.

The meeting then adjourned.

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### THE HOMŒOPATHS ON BELLADONNA, SULPHO-CARBOLATES, ETC.

An adjourned meeting of Homœopaths was held (January 26th) to receive and consider the report of the sanitary committee appointed at the last meeting. Dr. D. S. Smith presided, and there was a large attendance.

#### EXPERIENCE IN THE TREATMENT.

Dr. Talcott stated that good results had followed the use of *Sulpho-Carbolate* at the commencement of the disease. If there was a specific in the use of the *Carbolate*, it was when the child had been exposed ; that was time enough to begin using it. He, however, adopted the

treatment to meet the case as it presented itself from day to day. He had used *Belladonna*, but how far it was prophylactic, he could not say; but he was convinced of the benefit of the *Carbolate* in any indication of blood disease. His fatal cases of scarlet fever were after the patient began convalescing, owing to the imprudence of parents in suffering the children to become exposed to drafts. He had adopted the bath when the necessity presented itself. He thought much of the wet sheet and hot application, which was one of the best applications he knew of.

Dr. A. G. Beebe launched into a very interesting account of his treatment of scarlatina. In regard to the contagiousness of scarlet fever, he thought at least four-fifths of the cases had not been the result of contagion, but a great majority of the cases resulted from epidemic influences, produced by certain atmospheric conditions, which affected the whole community alike. The statements made with regard to stamping out scarlet fever by sanitary measures were certainly overdrawn, unless they could stamp out the conditions of the atmosphere which produced it. In the ward where he resided (Twelfth,) there was little scarlet fever, because it was one of the cleanest and best drained in the city. The parts of the city occupied by the lower classes seemed to be suffering most from the disease. This was no doubt owing to the over-crowding and ill-ventilation of their houses. He did not believe there was any positive prophylactic. He had as much confidence in *Belladonna* as in any other remedy. It was the best known to the medical profession, but he did not think it was effective in many cases. With regard to the anointment, he had noticed good results from bacon rind, which successfully allayed the irritation. In concluding, the doctor declared with great earnestness that he had never known a case treated by a Homœopath to terminate fatally.

Dr. N. F. Cooke said an unction had found its way into the newspapers which was both pernicious and stupid. He referred to *Cosmoline*, which prevented the ventilation of the skin. A good unction was *Olive oil*, or a better one still was one having *Almond oil* as its basis. He did not believe that contagious diseases were spontaneously generated. A great deal had been said, of late, about sewer-gases, but he thought the streets of Chicago had never been in such a healthy condition as they were to-day, and had been for the last two months, and that was in spite of the city authorities. But if proper sanitary measures were not adopted, something worse than scarlet fever would shortly be upon us.

Dr. C. H. von Tagen spoke at length on the use of *Belladonna* as a prophylactic. The failures of this remedy were mostly those subjected to the contagion, or those who had some predisposition or constitutional impurity in the system which tended toward these diseases.

Dr. A. W. Woodward objected to the reporters making him the only one present at the previous meeting who objected to *Belladonna*. He did not wish to go on record as being altogether opposed to it as a prophylactic in all seasons. What he wished to convey was, that he did not consider it a prophylactic at the present time.

Dr. Foster said the experience of thousands of physicians, extending over a large number of years, warranted them in saying to the public, "Use *Belladonna*; use it as we say, and the probabilities are largely in your favor." Now, with regard to *Carbolic acid*, could any one show from statistics where its use had ever diminished the virulence or shortened the duration of any epidemic whatever? He had never seen any records kept to prove the advantages of *Carbolic acid*, but there was abundance in regard to *Belladonna*. He was afraid the chief advantage of *Carbolic acid* was that it made a bad smell, and when people smelled it they took courage, and said scarlatina could not exist where the atmosphere was permeated with such a perfume.

Dr. C. H. Von Tagen said, in a statistical report, kept in Philadelphia for six and eight months, it appeared that the loss under the antiseptic treatment with *Sulpho-Carbolate of Soda* was 6 or 7 per cent, and the loss under *Belladonna*, used as a prophylactic, was somewhere in the neighborhood of 2½ to 3 per cent. The record embraced some thousands of cases.

Dr. Foster said the point he wished to make was, that there were no statistics to show that any epidemic had ever been diminished by external fumigations of *Carbolic acid*.

#### CLOSING THE SCHOOLS.

The question of closing the schools during the epidemic next came up.

The chairman expressed himself in favor of keeping the schools open, but he would retain children residing in houses where the disease was, until after its disappearance.

Dr. Woodward offered the following, which was passed :

*Resolved*, That we indorse the action of the superintendent of schools in establishing stringent rules, excluding all children from school who are inmates of houses in which scarlet fever is present, and we believe this exclusion should continue.

One of the doctors then thought they should consider how long the children should be kept from school.

Dr. Foster was of opinion that there was no danger after desquamation was completed.

This seemed to meet the approbation of the others, and the subject was dropped, by mutual consent.

THE SANITARY REPORT.

Dr. Small, of the sanitary committee, announced that they were ready to report.

Dr. Cooke read the report, which is given as subsequently amended :

The committee appointed by the meeting held at the Tremont house parlors, Friday evening, January 26th, to report on sanitary measures to be adopted with reference to epidemic scarlet fever and diphtheria now prevailing, respectfully present the following rules for the guidance of the public :

1. Scarlet fever and scarlatina are one and the same disease, whether mild or severe.
2. It is epidemic, contagious, and infectious.
3. Patients in this disease should be placed in well-ventilated apartments, kept at a temperature of 68 to 70 degrees, care being taken against drafts directly upon the bed.
4. All unnecessary furniture and clothing should be removed from the room. The patient's clothing, before being washed, should be dipped in a solution of *Carbolic acid*, in the proportion of five to six minims to one ounce of water.
5. Bathing should be moderately practiced, but inunction with *Olive oil*, bacon-rind, lard, or diluted *Glycerine*, may be used as often as necessary for the comfort of the patient, or prevention of the escape of particles of skin.
6. All discharges should be instantly disinfected. Those from the bowels and bladder should be received in a disinfecting solution. Pieces of cloth, to be immediately burned, or cleansed in a disinfecting fluid, should be used for receiving all other diseased products.
7. Disinfecting solutions should be freely used, either by placing cloths saturated with them, about the room, or spraying them over the patient and the air of the room with an atomizer.
8. Children not attacked by the disease should be isolated from the patient.
9. Children from an infected house should not be sent to school, or to any public assembly; nor should a child recovering from the disease be allowed communication in any way with other children, until after the period of desquamation or exfoliation of skin is thoroughly complete.
10. Reliance should not be placed on the use of preventive medicines alone, but they should be given only under the advice of a physician.
11. The practice of confining healthy children within doors, from fear of exposure to contagion, is strongly condemned. It is directly calculated to lessen the power of resistance to contagion.

12. All houses in the city are more or less invaded by sewer emanations and exhalations. A ventilating pipe should extend from below the "trap" in the water-closet, at least five feet above the roof.

13. The room of the patient and its entire contents, after the disease has passed, should undergo thorough disinfection and fumigation, under the direction of the physician in attendance.

A. E. SMALL, Chairman.  
N. F. COOKE.  
J. S. MITCHELL.  
R. LUDLAM.  
T. S. HOYNE.

The following recommendations were also made :

Your Committee recommend the appointment of a sanitary commission, in which the different schools of medicine shall be represented, said commission to serve without compensation, but to have power to appoint a health officer, who shall be an educated physician, and receive a reasonable salary from the city.

The meeting had just settled down to the consideration of the report, when Dr. Johnson, of the Allopaths, entered the room with the report adopted at their meeting. It was decided to hear this document read before passing the report of their own committee. Dr. Johnson, therefore, read the recommendations of the large-dose medicine men. In the main, they agreed with the ideas of the Homœopaths, but, following out their general practice, they gave more ink and paper to reach the same result.

The report of the committee was then adopted as given above. The first recommendation was passed; there were objections to the second, and it was dropped.

A vote of thanks was given to Dr. Johnson for his courtesy in attending. The doctor entered a protest against the schools of medicine becoming mutual-admiration societies, and suggested that the thanks would not be expressed.

Out of deference to the doctor's feeling, the motion was withdrawn.

The meeting then adjourned till Thursday night.—*Tribune*.

#### MORE ON THE TREATMENT OF SCARLET FEVER.

An adjourned meeting was held at the Tremont House, Feb. 1, 1877, to take into consideration the treatment of scarlet fever and diphtheria. Dr. D. S. Smith presided, and Dr. E. A. Ballard acted as secretary.

Dr. Foster called attention to the appointment of Dr. Oscar C. DeWolf as superintendent of the board of health, and asked in his behalf the active and hearty co-operation with him in his efforts to

control this epidemic, believing that all physicians will receive fair and honorable treatment.

The secretary read a very able paper by Dr. Williams on *Sulpho-Carbolate of Sodium*.

Dr. Duncan—I have made a partial proving of *Sulpho-Carbolate of Sodium*. It produced rush of blood to the head; vertigo; inflammation of the uvula, with a sensation of enlargement of the nasal septum and of fullness in the throat; burning in the stomach, with slight nausea. The feeling in the head was similar to that produced by *Carbolic acid*, that in the stomach was similar to that produced by *Sulphuric acid*. The effect in the throat was like that caused by *Natrum*. There was an aggravation every afternoon at 6 P. M. Scarlet fever seems to commence in the throat. An Allopath in Tennessee arrested cases by cauterizing the throat at the first appearance of symptoms. He also stated that Dr. Bacmeister, of Toulon, Ill., one of the most careful and accurate prescribers in our school, writes that he has this season found *Rhus* the most prominently indicated remedy, especially in cases with diphtheritic complications. Some of the German Homœopaths use this remedy as a prophylactic. Since our last meeting I have had some very favorable experience with *Bell.* in scarlet fever. I have in preparation a work on scarlet fever which will include the history, pathology, statistics, and treatment of this disease.

Dr. Foster—I wish to call attention to a new prophylactic. I refer to vaccination and revaccination. Successful vaccination will, I think, shield the person from scarlet fever about four weeks at least, for I do not believe these two diseases can exist in a person at the same time. This, of course, is mere theory, but I advise vaccinating every child, for I think it will prove a good prevention, not only of scarlet fever but will cut short other eruptive diseases, *crusta lactea*, etc.

Dr. Cooke—I shall have to differ with Dr. Foster in regard to the prophylactic powers of vaccination in scarlet fever. The two diseases are not at all similar, and I think there is an element of danger in the practice, as it lessens the power of resistance.

Dr. Duncan—I have read of an instance where these two diseases existed in a patient at one and the same time.

[NOTE.—I have now a case of varicella and scarlet fever present in the same patient.—ED.]

Dr. Tooker—I want to add my testimony in favor of *Bell.* both as a preventive and curative agent. I believe it is the remedy which, in

most of the cases, will do the best work for our patients. In connection with this discussion two questions arise: Are we Homœopaths? Is *Sulpho-Carbolate of Sodium* the simillimum of scarlet fever? If the second question must be answered in the negative, so also must the first, if we use or indorse the use of *Sulpho-Carbolate of Sodium* as a preventive of this disease. *Bell.* has given uniform success as a preventive and curative agent in these and previous epidemics. In the diphtheritic form *Kali bich.* and *Merc.* will be useful. I am not inclined to depart from the old and well-tried Homœopathic remedies, the principal one of which is *Bell.* To my own baby I gave *Bell.* for four weeks, then ceased it. In a week after it had a mild attack. Had the remedy been continued, I believe it would have escaped the disease. Two of the worst cases I have seen were those to whom *Sulpho-Carbolate of Sodium* was given in tangible doses for a week or ten days previous to the attack. A third child in same family took *Bell.* and only a mild attack. I am acquainted with a physician who was one of six who tried the *Sulpho-Carbolate of Sodium* under the direction of Dr. Braun in the Vienna hospital. It was given to lying-in women and cases where there was septic poison. In small doses it was found impotent, and in large doses it was proved to be dangerous, producing nerve poison, turning the urine to a greenish color and showing the effects of poisoning by *Carbolic acid.* If we must go outside of *Bell.* for a prevention, *Sulpho-Carbolate of Sodium* is not the remedy. Nothing should be given that vitiates the system as this drug does. Children should be allowed freedom in the open air. Wrapping the patient in a sheet wrung out of warm water, reduces fever, quiets the nervousness and produces sleep. *Cosmoline*, on account of its purity, makes a good application, especially when the glands have become invaded.

Dr. Cooke—I object to the use of *Cosmoline* on account of its purity. It is so pure that it excludes the air. Unless the surface of the body is perfectly dry it cannot touch the skin. It is hostile to oxygen in the air and in water, and if persistently used it will kill. It is its power to exclude the air that makes it so valuable to protect instruments from rust.

Dr. E. M. P. Ludlam said, in reply to Dr. Foster's vaccination theory, that his little daughter was vaccinated about Christmas, the scab came off January 16th, and shortly after she had the scarlet fever.

Dr. Foster—My treatment has differed from that pursued in previous epidemics. I have used *Aconite* with very fine effect. When

the submaxillary glands are affected I use *Merc. viv.*; for trouble of other glands *Merc. jod.* does better. *Pulsatilla* for otalgia and *Ars.* for renal symptoms. Next to *Bell.* this remedy is one of the greatest value. By its use we may ward off dropsy which so often follows scarlet fever. Bathing is a *sine qua non*. I order the patient put in water as warm as can be borne and kept there two minutes, then apply *Oil* and wrap the patient in a blanket. These are my chief remedies. With proper nursing mild cases will recover without medicine but bad ones I do not think will.

Dr. Dodge — *Belladonna*, and in some cases *Rhus* will act well as preventives. In the treatment, when the temperature of the system is low, the *Monobromide of Camphor* has been of service. *Apis* and *Digitalis* to keep the system in a good condition and prevent dropsical symptoms.

Dr. Ballard — In using *Bell.* as a preventive, it is my habit to give daily for five or six days one dose of the 200th, then after an interval of one week, if needed, I give one, two or three doses as seems best. For swelling of the parotid glands, especially the left one, I have used *Rhus.* with gratifying results. In two cases of paralysis following scarlet fever, this remedy promptly dispersed the trouble. I used the 100,000th.

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*SCARLET FEVER AND DIPHTHERIA, WITH SOME  
THOUGHTS ON OTHER FORMS OF  
SEPTIC DISEASE.*

BY G. D. BEEBE, M. D., CHICAGO.

In order rightly to appreciate the present state of our knowledge respecting scarlet fever, diphtheria, erysipelas and some other forms of epidemic or contagious diseases, we shall need to hastily pass over some of the steps by which scientific investigation and clinical observation have arrived at this knowledge.

THE LABORS OF PASTEUR,

the learned French investigator, were at first directed to a better understanding of the process of fermentation, in order to enable the wine-growers of France to avoid the pernicious changes, which often impaired the qualities of their wines. With the aid of the microscope, he was able to demonstrate that the *Torula*, or yeast-plant, upon which the fermentation of bread, or beer, or wine depends, is indeed a



vegetable growth, from germs, or seeds, planted and springing up, as in other forms of vegetable life. He was able to prove that other forms of seeds, or germs, would produce other species of vegetable growth; as, for instance, the germs of the *Mycoderma* would produce a form of growth ending in the production of *Acetic acid*, or vinegar, — that another would produce *Lactic acid*, and still another *Butyric acid*; that, by excluding these other forms of germs, and supplying the conditions favorable to the growth of the *Torula*, the quality of the wine, or beer, could not suffer.

By another series of experiments, under microscopic scrutiny, it has been found that moist animal tissue, or infusions of animal tissues, exposed to the atmosphere, would, in two or three days, undergo putrefaction—the microscope revealing, at the same time, the presence of

#### MINUTE LIVING ORGANISMS,

capable of motion and reproduction. These bacteria appeared in every sample of the animal matter exposed to the ordinary atmospheric air, but never appeared when the atmosphere, in which they were exposed, had been deprived of all floating particles of dust, even when so exposed for years, thus proving that the seed-germs of the bacteria float in the atmosphere, and from thence are sown, or planted, in any animal matter exposed for their reception. An open wound exposed to the contact of atmospheric air is at once sown with these seed-germs, and the secretions from such wounds are found, on examination with the microscope, to be swarming with little parasites. The question which arises just here has not yet been answered by the microscope, viz: Does the planting by the atmosphere of a different form of germ in some open wounds give rise to erysipelas? The question has, however, been answered in another way, as we shall see.

A German named Koch has carefully studied a disease which, in Russia and Eastern Europe, proved very destructive of animal life known as splenic fever. In the blood of any animal affected with this disease, he was able, with the microscope, to discover

#### A LIVING PARASITE

in great numbers, and which rapidly elongated, and finally developed within its body the seed-germs, which, when introduced into the blood of a living animal, would reproduce the parasite and develop splenic fever. He found that the parasite itself, when introduced into the blood of a healthy animal, was able to reproduce the disease only during a certain number of days; but these seed-germs, when matured in

the body of the parasite, were capable of causing infection after the lapse of months or years—whenever the germ might reach a soil in which it could grow. The similarity of growth between this parasite and the trichina spiralis, met with in diseased pork, leaves little room to doubt that the splenic fever is

DEPENDENT UPON AN ANIMAL PARASITE,

whatever may be the view taken of the bacteria.

A parallel line of thought and investigation has been carried on by some busy practitioners at the bed-side of the sick, either without the aid of the microscope, or in fields beyond the range of vision, which this instrument yet reaches.

The antiseptic plan of dressing in surgical practice, which has been brought to such perfection by Prof. Lister, of Edinburgh, has well-nigh banished traumatic erysipelas from surgical wards of hospitals where used, and has lessened immensely the death-rate from wounds and surgical operations.

Fully ten years ago the writer hereof, while observing the virulence of some cases of diphtheria, became forcibly impressed with the belief that this disease

DERIVED ITS MALIGNITY FROM LIVING ORGANISMS

(septic germs) in the blood, amounting, in many cases, to a veritable blood-poison; and accordingly began then the administration of *Carbolic acid* by the stomach, to destroy these germs. The result was both prompt and gratifying—many cases recovering rapidly under the administration of this antiseptic, when other measures offered but little hope.

Observing how seldom erysipelas appeared in surgical cases where I used *Carbolic acid* dressings, I was led to regard this disease of septic origin; and to-day the certainty with which a case of erysipelas is arrested by the internal administration of an efficient antiseptic is as complete a demonstration of the presence of septic germs in the blood, or is at least, as convincing to my mind, as though the germs could be seen through the microscope.

From the close resemblance between the symptoms of childbed fever and the disease then known as pyæmia, as well as the mooted question whether it could be conveyed from a case of erysipelas to the lying-in chamber—a question now abundantly answered in the affirmative—I came long ago to regard childbed fever as

DUE TO A SEPTIC POISON,

and it is now entirely amenable to treatment by antiseptics, if not too

long delayed; indeed it need never occur, save by the neglect to administer the preventive.

The frequent intermingling of the characteristic symptoms of scarlet fever and diphtheria in the same subject, and the state of system in which scarlet fever often left those who survived an attack—a condition in which the blood and fluids of the body bordered close upon putridity—led me fully eight years ago, to declare my conviction to medical men that this disease would some time be demonstrated to be

AS CLEARLY OF SEPTIC CHARACTER

as I then regarded diphtheria. It is only within the past two years that this demonstration has been reached.

This slow advance has been due to two reasons: the absence of decided epidemics in Chicago, on which to test the theory; and the want of an entirely-satisfactory antiseptic agent, with which to make the test.

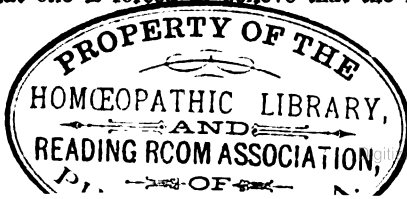
As I have already stated, the first antiseptic administered internally, in my own practice, was *Carbolic acid*; but it was never used with entire satisfaction, because it could not be diffused through the blood in sufficient quantity to destroy the living germs, without producing toxic effects of its own; and it was, besides, objectionable on account of its odor and taste. The *Sulphites*, especially the *Sulphite of Soda*, was found to be quite diffusive, but lacked energy, and hence efficiency. In the chemical combination of the *Carbolic acid* with the *Sulphite of Soda*, we have all the objectionable qualities reduced to the minimum, while all the desirable properties are retained.

During nearly two years I have administered this salt in many hundreds of cases of scarlet fever and diphtheria, as well as a reasonable number of cases of erysipelas and puerperal fever,—both with a view to the prevention of epidemic contagion, and in the treatment of these forms of disease.

THE SULPHO-CABOLATE OF SODA

is readily soluble, and very diffusive when brought within reach of the absorbents. It is odorless, and of a taste differing but little from soda.

By its administration the blood and tissues of the human body may be thoroughly disinfected without exciting any toxic effects of the drug. Administered to children breathing an atmosphere loaded with scarlet fever or diphtheritic contagion, it acts as an absolute preventive with exceptions so rare, and with symptoms so slight when any appear, that one is forced to believe that the fault was rather in an



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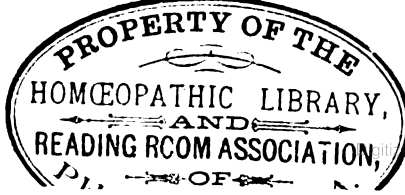
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insufficient dose than in the agent. Given when either of these diseases has developed an attack, and within a few hours the activity of the disease has ceased, and the remaining symptoms speedily fade out into health.

Administered to a case of puerperal fever, when one septicæmic chill follows another, with the hot, drenching sweat between, and, if not too late in the history of the case, the patient may be assured that not more than one chill will follow its first administration, and the high temperature and icterode hue of skin will disappear with most gratifying promptness. No less gratifying is the action of this substance when administered in erysipelas. The rapidly spreading inflammation of the skin stops short, and convalescence begins.

The constancy with which these results follow the administration of this admirable antiseptic constitutes a

#### DEMONSTRATION OF THE SEPTIC CHARACTER

of these diseases well nigh as convincing as the recognition of the parasite under the microscope; and coming, as we do, through these clinical observations by a different route, to the same conclusions reached by Pasteur and his co-laborers, the conclusions are both gratifying and suggestive.

It remains yet to be determined whether small-pox, cholera, yellow fever and other forms of epidemic or contagious diseases will be amenable to antiseptic treatment. The splenic fever, which has proved so destructive of animal life on the continent of Europe, will without doubt, respond to this mode of treatment.

I incline to the belief that the rotheln will not be fully controlled by this form of antiseptic; but the number of cases under observation has been too small to admit of definite conclusions.

#### EXAMPLES.

The following examples will, I am sure, be full of interest:

Montague, Mich., a little community well up in the lumber districts, was visited this winter by a sharp epidemic of scarlet fever, from which over forty children died; and some of the people, in their alarm, predicted that soon there would be no children left in the community. The family of James Dalton, and three or four of his neighbors, including nineteen children, had the *Sulpho-carbolate of Soda* as preventive. These were the only families in the place that escaped the disease, and none of the nineteen children suffered from it.

Maplewood, Chicago, is a cluster of families to the north and east of Humboldt park, where scarlet fever made several inroads upon many

families. Four or five families, in the midst of the epidemic influence, enjoyed entire immunity by using the antiseptic.

Toledo, Iowa, a little country town, healthfully located, was visited by an epidemic of diphtheria. C. P. N. Barker, under date of December 1st, wrote: "This terrible disease—diphtheria—is prevailing to an alarming degree in this town and vicinity. The physicians seem to be utterly powerless to relieve a patient, and we have to stand by and see our children die, knowing that any medical help herewill be un-availing." Jan. 18th he writes: "I know of a great many families here who are and have been using your preventive of diphtheria this winter; and, as far as I can learn by inquiry, it has answered fully all expectations as a preventive of that dread disease. Our little daughter Maud, who has been taking it twice a day without intermission for the past five or six weeks, is in *absolutely perfect health*. She is bright-eyed, rosy and 'full of the Old Nick.'"

H. B. Fellows, M. D., a physician of Chicago, of rare ability and skill, under date of January 16th, writes: "I think the cases of diphtheria have recovered in half the time where the *Sulpho-Carbolate of Soda* has been given, that they have taken under any treatment heretofore adopted." One case is mentioned by him, where a person had some soreness of the throat and slight symptoms, although taking the antiseptic as a preventive; but the person so affected was nursing a severe case of the disease, and took, perhaps, too small a dose. The children in the same family, fully exposed to the contagion, escaped the disease entirely by taking the preventive.

He mentions another case. A child of about four years was taken with the usual symptoms of scarlet fever, and, in addition, there was upon each tonsil a patch of diphtheritic membrane. The antiseptic had not been taken as preventive, but was now given, in conjunction with other treatment. In one day the throat was free from membrane, and all symptoms moderated—the child doing remarkably well till the sixth or seventh day, when general dropsical symptoms set in, with almost total suppression of urine. On examination, the urine exhibited neither casts nor albumen; and, the treatment being continued, the functions of the kidneys were restored in two or three days, and the dropsical symptoms entirely disappeared. Such a convalescence could hardly have been hoped for under former modes of treatment. He says: "In former cases of scarlet fever, where I have used the *Sulpho-Carbolate of Soda*, no sequelæ have followed, and I have thought the course of the disease was much lighter. None have died."

One lady reports that her boy, after using the preventive, was indisposed for two days, but not so ill as to need a physician. Reviewing the symptoms afterward, she was inclined to regard it as a light attack of scarlet fever. If so, this is the only case that has come to my knowledge of a child being attacked who had taken the preventive.

Two families resided in the same building; one employed *Belladonna* as a preventive, and three children out of four had scarlet fever; the other family used the *Sulpho-Carbolate of Soda*, and escaped entirely.

The proprietor of one of our city theatres had four children; one was down with scarlet fever, when he procured the antiseptic, and administered it to them all. The sick one recovered without other medical treatment, and the others escaped.

H. P. Cole, M. D., of Chicago, reports one case which is very suggestive. A man aged twenty-seven years, had erysipelas of the head and face, which, in spite of the usual Homœopathic remedies, was extending over the face. Pulse 125, and temperature registering 105½. In this state I saw him, with Dr. Cole, and he was put upon the *Sulpho-Carbolate of Soda*. In twenty-four hours the pulse was below 100, and the temperature 102, while the cutaneous inflammation ceased to spread, and began to fade. In two or three days he was so far convalescent as to suspend treatment, only noticing a little of the erysipelatous blush on one ear. By exposure to sudden changes of temperature he suffered a relapse, the inflammation suddenly spreading from the ear over the face again, and the temperature rapidly rising to 105½. *Carbolic acid* was administered with no benefit, *Apis* and *Arsenicum*, the indicated remedies, had elicited but a feeble response, when the *Sulpho-Carbolate of Soda* was again administered, with the same result which had followed its first administration. The temperature immediately fell, the cutaneous inflammation ceased to spread, and a speedy convalescence followed, which now seemed permanent.

These examples could be multiplied *ad libitum*, but enough, perhaps, has been said to indicate, at least, that this agent is

#### WORTHY OF A STILL MORE EXTENDED APPLICATION.

I earnestly commend it to the attention of the boards of health in all our larger cities, and of the true physician everywhere. In bringing forward this mode of treatment, I gave it first to the profession, and afterward to the public — desiring that my name should appear only in so far as it might commend the treatment to those who had confi-



dence in me. It will be borne in mind that I have not claimed discovery, but rather, that my own investigations and conclusions are in harmony with those of other scientific observers, and my task is ended when the *Sulpho-Carbolate of Soda* shall have won its way to public confidence, as it has to my own.

I cannot dismiss this subject without a warning to those who pretend to make use of this agent, but use so small a quantity as to be utterly valueless. I do not know that this agent possesses any other therapeutic properties than as an antiseptic; and, to be useful as such, it must be given in quantity sufficient to disinfect the blood, otherwise it will be as useless in the face of these diseases as the spray of an atomizer in extinguishing a conflagration.

In using the *Sulpho-Carbolate of Soda*, I rub up the pure salt with equal parts of sugar, and give of this mixture, four grains as the dose for an adult, and two grains for a child under ten years.

To prevent atmospheric contagion, I repeat the dose morning and evening. When either disease is in the same building with non-infected persons, the latter should get four doses per day. In the treatment of either disease the dose may be repeated every two hours, in addition to other indicated remedies.

I venture to add here some suggestions, by no means new to the medical man, but appropriate to the heads of families, and in this connection could be pressed upon the attention of such by the medical adviser. Do not desert your homes, in the hope of finding localities less exposed, but rather seek to make your homes bright and healthful by the admission of sunshine and fresh air. Spoil your carpets with sunshine rather than spoil your children with shadow.

Do not confine your children within doors, unless they are sick. The smallest number of septic germs is found where there is the most oxygen. Let them play in the open air, no matter how many infected buildings there may be on your street, only so they do not enter these buildings. Let your children be dressed for comfort, and never for display, if at the expense of comfort. Let me call your attention to the large number of little girls, who, from being household pets, are made household ornaments; who, if they appear on the street, are closely muffled about the neck, head and chest, in handsome furs, while the lower extremities are nearly bare, and the skirts are shortened far beyond the limit of comfort and health. Let me also call your attention to the large numbers of these same beautiful little girls who fall victims to epidemic disease. Give to the children long,

warm flannels, and let the outer wrappings be suited to the atmospheric changes.

Let the food of the children be plain and nutritious, to the exclusion of spiced or high-seasoned dishes or pastries. Sugar is desirable as an element in the child's nutrition, but do not buy it in the form of French confectionery, or fancy candies, but rather the plain rock candy, loaf sugar, cream candy, or taffy. The evening meal of the children should be light, and eaten not later than six o'clock.

When a child is suffering from an attack of scarlet fever or diphtheria, the danger is in direct ratio to the increased temperature of the blood, as is the case with many other forms of disease. Under any circumstances tending to elevate the temperature of the blood, danger is averted if a free perspiration occurs upon the skin, and by its evaporation cools the blood. In scarlet fever, as in some other forms of disease, the skin is so involved that perspiration does not occur; the surface of the body remains dry and hot, and the danger grows imminent. This danger is increased by too much covering upon the patient. What we should aim to accomplish is, to maintain the natural functions of the skin as nearly as may be, and to bring to nature such aid as we can, when these functions are impaired. To this end, when the thermometer indicates a high temperature of the blood, in scarlet fever, and the skin is dry, the body should be sponged off with warm water, adding soap if the body has been previously anointed, and the moisture should not be wiped off, but allowed to evaporate. In other fevers, cooler water may be used. This should be repeated more or less frequently, as the temperature of the body may indicate. In the intervals, a light anointing of the surface with *Almond oil*, as recommended by Dr. N. F. Cooke, will allay the intense itching of the skin which is sometimes present. The covering of the patient should be sufficient for comfort, and to avoid chill, but should not be so abundant as to increase the heat of the body. It will, however, be remarked that when the *Sulpho-Carbolate of Soda* is given early in an attack, the thermometer will rarely or never indicate a temperature approaching the danger line. When the opposite course is pursued, and the skin is allowed to be sealed up throughout the attack, we may expect, if the patient survives, to have to deal with formidable after-troubles, of which, alas! there are too many examples. In short, sanitary rules for the sick-room should be consistent with common sense, and may be tested by this standard.

I have never written or spoken a word against the use of *Belladonna*,

but on every occasion have stated that for the past fifty years it has been the best preventive for scarlet fever known until now; that the *Sulpho-Carbolate of Soda* acts simply as an antiseptic, and does not antagonize the action of *Belladonna*. Indeed, it may yet appear that so far as scarlet fever is concerned, *Belladonna* acts by virtue of its septicidal properties. It will be remarked that none of the most enthusiastic advocates of *Belladonna* have for a moment claimed that this drug has any value whatever as a preventive of diphtheria; and I cannot help feeling that they have made an egregious mistake in arraying themselves, as in some recent discussions in Chicago, in such violent hostility to the *Sulpho-Carbolate of Soda*, as though it had been brought forward to supplant *Belladonna*. This certainly cannot be true as regards diphtheria, and, rightly viewed, is not true of scarlet fever.

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## Hospital Department.

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### HAHNEMANN HOSPITAL CLINICS.

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#### DEAF-MUTISM.

A CLINICAL LECTURE DELIVERED OCTOBER 16, 1876, BY C. H. VILAS, A. M., M. D., PROFESSOR OF DISEASES OF THE EYE AND EAR IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

A few centuries ago the condition of the deaf and dumb was truly pitiable. From the earliest times one so afflicted was believed to be cursed by the Almighty, and none could be found to relieve him. Compelled to perform the most menial offices, burdened with human curses, shunned by their fellow-men, they filled the degraded place allotted them until the advent of Christ, when for the first time one of their number received his lost senses, and was restored to the society of his kind.

Thus avoided by his fellow-men, and through superstition deprived of all aid, the causes of such infirmities were enveloped in mystery. No one dared to break the seal and open up the secret of the

Almighty's wrath. "It was," as has been beautifully and appropriately observed by Dr. Wilde, "reserved for Christianity to conceive the noble idea, and for modern genius and perseverance to perform the exalted work of developing the faculties of the unfortunate deaf-mutes, of giving to them the knowledge of good and evil, of rendering them independent, and of awakening within them feelings and aspirations which, but for the beneficial enlightenment of education, would forever have remained unknown to them." Centuries again elapsed, however, before much progress was made, and at this day, in some parts of the world, such ignorance in regard to the cause of this infirmity still prevails that no effort has been made to improve the class. But such cannot truthfully be said of any civilized nation; the way is opened, the obstacles of superstition are removed, and it remains with you as the out-going physicians, as those who will come in actual contact with this class of unfortunates, to become familiar with what is known, and applying the means which I trust will be made sufficiently clear, not only prevent such lamentable results, but elevate to their proper station those upon whom this calamity has already fallen. There are hundreds scattered throughout this land to whom you can extend a helping hand and raise from neglect and abandonment, hundreds more, but for a timely aid, will sink into this terrible state. For I must say, and I desire to enforce it upon you, that the ignorance or apathy largely prevailing regarding ear diseases, adds each year to this class, and until there be a better knowledge of, or awakening to, the dangers of these troubles, our asylums will be filled with many who might have been saved this terrible blight. Away, then, with all those relics of old and ignorant medicine—the instructions "not to tinker with the ear," that "a discharging ear is a safety-valve to the brain" and such teaching; rather in its stead learn yourself and teach your clientele that all diseases of the ear are a curse and not a benefit to humanity, and yearly, through neglected or bad treatment, consign many to our asylums who might and should have been saved this affliction.

We find here to-day the following cases :

CASE No. 1791. H. B., aged ten years, French. His father, who accompanies him, says he could hear and speak well at three years of age, but about that time began to evince "loss of speaking power," and has been growing worse, until at present he can say but few words. At the age of five years he had "convulsions," to which he has been since subject. Otherwise his general health has been and is good, and he is bright mentally. Carefully examined by me, (as you

have seen), with the laryngoscope, nothing injuriously abnormal can be found; the otoscope and rhinoscope reveal the characteristic changes consequent on chronic non-suppurative proliferous inflammation of the middle part of the ear. He has had no prior treatment; has no discharge from the ear, nor has he ever had any; the Eustachian tubes are pervious, but re-act feebly. The auditory nerve is responsive to the skull-conducted sounds, it would seem, but his statements are so conflicting as to render this uncertain. He cannot hear the watch in contact with the auricle, nor can he hear any sound except loud shouting which is made near him.

CASE No. 1871. W. H., aged ten years, American. His mother, who brings him, says he has been deaf since he was two years of age. Has earache occasionally, slight; no discharge; no noises in the ear. Hears a watch at three inches which a normal ear hears at twelve feet; examination by tuning-fork negative. Has never had any disease except chicken-pox. Has had no prior treatment, and would not be brought for any now except that "he is getting so he won't talk," and his mother is sure he has something in his throat, his voice is so changed and husky. It is with great difficulty and only by repeated questioning that he will answer anything, but will sit stolidly looking straight ahead of him.

His larynx has been examined and is normal. The pathological changes in the auditory apparatus are similar to, but not so far advanced, as in the first case.

Let us glance at the fundamental principles underlying the whole subject.

With rare exceptions all deaf-mutes are dumb because they cannot hear. With extremely rare exceptions there are no changes in the larynx, except such as may come from disuse of that organ, and could mutes hear, they would soon learn to speak. From this primary fact then, you see how important it is that the ear should be correctly understood.

Deaf-mutes may be divided into two classes; those who are deaf at birth, and those who became so after birth.

Wilke says infants are conscious of sounds at about the third month, of particular sounds, such as whistling, chirping, etc., at about the fourth month. He also believes that from the fourth to the sixth month is the earliest at which an opinion can be formed as to whether an infant is deaf or not. But inasmuch as most deaf-mutes have a certain amount of hearing, Itard makes this division:

First class: Those that can hear the human voice as sounds, but are unable to distinguish words, amounting to about one-tenth of the whole.

Second class: Those who can distinguish loud noises, such as clap-

ping the hands, ringing of bells, thunder, cannon-firing, etc., amounting to about five-tenths of the whole.

Third class: Those who are completely deaf, numbering about four-tenths of the whole.

I have said that there were with rare exceptions no pathological changes in the larynx from which mutism arises. From many thousand cases examined it has been deduced that the muscles are mobile which open and close the larynx, and the vocal cords vibrate perfectly. The cords do not, however, correctly adapt, especially in the formation of vowels. Not infrequently a slight catarrh of the cords is also present, but all these are doubtless consequent on non-use, and would disappear on exercise of proper functions.

Climate exercises a great effect in the production of mutism. Switzerland, the home of the cretin, the offspring of poor nourishment and the representative of squalor and filth, furnishes the greatest number; Belgium, with its even surface and great fertility, the least.

The attitude and address of mutes are frequently diagnostic, and the peculiarities of temper and mental changes marked as well. There is a sluggishness and indifference, a general "don't care" attitude in strong contrast with the quiet ways of the blind. About the latter there is nearly always something fascinating. Deprived of vision, their remaining senses become intensified and all their better qualities seem brightened. Nearly always affectionate, the deprivation of all which to us renders the world so lovely seems to awaken their better qualities, their gentle ways attract us, we are drawn to them until they seem doubly dear from their great affliction.

Not nearly so often thus with the deaf-mute. His disposition is prone to grow sour and his ways selfish. Often, too, such noises as he makes are uncouth, and his friends say he has become violent; they are afraid of him, and in the consultation-room draw away, lest he become unruly.

I am well aware that these remarks do not apply in all instances, but their application is too general not to be without cause, and their bearing on the results of this condition is important.

I have already called your attention to the fact that did mutes hear, they would learn to speak. It does not follow, however, that all who are deaf become mutes. If a patient becomes deaf during childhood, he will certainly become dumb; if during youth, he is apt to; but after he attains to years of discretion, it is exceedingly rare that the effects are so dire. Changes, however, gradually take place, and of a

serious nature. The mental powers are apt to become blunted, the mind work sluggishly. If tinnitus (noises in the head and ear) accompany deafness of whatever form, the condition often becomes such that only death offers relief—a remedy, I regret to say, sometimes voluntarily sought. Of less moment, but still serious, are the changes of voice. Unable to hear themselves speak, they cannot modulate their tones, hence it is common to hear a deaf person raise his voice almost to a shout in some confidential communication, or sink to a whisper in a public address. Hence, also, it is that clergymen and public speakers are obliged to give up their occupation when serious impairment of hearing takes place.

The causes of deaf-mutism are to be found in the middle and internal parts of the ear, such as the results of the exanthematous diseases (prominent among which are scarlet fever and measles), brain diseases, falls, frights, etc. Such vast and important classes of disease must and will form the subjects of many lectures and clinical demonstrations to come hereafter. I invite and urge you to consider them well—they will meet you at almost every house to which you are professionally called.

The prognosis and treatment of these diseases combined with the age of the patient will be the foundation on which you will base your prognosis and treatment of deaf-mutism. Only by a well-grounded and comprehensive knowledge of aural disease, combined with experience, can you arrive at a proper opinion. Consider well, then, the principles of aural surgery, combine the principles of general medicine, and your success will be in the ratio of your toil and diligent application. In no branch of diseases of the human system will a general knowledge of the infirmities of the body as a whole and complete organism, avail you more than in this class, and here, as well as elsewhere, I warn you that a too exclusive attempt at special and local treatment will bring failure instead of success. If a case comes to you in time, before the impairment of hearing is permanent, see to it that you arrest it; if too late to do this, see to it that the sufferer is placed in the best possible condition commensurate with his abilities.

Under the first of these alternatives case No. 1871 must be classed; under the second, case No. 1791. If Willie H. will but attend regularly at the Hospital dispensary, you will see, ere the winter has far advanced, that he will gradually recover his hearing, his voice will become clearer, he will show a desire to speak, and will become brighter in every way. He is, it is true, far on the road downward,

and though I see the doubtful looks on the faces of the older practitioners among you, I know you will see that all which has been stated will be accomplished.

The treatment will consist of the internal administration of remedies to meet the symptoms as they arise. To-day he will be given *Mercurius vivus*, a powder to be taken thrice daily. The middle part of the ear will be inflated by Politzer's air-douche twice a week, in order that the ossicula may be gently vibrated and adhesions loosened, the proliferating bands broken up and the mobility of the chain of bones regained. It may be that electricity will also be required. By this means we not only accomplish this, but the atmospheric air restores the lost tonicity of the parts and replaces the sunken drum-head. Such other means as the case requires will also be used from time to time, and explained as the case progresses.

But the other case is hopeless; under more favorable conditions we might promise something, but the limited intelligence of his parent, combined with the fact that he has already, as he tells us, made up his mind to place him in some asylum, unless we can promise to cure him in a month or two, with some simple treatment, renders all treatment useless. Let us, however, avail ourselves of the remainder of our hour to consider what may become of him and his class, how they may be treated and instructed, and thus despite their misfortune, the avenues of employment and honor opened up to them.

The treatment of the deaf-mute may be divided into prophylactic, medical, and instructive.

As regards congenital deaf-mutism, I am of the opinion that it is incurable in the present state of our knowledge. The aid of surgery has been well tried by skillful surgeons, and some beneficial results obtained, but only to raise the standard of the patient's infirmity, not to remove him from the class. If in the future, opportunity should be afforded us to try our medicines, I should be hopeful of the result. It was not until the seventh century that the deaf-mute was thought worthy of an education; the nineteenth century has not shown the laity the importance of uprooting the causes of this infirmity. Few, if any, of the deaf and dumb schools have in attendance a physician to treat a diseased ear, though in many such institutions there are victims to ear disease in its worst forms, and experience has shown that when competently treated, some can be restored to a fair degree of hearing. What might have been done under skillful treatment at the proper time, can only be conjectured.



The prophylactic treatment should consist of the proper hygienic treatment, enforced sanitary regulations, such as isolation from all malarious influences, mental rest and cheerful company, warm and abundant clothing. There could be nothing better in this direction than agreeable and remunerative employment.

The medical treatment should consist of carefully meeting and warding off all unfavorable symptoms as they arise ; and in every way encouraging and sustaining such hearing as is apparent, or may become developed. Under this latter head much may be said — perhaps less done. I look with suspicion on recorded cases of “cures” of confirmed deaf-mutism. Isolated cases are reported from time to time of such cures ; they generally partake of a miraculous rather than of a medical nature. Akin are they to the reported cases of cures of confirmed glaucoma, cataract, etc., by the administration of internal remedies ; to be put aside as errors in diagnosis, or in the confused sense with which those terms have been and still are frequently used, as shorn of their therapeutic value. Undoubtedly cases do occur, such as case No. 1871 now before us, which are, so to speak, already mute, and they are cured, but they have not progressed to that point to be rightly classed as deaf-mutes.

In any case, however, all should be done which will tend to conserve the hearing power. Where a discharge is present, the auditory canals should be kept clean, the bones protected from caries, and at least extended ulceration of the membrane prevented. Otorrhœa will form the subject of a special lecture hereafter, and the means of suppressing it will not now be dwelt on. In my opinion, the following quotation, which I will read you, sums up the whole matter. It is taken from the able work in French of M. Valade-Gabel and translated, reads about as follows :

The deaf mute who presents the most favorable conditions for treatment is he whose accidental deafness has supervened at the age at which he begins to hear and speak, and who still retains some faint evidence of hearing and speech. If the organic lesion, the first cause of the infirmity, be seated beyond the nerve-centers ; if the child be intelligent, and have no brother or sister in the same state as himself ; if he be the child of healthy parents, who have no connection by consanguinity, and if he have never previously been under treatment, the chances of cure are numerous ; but if all these conditions are met with in the same subject, the chances almost reach to a certainty. On the contrary, they decrease in value in proportion as one or more of these conditions are wanting, and when all are wanting we should entertain scarcely any hope.

Among the means of keeping up such hearing as may be present, we should mention the ear-trumpet. Constant use often enables a little patient to become familiar with sounds, and render his wishes intelligible. To the older one it is the only means left by which he can retain perception of tones.

The instructive treatment may be such as can be carried on at home, or must be sought in schools. The former can consist of instruction in the manual alphabet, and the recognition of arbitrary signs, etc. A limited but useful education is thus gained.

But the methods pursued in schools for the instruction and improvement of this class have now reached such a state of perfection as to open up a new life to the uneducated mute. I can do no more than outline the subject in the few minutes remaining to me, and advise you to visit some reputable school and become acquainted with their results.

Two different methods are in use, first, the manual alphabet and artificial mimicry, almost exclusively taught in America until a comparatively recent date; and second, the articulate or lip method, for which we are indebted to foreign nations for its perfection, and which is generally used abroad, except in England.

In the first, the pupil learns an arbitrary manual alphabet for the smaller letters and a bi-manual one for the capitals, which is to be recognized by sight. By these and artificial mimicry he obtains a clear perception of the desires and intentions of others and replies by similar signs.

In the second, however, all is different. This method requires much more care to learn and when learned is as a rule much more useful. The pupil learns to articulate mechanically by a somewhat complex and patience-wearing process, and when spoken to by another in the natural way, reading by sight from the motion of the lips of the speaker, recognizes what is said, and replies vocally as we all do.

When perfectly learned this latter is a complete communication, and beyond that the voice of the pupil is coarse, harsh and grating, and often wanders over the range of many tones, is nearly as perfect as when hearing is present.

Thus briefly have you heard the means of alleviating this infirmity. Allow me, however, in closing this important subject, so vital to the future lives of many hereafter to come under your care, to remind you that your duty is to prevent the evil rather than to mitigate a bad result.

NOTE.—Case No. 1791 ceased attendance, for the reasons as given. Case No. 1871 has attended quite regularly twice a week at the dispensary, and at this date, January 15th, 1877, when he appeared before the class at the Hospital amphitheatre, “could hear as well as ever,” and is constantly growing brighter, he now being able to attend school.

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## Pharmaceutical Department.

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### *SULPHO-CARBOLATE OF SODA IN SCARLET FEVER*

BY T. D. WILLIAMS, M. D., CHICAGO.

Inasmuch as the new remedy, *Sulpho-Carbolate of Soda*, offered by Dr. Beebe as a prophylactic against the effects attending the phenomena scarlet fever, and believing that but few of our profession know of the derivation, much less of its uses and favorable mode of action, it is my pleasure to present the following :

The *Sulpho-Carbolates* are composed of *Sulphuric* and *Carbolic acid* in proportion of one measure of the former to two of the latter. This mixture heated to 280 or 290 degrees Fahrenheit, forms *Sulpho-Carbolic acid*, crystalizing in long, slender, needle-like, colorless crystals, that are readily deliquescent in atmospheric air. They are soluble in *Ether*, *Alcohol*, or water in any proportions; their solution reddens litmus, giving a beautiful mauve or purple color upon the addition of a few drops of a solution of *Per Salt of Iron*. A solution of one part of *Sulpho-Carbolic acid* in six of water neutralized with *Carbonate of Soda* and evaporated until the formation of a pellicle is observed, will crystalize in brilliant, colorless rhomboic prisms as the *Sulpho-Carbolate of Soda*. These crystals are early deliquescent, subsequently somewhat efflorescent; they are soluble in six times their weight of water, and in two thirds their weight of boiling water and are slightly soluble in *Alcohol* but insoluble in *Ether*. The addition of other bases to the *Sulpho-Carbolic acid* solution results in a representative *Sulpho-Carbolate salt*.

In the process we find that *Sulphuric* will not unite with *Carbolic acid* without heat; with heat the following occurs: *Carbolic acid*

looses six of its twelve equivalents of *Carbon* and one of *Oxygen* forming HO; it retains five equivalents of *Hydrogen* besides the one forming HO, and absorbs SO<sub>3</sub>, resulting in C<sub>6</sub>H<sub>6</sub>, SO<sub>4</sub> or *Sulpho-Carbolie acid*; adding *Carbonate of Soda* Na, O, CO<sub>2</sub>:10 HO, nine parts of *Hydrogen* and ten parts of *Oxygen* forming HO, (water) is driven off also the CO<sub>2</sub> *Carbonic acid* leaving NaC<sub>6</sub>H<sub>5</sub>. SO<sub>4</sub> or *Sulpho-Carbolate of Soda*. This hydrate submitted to a high degree of heat gives off its *Carbolie acid* and should produce *Sulphate of Soda* NaOSO<sub>3</sub>:10 HO as a residuum; the heat involved, causes the loss of *Oxygen* rendering *Sulphuric* SO<sub>3</sub>, *Sulphurous acid* SO<sub>2</sub>, and the ultimate residual *Soda* to be *Sulphite* instead of *Sulphate of Soda*.

Dr. Leonel S. Beale in his work entitled "Disease Germs, their Nature and Origin," says as follows: "Experience has shown that a trace of *Sulphurous acid* will arrest fermentative changes in a mass of material upon which its *chemical* action would be quite inappreciable," the *modus operandi* he believes and terms "septicide." Of the *Sulpho-Carbolate of Soda*, he says "it is many times less efficient as an antiseptic than free *Carbolie acid*. The chief power of the *Sulpho-Carbolates* is to arrest saccharine fermentation."

As to danger following its use, he says: "Two Guinea pigs were fed upon *Sulpho-Carbolate* four days, consuming two hundred and seventy-five grains; the only noticeable effect produced was a looseness of the bowels. Upon dissection, no morbid lesion was found; chemical examination of the liver, bladder and parts of muscular tissue gave presence of *Sulphate of Soda*, but neither *Sulpho-Carbolate of Soda* or *Carbolie acid* could be detected; the flesh showed a marked tendency to resist putrefaction (probably the *Sulphate* was *Sulphite*). Twenty to sixty grain doses has been given to adults, and the only effect induced was vertigo; odor of *Carbolie acid* could be detected in the breath; the urine showed *Sulphate of Soda* and resisted putrefaction." *Carbolie acid* is eliminated from the body through the organs of respiration, while *Soda* is found as a *Sulphite* or *Sulphate*, or both in the excretion. If the theory be true that the cause of the disease is zymotic, that is in effect, and also septic-putrid that is in result, then the *Sulpho-Carbolates* are suggestive of beneficial effects attainable. If *Carbolie acid* is an antiseptic, preventing as it is claimed, putrefaction, why the necessity for the conjoined use of *Sulphurous acid* to arrest fermentation, a process of production of new or subsequent living bodies? If scarlet fever is a form of disease putrefactive in effect rather than in result, it should not be met with antiseptics, but

if fermentative in effect and not in result, it should then be met with antizymotic remedies, hence a necessity for administering *Sulphurous* before *Carbolic acid*, thus arresting fermentation and so prevent putrefaction. The *Sulphates*, *Bisulphites* and *Hyposulphites of Soda*, *Lime*, or other alkali bases are salts that are in general easily decomposed, liberating *Sulphurous* or *Hyposulphurous acid*, and are useful in the treatment of contagious febrile diseases of fermentative origin, such as typhus, typhoid, erysipelous, inflammation, diphtheria, etc., etc.

If the disease in effect is due to fermentative processes, how or in what manner does *Belladonna* act as a prophylactic? Its action cannot be antiseptic because of its administration in infinitesimal doses, and for a like reason neither can it act as an antizymotic. Therefore arises the query, What is the effect produced by *Belladonna*, if any there be? Its probable action in effect is similar to that caused by ferments. As a proof of this assertion, if you increase the dose you increase the effect, and the effect so induced simulates the characteristic symptoms of scarlet fever. Therefore the chemical *Sulpho-Carbonate of Soda* may be a preventive to scarlet fever used as an antizymotic, and likewise may be the use of *Belladonna*, as the creative power of a drug-effect simulating the disease scarlet fever.

## Medical News.

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**Hoyne's Work, Part II.**, is now in press and will be out soon.

**Hahnemann Medical College, Chicago**, report over one hundred students.

**Albany Hospital.**—Receipts from concert given in aid of Homœopathic Hospital, Jan. 24, 1877, \$1,202 28 net.

**Transactions.**—We are just in receipt of the Transactions of the British Homœopathic Congress, held at Bristol, Sept. 21, 1876.

### Removals.

Dr. T. N. McCorkle, from Adams to Mendon, Ill.

Dr. Jas. Andrews, from Millersville to Genoa, Ohio.

**Scarlet Fever.**—In our next will appear an article from Dr. Dodge on Pseudo Scarlet Fever, and one from Dr. Ad. Lippe on Scarlet Fever. Our call for experience is being responded to very nicely, and what is more, very profitably.

**New York Ophthalmic Hospital.**— Report for the month ending Jan. 31, 1877: Number of prescriptions, 2,714; number new patients, 344; number of patients resident in hospital, 21; average daily attendance, 104; largest daily attendance, 153.

ALFRED WANSTALL, Resident Surgeon.

**The Diseases of Women.**— By reference to our advertising columns our readers will notice the announcement of Professor Ludlam's fourth annual private course on the medical and surgical diseases of women. Students attending the spring term in the Hahnemann Medical College and Hospital will be admitted to this course, free. Dr. Ludlam's private class for last year numbered twenty-two physicians from various states and territories.

**Died.**

Dr. Charles B. Parkhurst, in Colorado Springs, Col., January 16th, of consumption, aged thirty-four years.

The deceased was born in Troy, Vt., on the 10th day of November, 1842. He received a liberal education, and choosing the profession of medicine, pursued his studies at the New York Homœopathic School of Medicine, where he graduated with honor. Commencing practice in his native state, he removed in the year 1872 to Chicago, where he had a very lucrative practice until failing health obliged him to seek the milder climate of Colorado. Locating at Colorado Springs, in the summer of 1874, he acquired and sustained an extensive practice, doing more labor in fact than his strength justified. He finally yielded though very reluctantly, to the progress of his disease, and after long-protracted suffering, passed away from the scenes of his trials. Having gained many warm friends in this community, his loss will be most deeply felt, and his sorrowing wife and interesting children will receive universal sympathy.

✓ A "Homœopathsians" College.— EDITOR INVESTIGATOR: I have a son whom I want to become, when of age, a Homœopathic healer; in fact, I do not care to have him burdened with so much trash to become a physician. For years I have been a true follower of Hahnemann and I hate your mongrels worse than his Satanic majesty. I am glad that Dr. Berridge, of London, in your last number (183) comes out square against all false prophets and wants them to be read out and dismissed, and the thing ought to be done at once. Let us start, then, a Hahnemann Homœopathic College of our own, where nothing shall be taught but the Organon, the *Materia Medica Pura*, the Chronic Diseases, and for beginners perhaps Lippe's or Hering's Condensed *Materia Medica*, and if the student passes our examination, let him be granted a diploma of "Homœopathic Healer." Our legislatures are good enough to grant such a charter, and I do not see the reason why my son should rack his brain with Latin anatomy, be misguided by hypothetical physiology, misled by ever-changing pathological notions, or trouble his memory with chemical formulæ. What is necessary to become a Homœopathic healer? I seek information, and please let us have it. Accept the thanks beforehand of

AN INQUIRING PARENT.

THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

LEWISTON, Pa., Feb., 9.—We are having scarlatina, diphtheria, and rheumatism—some fatal cases. Homœopathy is extant, so far having lost none. I am having good success with *Salicylic acid* 3x in the treatment of rheumatism. I used it with marked success in three cases of puerperal fever; 3x was used in all of my cases treated—think it will prove a good remedy.

J. H. BELL.

EVANSVILLE, Wis., Feb. 7.—Prevailing diseases are influenza, diphtheria, scarlatina, and bronchitis in children. Diseases of respiratory organs in children were very severe a month since. Mild cases of diphtheria. Severe attacks of influenza. At present a very severe epidemic of scarlatina, some cases proving fatal in twenty-four hours from first attack. Am using *Sulpho-Carbolate of Soda*, have lost none

yet. Aside from the fever remedies I find *Merc. iod.* the most useful in general, especially in diphtheria. E. W. BEEBE.

UNITED STATES, January, 1877.—The prevailing diseases in the United States, according to mortality statistics in the chief cities for November, was, according to the reports to *The Sanitarian*, as follows:

MORTALITY PER 1000 INHABITANTS, ANNUALLY, FROM ALL CAUSES AND CERTAIN SPECIAL CAUSES.

Lung Diseases other than Consumption.....	361	379	175
Consumption.....	264	264	120
Diarrhoeal Disease.....	16	15	28
Puerperal Diseases.....	2	3	32
Typhus Fever.....	2	3	33
Typhoid Fever.....	6	6	52
Whooping Cough.....	3	4	84
Croup.....	6	8	84
Measles.....	19	19	70
Scarlatina.....	49	49	37
Diphtheria.....	3	3	34
Small-Pox.....	3	3	34
By violence.....	3	3	34
Per 1000.....	3	3	34
Total No. of deaths from all causes.....	3	3	34
Deaths under 5 years.....	3	3	34

The mortality from diphtheria, scarlet fever, croup, etc., is very large.

HALIFAX, N. S., Feb. 5.—We are having an unhealthy season. Diphtheria continues to occur, having been prevalent all last summer. I have found *Kali bi.* and *Kali permang.* to be the most frequently



indicated remedies, and have learned to distrust them, in this disease, in anything above the 3x. *Lac canium* 30x has proved successful in some cases which did not present the symptoms characteristic of any other remedy. *Lachesis* 15 and 200 have served me well when distinctly called for, but I confess to having been often disappointed in *Lyc.*, though in quinsy its powers are undoubted. Scarlet fever of a mild type is now prevalent. The cases call for either *Rhus* or *Apis*.

H. H. READ.

ELKHART, Ind., Jan. 12.—Business is reviving a little, but the steady cold weather has made it hard for medicine-men hereabout. I should not be surprised if we had some meningitis cerebro-spinalis in the spring, for many cases of tonsillitis, and catarrhal fever, etc., have a good deal of irritation in the back of the head and neck (*Gels.*) just as they did four years ago, when these symptoms preceded an epidemic (or endemic, for my knowledge of cases extends but a few miles about here,) of this dreadful scourge. Is it not strange that physicians will give such a cerebro-spinal irritant as *Quinia*, in very massive doses, in this disease—meningitis? And is it any wonder that their patients nearly all die under under such treatment? A young lady here I cured of Bright's Disease (genuine), chiefly with *Helonias* and *Kali carb.*

A. LEROY FISHER.

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### CONSULTATION CASES.

#### CASES FOR COUNSEL.

I have now two chronic cases that are troubling me considerable. I will state them, and would be glad if any readers of THE UNITED STATES MEDICAL INVESTIGATOR would help me out :

CASE I. Mr. J—, aged fifty-three years, laborer, and married, has always been a healthy man until during the winter of 1875. Was employed by the city as night watchman, consequently was exposed to all kinds of weather. Says he would remain out until he became very cold, and then go into the engine house, where he kept a hot fire all night. Would stay by the fire until he became very warm, and then go directly into the cold air and tread his beat. Says he would pass out and in five or six times during the night. Toward spring he noticed and felt a smarting and prickling sensation of the skin, covering the entire face, on going into the cold air, or coming into the

warm room; soon after which, a fine, papular eruption made its appearance on the face and forehead, which continued until warm weather came. The skin became very much swollen and irritated, as well as painful, despite the efforts of every physician in the place, whom he employed — first one and then another — without any relief. As warm weather came it all gradually disappeared, until the fall of 1876, when it again made its appearance with the cold weather, and he went to doctoring, but with no apparent relief. Came to me about January 1st, 1877, and has been under my treatment ever since, with but very little relief. No eruption at present, but considerable thickening and redness of the integument. Looks like a low grade of erysipelatous inflammation, and itches almost intolerable. Have had him on *Sulph.*, *Bell.*, *Arsenicum* and *Verat. vir.*, both high and low. He is a perfectly temperate man. What will relieve him?

CASE II. Mrs. L —, aged twenty-four years. A very finely and delicately organized lady, of a scrofulous diathesis. Has been married five years; no children. Says she has been a constant sufferer for years with enlargement of the tonsils, but was so poorly that she dared not have them extirpated. Came to me some two months since, and I placed her under treatment. Gave her *Sulph.*, *Bell.*, *Kali carb.*, and *Nat. mur.*, both high and low, with very fair results upon the left side, but no perceptible diminution on the right side. What is the remedy?

OLATHE, Kan.

J. H. MORELEY.

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A CASE FOR COUNSEL.

I have an interesting case of Basedow's disease on hand, and will be greatly obliged if some of our learned *confreres*, who are familiar with this disease, will tell us through the pages of our invaluable UNITED STATES MEDICAL INVESTIGATOR what they know about it.

HALIFAX, N. S.

H. H. READ.

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COMMENCEMENT OF CHILL.

Will some one of your readers who is posted in malarial fevers, give us the remedies indicated in reference to the time of the chill coming on, and also the part where the coldness commences.

I have a case that annoys me exceedingly, where the coldness begins in the bowels. No regular chill, but coldness intermingles with heat until 12 o'clock midnight, commencing from 4 to 5 P. M.; after mid-

night fever enough to keep the patient awake, and in the morning vertigo. This, regularly every second or third day. Pulse not more than 72, and very weak. Tongue at times dark as *Nitrate of Silver* solution would make it, then changing to the color of *Podophyllin*. What is the remedy?

HACKENSACK, N. J.

A. P. MACOMBER.

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#### EXPERIENCE WITH TAPE WORM.

We had two cases of tape worm during the last summer, which we here report, as they may be of benefit to some one. They are not the first we have had, but there was one or two facts connected with them that left a query in my mind, which some correspondent, no doubt, can explain.

Two ladies, aged about thirty, began last June passing segments of tape worm. These segments were always separate, and would come away in numbers, from one to a dozen, nearly every day. Both complained of great annoyance from the irritation in the rectum and anus by the movements of the worms, as they called them. For some time after being passed, these joints would manifest considerable life and activity. They would contract and elongate from three-fourths of an inch to an inch in length. From the fact that each segment possessed this ability, and that they were always separate and distinct, I at first did not think of tape worm.

Finally I procured from two to three drachms of the powdered *Kouso*, for each lady (found it in one of our drug stores), instructed them to put it in a tumbler full of cold water to stand over night, go to bed without any supper, and in the morning drink the *Kouso* for breakfast, and take nothing else, unless it be a cup of coffee, to help keep it down, as it sometimes nauseates.

About the middle of the afternoon, each passed from twenty to twenty-five feet of tape worm. I could not discover the head of the worm in either case. The ladies seemed much better after this, and had no farther trouble from the worm for about six weeks, when each began, again, to pass the same kind of segments, to my surprise. Now, the query in my mind is, could there have been another worm? If so, I don't see why the medicine did not effect its dislodgement as well. Or, if there was nothing remaining except the head of the one, it must have grown in six weeks sufficient to produce and cast off these old joints. If so, then we have a demonstration that the devel

opment of the tape worm *may be* quite rapid. I find nothing in my books on this point, but have always supposed they were of slower growth than this seems to indicate.

Whosoever is well acquainted with the life, habits and character of this inhabitant of the human intestine, and is willing to impart, please let your light shine in this direction.

I will say that neither of these persons, to their knowledge, were ever troubled in this way before.

PEORIA, Ill.

E. PERKINS.

REPLIES FOR ADVICE.

For Chorea (page 497,) *Calc. phos.* 3, three times a day, and foster growth of second teeth.

For glandular enlargement, *Cistus canadensis* 6, three times a day.

J. C. M.

*ÆSCULUS HIPPOCASTINUM IN LUMBAGO.*

I would call attention of the profession to the efficacy of *Æsculus hippocastinum* in lumbago. It is an excellent remedy in this painful disease. I use the tincture in water; a higher preparation may be equally good.

MEDICUS.

ON SMALL-POX.

I have treated five cases of small-pox lately with excellent and rapid success. I put them at once on *Veratrum viride*, 1st dec., and *Macrotin* 1st centesimal, alternately, every hour. I applied the following solution frequently to the face with a feather or camel's-hair pencil: *Tr. Verat. vir.*, one ounce; *Hyposulphate of Soda*, one ounce; water, one drachm; mix. I opened the pustules on the face early with a fine needle, and kept applying the solution continually. This, with the exclusion of light, prevented pitting. When the febrile stage gave way to the suppurative, I dropped the *Verat. vir.* and substituted *Tart. em.* 3d dec., alternating with the *Macrotin*. When the disease is breaking up I give a dose or two of *Thuja* 30, every day. This regular course does not prevent the use of intercurrent remedies for special

symptoms or complication. *Hydrate of Chloral* in some simple syrup is at night a soothing adjuvant.

I recommend considerable nourishment all the time, and throughout the suppurative stage a systematic stimulation with milk punches. Good ventilation was strictly enjoined, and the sprinkling of the room and adjoining rooms, halls, or galleries, with a strong solution of *Carbolic acid*, two or three times a day.

NEW ORLEANS.

WM. H. HOLCOMBE.

#### OPHTHALMIA DIPHTHERITICA.

When I read, as I did with a great deal of interest, Dr. Woodyatt's article on "Diphtheritic Ophthalmia," in No. 181 of THE UNITED STATES MEDICAL INVESTIGATOR, I involuntarily asked myself if *Arum triph.* was given to the child, and now I would like to have you answer the question if you can and will do so. If *Arum* was given, what attenuation, and how often repeated? If it was given on the fifth day, and failed to control the case when it was so decidedly indicated?

E. A. BALLARD.

#### SALICYLIC ACID IN FLATULENT DYSPEPSIA.

Some six months ago I met with a chronic case of the above disease in which the *Salicylic acid* worked such a speedy and radical cure that I am persuaded to report it in THE UNITED STATES MEDICAL INVESTIGATOR. I should have done so before only I have been waiting to see if the cure were a permanent one.

M. R., a young lady of a bilious temperament, presented herself to me with the following train of symptoms, with which she had been troubled for over five years, with slight intervals of improvement. She had had good Homœopathic treatment from a careful prescriber before she came to me. From malnutrition she had wasted from a once fleshy, strong girl, to an emaciated, bony creature. As soon as she would eat, no matter how simple the food, her stomach would bloat up so that it would be necessary to loosen the dress. This bloating was so great that the region of the stomach looked like an inflated bladder. After from one or two hours suffering in the region of the stomach from this extreme distension, a putrid flatus would be

belched up, accompanied by collapse of stomach and temporary relief. As soon as another meal was eaten the same routine was repeated, thus rendering life a burden.

Very often vomiting would occur, which was characterized by this same putrid fermentation as was indicated by the taste of the gas belched up. Severe headaches occurred frequently, the patient had become extremely nervous; the sleep was fitful and unrefreshing; the bowels constipated; the urine heavily loaded with sediment, and the whole train of symptoms occurring in an aggravated case of dyspepsia were present. Fermentation and decomposition seemed to commence as soon as the food reached the stomach. I gave *Carbo veg.*, *Lyc.*, *Nux.*, (these three, low and high.) *Bry.*, *Hydrastis*, *Sulph.*, *Col. kn.*, with only temporary benefit.

Having noticed in THE UNITED STATES MEDICAL INVESTIGATOR a recommendation from E. M. Hale, and others, of *Salicylic acid* in cases somewhat similar and yet not the same, I concluded to try it. I prescribed the 1x dil., five drops three times a day. Improvement commenced inside a week and continued rapidly. No other medicine was needed after the patient began taking the *Acid*. I continued the use of this remedy for nearly six weeks, since which time the patient has been perfectly well, having gained much in flesh, in healthy hue of countenance, in strength, and she is able to eat any food that any sound stomach can digest, with impunity. I believe, in dyspepsia characterized by flatulence an remission, *putrid*, *foul gas*, the *Salicylic acid* will prove one of our most reliable remedies.

BELVIDERE, Ill.

F. S. WHITMAN.

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#### SUCCESS IN AMENORRHŒA.

I was never more surprised nor more delighted in my life than I was recently at the "wonderful power" of Homœopathy in a case of amenorrhœa. Was called, on the 12th of October last, to see a Miss R., who was suffering most intensely when I found her, and it was with difficulty that I could get her to remain quiet a sufficient length of time to give me a complete history of her case, present symptoms, etc. After she had become partially quieted she gave me her age as twenty-two. Was of a nervo-sanguine temperament, and a mild, tearful disposition. Menstruated first at fourteen years of age, and had been regular ever since, until one year previous to this time,

which was the beginning of her present troubles. She said she took a severe cold by sleeping in a draught of air at that time, which was during menstruation, and she had never menstruated since. Her color was of a pale, waxen hue; was very much emaciated and considerably bloated over the hypogastric and inguinal regions; pulse 75, small and very weak, and no appetite at all. As a last resort her parents had decided to try Homœopathy as she had been under treatment of their old family physician; and several others of the Old School, had taken all sorts of tonics, especially *Iron* and *Quinine*, and all sorts of nostrums, but all to no avail, and they said she must die. Her agony and misery seemed almost insupportable. The pains were of a cutting or stitching character, confined mostly to the regions of the uterus and ovaries, with a great deal of bearing-down pains. Occasionally she would shriek as though she were going into an hysterical convulsion; was greatly aggravated on motion, and toward evening. This was my first serious case of the kind, and being a new-comer in the place, thought I might be able to establish a reputation at once, providing I could be successful in perfecting a cure, for there were many lookers-on, to see what success I should have.

Accordingly I prescribed first a hot sitz-bath, temperature to be of about one hundred degrees, with a good, brisk rubbing of all parts of the body, which was to continue for half an hour. I then ordered a couple of glasses of water, and prescribed *Pulsatilla* and *Sepia*, 6x, to be given in alternation every half hour. I returned the next day, and found all her symptoms greatly ameliorated. Continued the administration of the medicine, and on visiting her the third day, I was struck with surprise, delight and admiration to learn that her menses had again made their appearance, and she felt perfectly easy and free from pain. I kept her on the remedy a week longer, and discharged her, cured, since which time her menses have appeared with clock-work regularity, and she is perfectly well and strong, and lives to blow my horn.

OLATHE, Kan.

J. H. MORELEY.

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### LINKS NOT "MISSING."

PHENOMENA, BACTERIA, SIMILIA.

To hear of a Huxley, or a Darwin, or a Tyndall while an ocean lies between us and them, we are apt to feel as if they had come very near

the end of the last chapter of Nature's Revelations. But when one of them comes over amongst us, or we transport ourselves imaginatively to one of their popular lectures, we feel that they have barely started on the first verse of chapter No. I. For half a million years mankind have striven to induce nature to give up the grand mystery of existence. It was Hume, I think, who set all Europe thinking, when he declared that you never can get behind phenomena. That there is no cause and no effect, only *sequences*, all governed by laws.

How vain has been the efforts of the men of science named and others to get behind the phenomena is apparent, when they speak to the multitude. The "feet of clay" are quite apparent. Huxley's starting point, it would appear (for the organic world), is a 'gelatinous cell. The impregnated ovum, I suppose, would be an illustration. And Tyndall, who hopes, I presume, to head a new race of doctors, thinks, when he has discovered *bacteria*, that he is on the high road to success in curing disease. Of course, to cure the disease caused by the bacteria, the problem would be to kill the parasite without killing the patient. He does not see it would seem that there must be *receptivity in the tissue* to enable the bacteria to propagate or even lodge themselves at all. And in a recent lecture in Glasgow, he declared that "one of the most remarkable characteristics of the age was its tendency to connect itself organically with preceding ages." Just as if every age did not connect itself organically with all preceding ages! Huxley's gelatinous cell would prove that to him. That little body in the human matrix contains (to use a Darwinian phrase,) the "potency of ages past, and promise of the ages to come." But who would think it? Did he only form his opinion from its physical characteristics? He would no more suspect its powers or qualities than those of a Homœopathic globule of Fincke 100,000. The globule manufactured in the Graaffian vesicle is of a potency immeasurable. Half line only in diameter when it reaches the uterus, what an embodiment of the past, and how prophetic of the future!

The more I know of Homœopathy, as enunciated by Hahnemann, the greater is my admiration of his genius. It is only those who, wise in their conceit, persist in trying to fathom the unfathomable in Nature, who flounder in the flesh pots of pathology. Better recognize the impossibility of comprehending the incomprehensible, and this includes everything, as Hahnemann did, and rise to his level. Bacteria — receptivity — then what caused the receptivity? But Hahnemann found a sort of algebraic method of routing the bacteria. The talis-



manic formula, *similia*, spreads confusion in their ranks by destroying the receptivity of the affected tissue. But who or what constitutes the links *not* missing? The present generation; each individual Graaffian product; every one of us. And we need not fear as to our part in the programme. Each succeeding Centennial will demonstrate that we were just the kind of links for the portion of the mysterious chain which we occupied. [i. e. if we are ever heard from to profit.—Ed].

VIRGINIA, Nev.

E. STEVENSON.

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### SCARLET FEVER.

BY DR. AD. LIPPE, PHILADELPHIA.

The proceedings of a meeting of Homœopathic physicians of Chicago at their club-room, on the 26th of January, were published in the *Chicago Times* of January 27th, 1877. The object of consultation was to find the best means to combat the raging epidemic of scarlet fever. From the remarks made by our learned friends, it is very evident that they have not read the many articles written on the subject. If there ever was a good paper published on scarlet fever, it is to be found in the *American Homœopathic Review*, Vol. IV., January, February, March; Vol. V., January, February, April; and Vol. VI., September. These various but consecutive papers are the gifts of our most esteemed colleague, Dr. P. P. Wells, Brooklyn, N. Y. As Homœopaths, we must regard every new epidemic a new disease, a different disease from any former form of disease, and we are not able to give a better advise about the treatment of epidemic diseases in general than is found in Hahnemann's *Organon*, paragraphs, 100, 101, and 102. It is not even then possible to find one specific remedy for this new epidemic, but we will soon find a few remedies most applicable, guided by the *characteristic* symptoms of each remedy for the characteristic groups of symptoms of the sick. We have tried to illustrate this proposition by publishing two cases of malignant scarlet fever successfully cured, in the *North American Journal of Homœopathy*, Vol. XIX., p. 468. Each case differed from the other and required different treatment. Dr. Wells dwells especially on the ordinary current method, to give at once the once supposed specific, *Belladonna*, or worse even to give *Aconite* and *Belladonna* in

alternation, *vide American Homœopathic Review*, Vol. IV., p. 346 and Vol. V., p. 290. Having passed very successfully through several epidemics of scarlet fever, I venture upon a few general remarks. The first difficulty we meet is the establishment of the eruption, or the correction of an abnormal eruption. The symptoms alone can show us which remedy to give, that the eruption may be properly established. It may be *Bryonia*, or *Sulphur*, or *Belladonna*, or *Apis mel.* *Bryonia* will often be the remedy if we find high fever, vomiting, pain in the limbs on moving them, back and headache. *Sulphur* will be indicated when we find paleness and want of normal heat of the skin, and putrid, watery diarrhœa. *Belladonna* when we find congestion to the head, (pain), stupor, or convulsions, with much dilated pupils—always dullness. *Apis mel.* will be indicated when we find a suspension of the urinary secretions. *Apis mel.* has also been the *only* remedy when the eruption in small-pox would not fully develop, when the urinary secretions were suppressed, and great debility, with small rapid pulse set in, (*Stramonium*,) a very feeble pulse, thirstlessness and restlessness, also morning diarrhœa. Other symptoms will call for other remedies. When the eruption is abnormal, especially if it is purple, cold hands and feet, *Ailunthus* will be of great service. The eruption is generally fully developed on the third day, and on *that* day the other concomitant symptoms are developed, be it diphtheria or a putrid sore throat, or an attack of the mucous or serous membranes, or of the brain. or of the glands (parotitis). If we *then*, on this third day, observing very carefully the direction of these developments and for them find the corresponding remedy, administer it properly we will in almost all cases *then* on that *third* day so modify the virulence of the attack that we will be gratified to declare the patient out of danger on the fifth day. Dr. Wells gives such a very lucid diagnosis of the remedies in this disease that we find but little to add. There is one form of malignant scarlet fever which yields *only* to *Arum triph.* The discharge from the nose becomes very acrid, destroying everything it comes in contact with, the mouth is intensely sore, raw, the corners of the mouth crack; the lips are raw or covered with skin, which hangs loose on them and which the child picks at all the time, making the lips bleed; the saliva running out the mouth destroys also all tissue it touches; the papillæ of the tongue are highly elevated; there may be also present diphtheria and generally suppression of the urinary secretions; the child often is unconscious but tosses about in a perfect frenzy. If in this condition *Arum tri.* is properly administered,

the urinary secretions will soon be restored, and then it will be proper to give no more medicine; its action then having effectively begun, generally continues for some days. If we expect to be successful in the treatment of an epidemic, let us not forget that we are Homœopaths and that as such we must treat individuals and not disease; that each case is an individual case, a case *per se*, that we must be governed by the law of the similars, that it is not enough for us to know, (as that great advocate of Schuesslerism has it, we allude to Dr. Richard Hughes), that we have before us a case of scarlet fever, and that a remedy which has caused on the healthy scarlet fever is *the* specific remedy, *now*, and forever; we must also recognize the concomitant symptoms, inclusive of the mental symptoms, and these very symptoms, not exactly and not always necessarily belonging to scarlet fever, are the symptoms which belong especially to the individual, and having learned to treat individuals, help us in our particular task of individualization. A celebrity belonging to the Old Common School of material medicine has lately published at Paris his good fortune of having now found "The Specific" for scarlet fever, which he boasts to have cured all cases, and his specific is "*Sulphur*," so says *he*. Now surely he (the learned doctor) must think he addresses the Marines when he relates *his* great discovery. *Sulphur* is no more a specific for scarlet fever than is *Belladonna*. Unfortunately, there do exist, still, men professing to belong to our school who run after and boast to have discovered "specifics" for specific diseases. As if such a thing were possible. Grauvogl has found, or rather to speak more correctly, professes to have found specifics even for cancer; does the clinical experiment prove to *truthfulness* or correctness of his assertions?

As in all cases, so in every case of scarlet fever, we must resort to the very painstaking method of strict individualization if we desire to be successful in the cure of the sick. Last year an epidemic of scarlet fever broke out at Louisville, Ky., and there and then the truthfulness of these, my proposition, was clearly proven by the great success which Dr. Breyfogel had in curing all his cases of this dreaded malady. Dr. B. had been taught how to practice Homœopathy, and nobly went to work, was painstaking and not specific-hunting, and the result was such as astonished the whole community, astonished every one except himself. Having been true to undefiled Homœopathy, Homœopathy was true to him, his was the victory, so it will be forever.

## CENTRICS AND ECCENTRICS.

BY J. C. MORGAN, M. D., ANN ARBOR, MICH.

"Do I belong to a mutual-admiration society? Well, no, not at present, but I once did."

Thus wrote, many years ago, the fascinating "Autocrat of the Breakfast-Table," Oliver Wendell Holmes. And he proceeded, in charming phrase, to tell of the noble, the learned, the brilliant men who made up the familiar coterie of his associates.

I am reminded of this antithetically often when I read the rude language in which we Homœopaths often speak to and of each other.

I was reminded of it again, on being told the other day, how a group of Allopathic doctors were seen chuckling over some ultra-critical criticism of a prominent Homœopath by a professional colleague, in the pages of one of our journals, I seriously asked myself if editors should not curb the captious.

I happen to know that many an earnest man stays away from our societies, withhold his experience and his thought from our journals, simply because he will not submit that every aspiring doctor shall tweak his nose or pull his beard at pleasure.

Do I belong to a mutual-condemnation society? Let us hope not; for whatsoever measure we mete to others, the common enemy, out of our own mouths, will surely measure to us again.

If we have brains among us, let us recognize them, cherish them, give them the stimulus of appreciation, "put in no *caveats*," curb our own captiousness, and we shall reap from a kindly and responsive soil, a plethoric harvest. But if every thought must have a *vis a tergo* adequate to tunnel a mountain of pride and self-sufficiency; a heat withal to melt the superincumbent glaciers of indifference, mere lack of physical endurance will silence nine-tenths of all who are waiting to help us.

These reflections are suggested by the last article of Dr. J. B. Braun, on page, 520; for, in replying to it, I am necessitated in candor, to say some things which a different manner on his part would have made unnecessary.

First, then, it *was* his duty to know what has been written on a subject, before he assumed to *argue* it. If he had no time or taste for it he was in duty bound to yield the field to any one who had better information. Any other action wastes not only his own time, but every one else's, and the valuable pages of a journal besides.

Second, the offence is greatly aggravated if he seize the opportunity afforded by a courteous response to a question of his own, to show an intolerance of pride that refuses to be informed if he can help it.

Third, it is still further aggravated, when, he having stated the three sole possibilities of a logical problem, and these being *logically concluded* by the other party, he reasserts the problem as if it had been untouched. To recall this, so as to be understood, I restate it. His "three possibilities" were: 1. That (as I had urged,) *Aconite*, or any other centric, low, and *Arsenic*, or any other excentric, high, are improper associates. 2. That the medicine administered by him (*Arsen.*, high), was no medicine at all. 3. That high potencies are *nil* altogether, in acute cases. I *fully disposed* of the second and third possibilities, in a perfectly logical manner, as any *Homœopath*, who has already agreed to the general premises of our school is bound to admit. As for the Old School, we know what therapeutical logic is to them, and we have no time to waste with them in the present case. Let me recall these points further.

The second, that perhaps he gave no *Arsenicum* at all. If he did not, why all this ado? Why did he not assure himself of that fact before he testified to it? If he gave no *Arsenic.*, as he testified to the world that he did—as he only can know, *pro* or *con*, then he is convicted of something worse than want of logic, or of clear thought, which is a not obscure fault in his replies, as it seems to me, despite his use of the *word logic* and its derivatives, twenty-four times in his last.

The third point, that high potencies are *nil* in maladies so acute. He objects to testimony to the fact of such efficacy as may be claimed for these in such cases—and quotes an old saw about "swearing bound in the words of the master." But he forgets that it is the *theories* of a master, not his testimony to *facts* of observation and experience, which are to be so critically sifted; supposing the master be indeed no idiot, incapable of clear observation. Any other view justifies the unbelief of the Old School—which *we* all admit is folly. I repeat, the testimony of our best men must suffice to prove a matter of fact; illustrated not once only, as in my typical case of choleraic dysentery, to which he objects, but thousands of times, and every day, by one or another of them—such as Dunham, Hering, Lippe, Guernsey, and a host of others, who tell us they cure acute diseases in the most robust and coarse patients, with high potencies.

To fulfil his demand for a multitude of cases such as the *one* he seems to sneer at; to fulfil the demand of captious dialectics at this

point would require all the pages of a hundred journals such as THE UNITED STATES MEDICAL INVESTIGATOR. So, however logical, the demand is already unreasonable, and, with due deference, I must say it is hardly up to the standard of Dr. Braun's undoubted common sense.

That, therefore, I did not neglect the "category of relation," as he says on page 523, is plain; I only refrained from stating that which the unexpressed logic of every well-balanced mind must ever be ready to supply; and on which all ordinary use of words is predicated.

But, whilst objecting to my witnesses of the facts, he inclines to the *opinion* of one whom some accept as master—even Grauvogl, who gives drugs low in nutritive diseases, high in functional cases; and repeats his unbelief in the high potencies in acute diseases, which he says he thinks paramount, (meaning *tantamount*, I suppose,) to giving nothing at all. Well, a negative is nothing—and its discussion vain—so let that pass.

And now, what is Dr. Braun's conclusion? What a saving of time and labor if he had only cut off all of his article which precedes this—and which, to most readers, will have completely smothered it—and which, necessitates this from me!

His conclusion, (see page 524), is *mirabile dictu*. First, that his second point has "quite a little force." Second, that his third point has "some little force." Third, that his first possibility (i. e., my own view,) is "the only possible one that is left, and was admitted from the beginning."

I trust I have not been discourteous to Dr. Braun, but really it seems needful to speak plainly if we would guard this vital point. No grateful task is it to try to help a brother doctor, with the certainty of having to engage in a purely dialectic or speculative wrangle, unprofitable to all concerned, and we must maintain open communication by due courtesy, or all suffer.

I had intended to say something of recent pathological inquiry in this direction of centric and excentric relations, but for the present will only direct attention to articles as follows: *New York Medical Record*, No. 319, page 820; Dr. Dupuy:

VOMITING—ITS PHYSIOLOGY.—Dr. T. Lauder Brunton (*Practitioner*) gives the following summary of our knowledge on the subject:

1. Vomiting consists of two factors—the opening of the cardiac orifice by the contraction of the longitudinal fibres of the œsophagus and the simultaneous compression of the stomach by the abdominal muscles and diaphragm.

2. When innervation is disturbed, these two factors do not occur together, and thus retching may occur without vomiting.

3. The movements of vomiting are correlated by a nervous center in the medulla oblongata, from which impulses are sent down through various motor nerves to the muscular structures engaged in the act.

4. This nervous centre is probably closely connected with the respiratory centre, but is not identical with it.

5. It is usually set in action reflexly by irritation of the pharyngeal, gastric, hepatic, enteric, renal, uterine, ovarian and possibly, also by the pulmonary and vesical nerves, which come from the periphery toward it. It may also be excited by impressions sent down to it from the brain.

6. Vomiting may be arrested in two ways; either by removing the irritant, which is exciting the vomiting centre, or by lessening the excitability itself, so that the centre no longer responds to the impressions made on it from without.

P. S.—Will not Dr. Braun himself translate Grauvogl's "open letter to Liebig"? We should all be grateful for so real a service.

J. C. M.

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#### SEXUAL WEAKNESS.

DEAR DOCTOR.—If you have the time, will you give me the benefit of your experience in regard to the following case:

A young man, aged thirty, nervous-sanguine temperament, has, to the casual observer, every appearance of health, but of delicate constitution. A predisposition to hemorrhoids and constipation. Any error or irregularity in diet will induce either or both conditions, and coffee, of which he is particularly fond, cannot be used, because it will invariably induce these troubles. At fifteen, practiced masturbation about a year. Abandoned the habit as soon as he ascertained it was injuring him, but ever since has suffered more or less from nightly emissions, sometimes as often as three or four times a week, usually once; has never gone longer than two weeks.

Last fall was married, but found that during coition the semen was emitted too soon, almost as soon as the penis had entered the vagina, and the penis would immediately become relaxed. Now, nine months after, he is but little if any better. If he gives away to amorous feelings, an emission will sometimes occur before coition is attempted. Erections seem vigorous enough, and there is no lack of sexual desire, but only, as it seems to him, an inability to prevent a too early emission during coition.

He married at the suggestion of a physician of eminence whom he consulted over a year ago, but now regrets the step very much. He feels weak, dull, sleepy and languid after an embrace all the next day, and sometimes very nervous and irritable, and is troubled with a painless cracking of the joints, especially those of the knee and hip. Any suggestion as to the best treatment, remedial and otherwise, will be thankfully received.

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 REPLY.

MY DEAR DOCTOR.—Yours is received. Your patient is indeed to be pitied. To fully compass this case, I should have to write a book on marriage. It would be of use to have both him and his wife read some good book on the subject, (from a physician's standpoint).

1. I do not gather that his wife has been pregnant—do they practice the “arts of prevention”? There is nothing more ruinous. If he has deposited his semen within the vagina, pregnancy should have followed ere this. See to that.

2. The indiscriminate advice to “get married” is bad. No man, (taking even the selfish view only), can improve the tone of the erectile apparatus, except on the purest psychological basis—*i. e.*, a deep esteem, that in the *intervals* of sexual relation, gives itself up to the object of its regard, with uninterrupted and whole-souled devotion. Then, the sexual act is sustained to its ultimatum, and not “let down” after it. And *vice versa*.

3. In his present abnormal state, his wife must assume a role of which she probably does not dream. The average woman would make such a case hopeless, by her ignorant, or indifferent, or trifling, or even contemptuous manners.

If he is managed judiciously by her, however, she can do much by him. It is related of a certain king, who took a new wife, and found himself in the “fix” of your patient, but not with other women, only with the favorite. At last, in his superstition, he concluded that she had bewitched him, and like another Bluebeard, he threatened her with decapitation, should it occur again. She appealed to the goddess Venus. She heard her supplication, and gave her a charm—and that was the end of the trouble. Now notice two things—his pride and will asserted themselves effectively—so that he no longer came as a suppliant to her gates, but as a sovereign demanding her submission.



She, on the other hand, at first sovereign in her fresh womanhood, made her submission—made it her business to see that he was satisfied—and succeeded. The principle still lives. Erection and sovereignty of will are inseparable in the male. It were well if social “reformers” would read that line in physiology attentively. So, also, woman’s submission is the corollary—the deep, mutual devotion before mentioned, being the spring of *both*. The lesson against promiscuous intercourse which may hence be drawn, is very plain.

4. As the sexual act has its true foundation in the soul, so its completion must be guided by the same. Woman is usually ignorant, while boys know all of what sexual pleasure is. Hence, there is inequality to be overcome by him who knows, imparting to her the marital education. It is the duty and privilege of her husband to induct her into the enjoyment of the act, which *half the married women never learn!* You will find this last statement true on inquiry. Without this knowledge, she finds the act increasingly repulsive, and thus the trouble increases with the relative eagerness which he feels—the haste with which he learns to seize his opportunity. And if, besides, she fears pregnancy, woe is he! Her function is to attract; her sexual nature must take the lead, or he will fail. The remedy lies, in part, in his *always waiting* until she has the superior excitement; and to this end (after the psychological influences are all in train), thorough *manual preparation*, almost to the completion of the orgasm, if necessary, is the expedient which succeeds, provided no awkwardness in the final step spoils the preparation. She is to participate actively in this preparation, by reciprocal caresses and encouragements. She will have her reward. She should especially use the power of voluntary vaginal contraction and general response.

5. As a stimulus to the man’s pride, self-respect and self-assertion (in the true sense), it is to be remembered that every natural and true-feeling woman recognizes the advances of a (worthy) man as being as much a concession to her, as her own to him. No man can secure her respect who fails to recognize the same. In this regard, probably, *half the men* may be said to hold themselves *too cheap*. No wonder they find disappointment, and, through disappointment, weakness. And such will likely, also, hold their wives too cheap also.

6. Self-attention is the bane of every physiological or any other natural act. Nothing is more exhausting to thinker, worker, or pleasure-seeker, than *introspection*. Nothing on which the thought

and will dwell painfully, or even too attentively, can give pleasure or strength. The truest acts of our lives are the most truly spontaneous. Love should so far substitute the personality of another for self, in the mind of each, that the evil effects of self-attention may be escaped. A spontaneous, happy, religious life — or a life of healthy gayety and kindly sociability, is a great aid.

7. An enervating, sedentary, or super-responsible employment, depressing circumstances of all kinds, are sure to act unfavorably. On the contrary, a life purely and athletically *physical*, is a good foundation on which to build sound mentality, and sentiment of a commanding order; "power" in short. Hunting, on mountains and plains; foot-journeys; rowing; high, dry air, and a thousand other things easily thought of—good appetite and good food—mental abandon, etc., etc., these are golden. Both parties should (separately) now and then get up thus a renewal of vim, by such methods as may be accessible. Pleasurable scenes of a more social kind, should be enjoyed frequently *together*, in the interest of the psychical element.

8. When the man finds himself unable, from sudden relaxation of erection, to complete the act *properly*, and secure the ultimatum also to his wife, he need not despair, and so complicate his trouble. By pressure of his person upon that of his wife, in the exact region of the triangular ligament, on which lie the clitoris, etc., by lateral movements, he may fully perfect the act on her behalf; going far to establish her confidence and good will, on which his own welfare so much depends.

9. The wife for such a man should be of either one or other of the following types: first, innocent, tender, clinging, confiding, easily moved to emotional demonstration; or, second, one full of what is called "snap;" who will keep his attention drawn to herself, whether she yields or repels, with a healthy, playful, natural glow; always provided she truly loves him.

10. Much is said, among physicians and others, as to "sexual apathy of women." Its effects on men, secondarily, are real and disastrous. For every reason, it should be corrected, when existing in a wife. The foregoing paragraphs clear up much of the subject. Ignorance, prudish education, fear of one sort or another, especially of pregnancy, and not least, long-waisted clothing—altering, as it does, the form and position of the parts, by compressing the abdomen, and forcing the intestines downward, shortening and flattening out

what *should* be the vaginal tube; these and other causes should be removed.

#### MEDICINAL TREATMENT.

*Crocus sativa* is indicated in your patient's case, for the outlying symptoms; the langor, sleepiness, cracking of hip and knee joints (evidences of deficient muscular tone of the lower parts, comparable with that supposedly existing in uterine and other hæmorrhages to which the same drug applies).

A great complex of subjective symptoms not in the record before me, may also exist, and demand attention afterward, and for which a fuller examination and statement is required, and which must be rectified in order to perfect permanent improvement. (*Caladium*, also *Phos. ac.*, *Terebinth.*, etc., etc., may be studied.)

#### ELECTRICAL TREATMENT.

Under this head I may say that much is claimed by some for the agent in question, and, doubtless, with good reason.

There are two prime thoughts in the case. First, there is a loss of harmony with the outside universe; second, subjectively, between the living parts, with every plus there is a minus, and with every minus a plus, so long as the life-struggle continues in the whole body and in its associated parts. This double quality of life-force is all-important to observe in hygienic plans, and in electric treatment; and even in medication, although the application is more recondite. The primary current is the main one. Besides this, special functional stimulation or sedation is accomplished by the common or secondary current. With either, *force* is gained by upward flow of current (positive pole placed somewhere below the negative); but *action* by downward flow.

Galvanic baths, i. e., a bath-tub painted, with foot-plate for one pole, the other in movable sponge, for upper parts—these can be used to establish true relations with outside nature—upward, when exhaustion—downward, when irritation predominates in the *general* system (as in fever). Kidder's battery, letters A D, may answer in the absence of the pure galvanism, and is all-sufficient as a source of the common or secondary current. Caution is needed; as to strength of current, the effect of its action over vital organs, and the prevention of fatigue—as well as the direction of flow.

Now the pathological polarities of such a case as this one are (probably): First, negative to outside nature; second, emotional brain positive, to erectile apparatus and sphincters, negative; third,

emotional brain positive, to spinal cord negative; fourth, prostatic region positive, to erectors and sphincters negative.

The first treatments need to be exclusively general upward currents, *not* terminating in the emotional brain, but diffused over the spine and the whole upper part of the body, etc., by negative sponge. Second, alternately base of brain to genitals and perineum (pelvic bath); *b*, base of brain to spinal cord; *c* (if *irritation* proper exists in pelvic organs), from genitals and perineum to spinal cord; *d* (when tone is sufficiently restored), base of brain and spinal cord to pelvic organs and genitals; this last being but semi-occasional, however, until the tone is perfect, the will, mind and emotions *normally* active, proportional, harmonious; *e*, by rectal electrode, from prostrate, etc., to symphysis pubis and erectors. Each of these applications, it will be noticed, is the electrical *simile* of the pathological state of the parts; positive pole adjusted to positive, or irritated, over active parts; negative pole to negative, relaxed, inert parts.

To avoid fatigue, ten minutes' treatment, once or twice a day, will at first be the limit. With improved strength more may be borne.

Water in a vessel (as a sitz-bath), containing also an electrode, is a convenient conductor for use in some pelvic treatments, making perfect application of the current to extensive and irregular surfaces. The wet sponge, containing the other electrode, is equally valuable for manipulations of greater variety.

The heart and lungs, also the brain and the great sympathetic nerve and the retina (in the case of pure galvanism especially), have a certain susceptibility to electricity; and watchfulness of its effects should be practiced when these are under its action. Any unpleasant effects may generally be antidoted by simply reversing the flow of the current, or even by stopping it.

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DOG'S MILK FOR RICKETS.—It having been noticed that puppies employed for nursing human females are much subject to rickets—recovering again upon resuming their natural food—the use of dog's milk in rickets of children has been used, it is claimed, with benefit. A recent case of convulsions from drinking cow's milk by a gentleman, to increase his flesh, is reported. Query: Is milk Homœopathic to the convulsions of Bright's Disease, in which it is so often prescribed?

## Children's Diseases.

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### *PSEUDO-SCARLATINOUS OR INFLAMMATORY CATARRHAL FEVER.*

BY LEWIS DODGE, M. D., CHICAGO.

By giving space in your journal to the following history and description of an old disease which appears with a new name, and excites considerable discussion among the physicians of the different schools, and dread in households where children of the age in which scarlet fever is likely to occur, reside. While fully appreciating the severity of epidemic and even sporadic scarlet fever, or any other epidemic visitation, I seek, in the following article, to calm fears, and caution against the too prevalent habit of physicians reporting as scarlet fever other analogous diseases, and thus increasing by their reports the number of actual scarlet fever cases. The Homœopathic physicians treat their cases by the symptoms manifested in each case, rather than by a name, and are, therefore, less liable to err in diagnosis. Even some are in the habit of discarding names of diseases entirely, taking the totality of symptoms as their guide in the selection of their remedies, and when the remedy is selected, adapting the size of the dose to the intensity of the disease, and the susceptibility of the patient, taking, also, into consideration the age, *temperament*, and other *conditions* of the patients, and the hygienic surroundings.

They also consider the condition of the atmosphere, and generally the skillful practitioner will select a different remedy in foggy and rainy weather from what he would in clear, dry, cold or hot weather. Also, carefully consider the influence any existing epidemic may have on other diseases prevailing at the same time.

In the following article is detailed the results of careful observation of thirty-three years, a portion of which has been heretofore published in papers of general circulation, and in medical journals, also reported in medical societies; and the correctness of my conclusions has never, to my knowledge, been questioned, while the remarkable success of my treatment of these cases gave me a widespread reputation in the first year of my practice at Adrian, Michigan, in 1844. This epidemic was

of comparatively short duration, and then went by the name of spotted fever, and was very fatal, and in the short space of from two to three days from its invasion, death occurred, in the fatal cases, and seemed so infected with septicemic and zymotic elements of disease as to include in that short space all the symptoms described in an epidemic a hundred years ago, under the name of typhus syncopalis. In that period when blood-letting and other depleting means were the prevailing and unquestioned practice, the disease was alarmingly fatal. My practice has always been to sustain the vital forces with tonic medical and hygienic treatment from the first. The proving of our remedies is founded on the principle that if a medicine given to a healthy person calls out a certain phase of symptoms, no matter how numerous or varied they may be, and a disease invading a patient calls out the same manifestation of symptoms, it does so by invading the same organs, systems and nervous centers, and in the same way. Hence, in treating a new form of disease, we have a scientific guide for the treatment.

A form of fever was quite prevalent in the winter of 1843-4, in Michigan, and in 1858, in northern Ohio, which seems to be specially different from ordinary scarlet fever, also differing from any other fever described in the nosological charts of the pathologists, and, as yet, seems to be without a local habitation and a name. Nor is it at all essential that it should have a name, provided we have the remedies at hand to meet its symptoms on the (*similia*) law of cure. The very general prevalence of scarlatina and influenza within this period, may have caused an error in selecting a name for this disease, but every true Homœopathist who individualizes each case of disease, treating it by and for itself, cares little for a name. In disease where a similar case has never been seen before, if he have an intimate knowledge of our materia medica, the physician will at once, after proper examination, apply the suitable remedy by virtue of the law of similarity, found in the proving of his medicines. Thus Hahnemann, before he had ever seen a case of Asiatic cholera, merely from the description of its symptoms by others, pointed out the remedies that are indicated for its treatment so accurately that the very medicines he then suggested have been extensively used, up to the present time, in the treatment of this disease, with a success that has astonished some of the most ardent opponents, and led many to investigate, and finally to adopt, the practice.

But, pertinent to our subject, we would remark that during the

prevalence of an epidemic, other diseases partake somewhat of its character, and are, to some extent, modified by it. This is peculiarly so in the case of epidemic influenza, occurring simultaneously with scarlet fever, purple rash, measles, or the following disease, which we, for convenience of description, will call *pseudo scarlatinous* or *inflammatory catarrhal fever*.

In some of the cases observed, especially when blended with, or modified by the scarlatina or influenza epidemic, the disease thus presented would not be unlike that termed pharyngitis.

There has been a similarity, both of the local disease and general symptoms, varying, however, very much in intensity and duration, and ranging from limited infection, with scarcely appreciable constitutional disturbance, to severe angina, with intense fever, and general malaise and prostration. The attacks were usually sudden, and the tongue was furred, with the papillæ more or less prominent. The local disease about the throat has often been so little painful as not to have attracted the attention of the patient; but, even in the mildest case, inspection by the physician has revealed either a diffuse or punctuated redness in the fauces, and notably about the outer margins of one or both palatine arches. The constitutional disturbance has always been greater than the local disease would seem to warrant; for the latter has, in no instance, been of such magnitude or intensity as properly to be termed grave. Deglutition has not been so painful or difficult as is usual in scarlatina, but the appetite has been very poor, even to loathing food. Spontaneous vomiting has occurred frequently in children, and occasionally in adults. Cough has usually attended the affection, at times assuming a laryngeal or croupy character, in a few cases, and especially at night, it has been very troublesome. This cough has not generally depended upon any appreciable pulmonary complication. There has been but slight expectoration, and that of a mucous or catarrhal character, but sometimes streaked with blood. The fever, in some cases, has been constant, but in the large majority of cases, has been decidedly intermittent, but without distinct and regular periodicity. Two exacerbations have been often noticed in one day, and generally an increase of fever on alternate days, but not at corresponding hours.

Another peculiarity of this disease is, the uncertainty of the establishment of the period of convalescence, for, in many persons, evidently improving, the disease has suddenly returned, as manifested both by general symptoms and the reappearance in force of the local

affection, or its invasion of parts hitherto not affected. The subjects of attack have been of all ages and conditions.

The ordinary duration of the disease has been from seven to fourteen days. But the after debility, cleaning of the tongue, and return of appetite, has extended this time. Whole families have been attacked, the several members not simultaneously, but in succession, from which may be inferred that the disease is communicable from one person to another; some in the families escaping; generally those not in attendance on the sick.

The period of incubation is short, the disease manifesting itself, in some instances, in one or two days after exposure.

Many of those attacked had previously had scarlet fever, which indicates that the two affections were essentially different, although similar in many of their symptoms, and particularly as regards desquamation of the cuticle, and its tendency to arouse pre-existing constitutional or chronic affections. Yet the more ordinary sequels of scarlatina, such as dropsy, rheumatism, or serous inflammation, did not occur in any of my cases. I believe that this disease is specifically distinct from scarlatina, and that its symptoms are so essentially different from those described in common catarrhal, mucous or remittent fevers or any others in the nosological orders of the books, that it ought to be known distinctly in its true character.

The occurrence of scarlatina without eruption is not to be doubted, but, exclusive of the instances in which death takes place, prior to the eruptive stage. The eruption is wanting in certain other cases in which the affection of the throat is unusually severe, the local manifestation of the disease being concentrated on the fauces; but in fevers we have observed the throat affection has not been severe enough to account for the concentration of the scarlatina poison at that point. This disease, if neglected in the formative stage, will strongly incline to cause local congestion in the liver, glands of the bowels, chest or head, and some cases have so nearly assimilated the symptoms of inflammation of the brain that it was somewhat doubtful during the first twenty-four hours what the form or type of the disease would be. I could not, if space were allotted in your journal, do justice to the treatment of this disease, and therefore will not detail my treatment, but simply name some remedies that may be used when a skillful Homœopathic physician cannot be obtained. *Aconite* 3 and *Ipecac* 3, in the early period of the attack, with suitable bathing, to equalize the circulation. After this, *Bell.* and *Ipecac*, if the well-



known symptoms indicate. These remedies in mild cases, with rest and hygienic regulations, may be sufficient.

*Hepar sulph.*, *Spongia*, *Mercurus iodatus*, *Borax*, *Capsicum*, *Monobromoplate of Camphor*, *Argentum*, *Apis mellifica*, *Baptisia*, etc. If there is rapid failure of strength, with profuse perspiration, *Rhus tox*, *Phosphorus*, *Aconite*, *Quinine* triturated, with the vegetable carbon; *Bryonia* and *Phosphorus* if great oppression of breathing exists. *Cantharis*, *Sweet Spirits of Nitre*, *Acetate of Potash*, *Kali hydriodicum*, *Sulpho-Carbolate of Soda*, and other analogous remedies, should be carefully selected, after comparing the symptoms with the pathogenesis of the remedies, as in the materia medica, and adapting the size of the dose to the case, as before mentioned in this article; keeping the mind of the patient free from fear, and the body from pent-up excretions, foul air, with sufficient bathing for cleanliness, and not so much as to induce debility, and generally success will result.

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### EXPERIENCE IN CROUP AND CHOLERA INFANTUM.

BY E. B. NASH, M. D., CORTLAND, N. Y.

As we read an article from the pen of C. W. Boyce, in one of the January numbers of THE UNITED STATES MEDICAL INVESTIGATOR, we said, *good*. When the doctor gives us a bit of his experience we prize it, for it generally has the true Homœopathic ring. We remember what he said of *Euphrasia* in measles [see page 79, Vol. V., UNITED STATES MEDICAL INVESTIGATOR.] and have it laid up on the shelf of our memory for the next case of measles that presumes to come in our way.

Well, once more, when we saw the invitation of the editor for some "experience" in cholera infantum, we said, we'll respond to that invitation, and if the editor don't like it he needn't publish it, [But he does, and so do our readers—say on!] that's fair, and if Boyce responds too, we'll see how our experiences agree. [Editor, "Boyce!" Readers, "BOYCE!!" Echo, "BOYCE!!! and others."]

#### CROUP.

But first as regards croup I made up my mind to try Bönninghausen's five powders, and since I have commenced using them have never been obliged to give a dose of *Spongia*, for the *Acon.* 200 and *Hepar* 200 always cured before it was time for the *Spongia*. Cortland

is a high, dry, cold region, and croup is common. I seldom have to give anything but *Aconite*. It may be said that I haven't had any of *those severe cases*, as an Allopath told me, I admit it, and don't mean to have any if *Acon.* and *Hepar*, or any other indicated remedy, will prevent it. I used to have them so severe as to fairly make my hair stand. Then my habit of treatment was, first, *Acon.* and *Spongia*, low, and in alternation; second, *Hepar*, *Kali b.* or *Tart. em.*, or all three. Thank God, I believe I know a better way! So much for croup.

#### CHOLERA INFANTUM.

I find it hard naming, or placing exactly where they belong these cases of summer complaint in children in the nosological category.

When called to treat a case I generally call to mind all I know of successful remedies for vomiting, diarrhœa, indigestion, dentition, aphthæ, dysentery, cholera infantum, atrophy, hydrocephaloid, etc., and without waiting to decide which particular name to give it, I go for the *patient*. Suppose I do come to a case of indigestion, next day it may amount to vomiting and diarrhœa, next to cholera infantum, atrophy, hydrocephaloid before I get through. How much will the name I give it help me to select the remedy? The one *pathological condition* (which term some so like to swing,) runs so imperceptibly into the other that you cannot tell where one leaves off and the next begins. Now, we say, away with this hair-splitting about names; let's look at our patient.

Doctor — What's the matter, mother?

Mother — Don't know, guess its indigestion, child has been vomiting for the last twenty-four hours, is sick all the time at the stomach; is pale and weak, especially after every vomiting spell — tongue coated or not. Diarrhœa, stools watery and often green, but the most constant trouble is the persistent nausea.

*Ipecac* 200 has cured hundreds of such cases in my hands, and *Acon.* cures in teething children when there is great restlessness, crying, biting fists, high fever, and green diarrhœa or mucus stools, small and frequent.

I might go on to give symptomatic indications for *Bell.*, *Cham.*, *Puls.*, *Pod.*, and a host of others, but could not do it any better than Bell and Guernsey and Johnson have already done. I will only mention some particular remedies of mine and cures made with them, and one of my choicest is

#### CALCAREA CARB.

Scrofulous children. Large heads with open fontanelles. Head

sweats when sleeping; vomiting and diarrhœa of *sour smell*; vomits curdled milk; urine often smells strong.

There may be other *Calc.* symptoms present, if so, better yet, this is the remedy, and its action is so prompt, satisfactory, and permanent, that I always feel an internal delight whenever I think how often it has gained credit for me and Homœopathy, and more still, saved the life of my patient.

I remember one case of this character which seemed for a long time to resist all treatment, even *Calc. carb.* 200 (which is the potency I generally use). No milk could be retained in the stomach (it was being raised on cow's milk,) until counsel stated that Hering advised to put *Calc.* into the milk. I, acting upon the suggestion, dissolved a few pellets of the 6000th of the remedy in water and directed a spoonful be put into the bottle every time it tried to eat. The result was all that could be desired, viz., prompt improvement and perfect recovery.

*Silicea* 200 has helped me out in a few cases with *sweaty head*, but in these cases the children were *thin* and *scrawny*, instead of fat and flabby.

#### SOME HARD CASES.

One of the most obstinate cases I ever had, one which was pronounced very dangerous and probably incurable by an eminent regular, had relapsed twice, after I thought her out of danger, under *Calc. c.*, I cured quickly and perfectly with *Sepia* 200. The peculiar symptom leading to its choice being, "Boiled milk particularly disagrees."

Another case that had resisted the best efforts of myself and the best counsel I could get, for six weeks, was cured like magic by *Stann. met.* 200, the key-note to its selection being, "the child will not be quiet in any other position than carried over the point of its mother's shoulder."

One case going on from bad to worse under various remedies until it assumed the dysenteric form, frequent passages of slimy mucus with great tenesmus. One day while sitting by the child while the mother was changing it, I noticed that the anus remained open all the time it was straining, so much so that I could easily see into it for two inches. Of course there was only one remedy for the case. It was *Phos.*, which was immediately given, and with just the result I expected — immediate cure.

Now I might report cases [do so] like these with other remedies, such as *Cina*, *Æthusa*, *Sulph.*, *Benzoic ac.*, *Nux mos.*, *Nux v.*, but I am

afraid it would tire you [come again.—ED]. I will simply say that with each and every one of these remedies I have performed, what I once heard Dr. Boyce in society say he was not satisfied without, viz., “brilliant cures.” Close prescribing, the single remedy, and minimum dose is what does it. Those who practice it sometimes have hard work. Verily they have their reward.

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#### FOOD FOR INFANTS.

On page 82, Vol. V., you invite opinions concerning customary food, etc., for infants. Custom allows everything. The doctors are principally at fault. I sincerely hope your forthcoming work on Diseases of Children will set us all right on this very important subject. As I am most interested in very young children, will you allow me an opinion?

The mother should nurse her babe *always* where it is at all practicable. When not possible, either from death of mother, severe mammary abscesses, loss of nipples or breasts from any cause, puerperal fever, etc., a wet nurse is in order. Sore nipples should never prevent the mother from doing her whole duty. If every physician will direct his nursing patient to procure one of Maw's nipple shields, and use it as soon as a nipple begins to be tender or cracked, there will be more happy mothers in future. “Hand-raising,” of course, is more difficult, but if the food be *simply* good cow's milk, until the child has the largest part of his teeth, there will be less difficulty in raising the babies than is generally experienced. After this period, which differs in different children is passed, barley flour, oat meal, and lastly, bread should be added to the milk. This diet should cover the first three or four years of the child's life, when he may leave the nursery and have a place at the table to eat only plain but substantial food. I wish to be distinctly understood that the child should have nothing but milk for the first year and a half, and for the two following years milk with only such articles as can be eaten in it. Oat meal is certainly the best in a large majority of cases. Children fed in this way have a splendid framework for the superstructure.

But I would like to return to the very birth of the child. I am positive that much of the want of assimilation of food, and the indigestion—a condition which, except in hereditary cases, should be unknown to infantile life—are due to the nostrums which are forced into the

children's stomachs. Not long since, an Allopathic doctor ordered a nurse to give a *teaspoonful* of butter and sugar—equal parts—to a babe as soon as washed and dressed, to move his bowels!! How long before doctors will learn that a babe's stomach cannot, at first, digest anything but colostrum and, later, milk? How long before doctors will learn that moving the bowels is not all of life? I know of several cases nearly as absurd, or rather abusive, as the one above referred to. If doctors will order such fearful stuff to a babe, what may not be expected from the ignorant and self-confident nurses? Of the tea and lotions which the young babe gets at the hands of the monthly nurse, some maiden aunt, or grandmother, there is no end. Doctors should make the nurse responsible for all which enters the infant's mouth. If it be *only milk*, the child will have a fair and natural start in the world and will make a safer childhood than under other management.

To prevent this abuse of mother and offspring, I have had some rules printed, and require each nurse to follow them :

POST-PARTUM RULES FOR THE NURSE.

1. Keep the room moderately dark, at a temperature of 65 degrees, and free from unpleasant odors.
2. Keep the room sweet by frequent ablution and change of clothing, and not by camphor, bay rum, or cologne.
3. No congratulation, outside the immediate family, can be allowed till after the third day.
4. No discussion or spirited conversation must be allowed till after the seventh day.
5. The mother will be allowed to eat or drink, in small quantities at a time, anything which she may desire.
6. The mother must be turned from side to side, and the bed covers be as light as the season will allow.
7. The bowels must not in any way be disturbed for eight or nine days from confinement.
8. The child must not be fed a particle of anything, except what nature has provided, without consent of the accoucheur.
9. The child must be left alone to sleep the greater part of the time. Too much attention is injurious.
10. Never allow a light to burn in the room during the night. Fresh flowers are desirable.

Every new nurse is presented with a card, and now for two years the rules have worked well. When the nurse has faithfully followed Rule 8, it is wonderful what a good baby we have in the house.

When the mother's milk is deficient or defective, Guernsey must be carefully studied. I find, also, that nothing will so much benefit a mother who feels "dragged out," who is worn down and has no milk..

as free and frequent draughts of cow's milk. Even if she dislike it at the outset she will do anything "for baby's sake." A tumbler full three times per day can be easily increased to double that amount. Nothing will make more nor so good milk for the mother. I must protest against the use of beer, ale and porter in the nursery. Half or more of the doctors recommend one or all of these liquors to nursing women; some for increasing the strength, others for increasing the milk, when they—the doctors—very well know they will do neither the one nor the other. Whatever nourishes a lady, strengthens her. When good food fails her she needs medicine. No amount of stimulants will help her out of the difficulty. The same rule will apply to children of any age.

NEW YORK.

A. M. PIERSONS.

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## Materia Medica Department.

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### *CHARACTERISTICS OF RHUS TOXICODENDRON.*

BY T. S. HOYNE, A. M., M. D., CHICAGO.

*Rhus toxicodendron.*—Poison Oak.

*Antidotes.*—*Camphor*, *Angustura* (?), *Croton tig.* (?), *Verbena hastata* (?), *Coffea*, *Sulphur*.

*Duration of Action.*—A few hours to several years (according to Dr. Neidhard.)

*Fear of Death.*—Quite a number of remedies have fear of death; *Rhus*, however, has dread of death with anxiousness and sighing. The patient also imagines an enemy means to poison him.

CASE CCXXXVI. Lady, aged thirty, pulse small and quick; general heat; red spots on cheeks; debility and diarrhœa; brought on by excitement and grieving over a misplaced confidence. *Phos. ac.* 12 for three days gave no relief. Says she feels as if she was poisoned. *Sac lac* forty-eight hours, but still the same idea. Smelling of *Rhus tox.* 30 removed the symptoms by degrees. Dr. Dulac.

*Hyperæmia.*—This remedy may be employed for congestion of the brain when we find heavy, reeling headache, with humming and throbbing in the head; face red and burning or pale; constant rest-

lessness day or night; vertigo when turning, stooping, or when lying down. Dr. Hart says, "it is applicable to such cases as arise from or are associated with acute articular rheumatism, and also to cases caused by exposure to cold or to getting wet and chilled.

*Vertigo*.—Dr. Goullon, Jr., recommends it in vertigo of aged persons, when the vertigo is worse in getting up from lying, from turning, stooping, etc.

*Cerebro-Spinal Meningitis*.—*Rhus* proves serviceable in cerebro-spinal meningitis when the symptoms assume a typhoid character. Stupefaction, epistaxis, diarrhoea, constant restlessness; stiffness of the muscles and joints and pain in the back as if bruised; opisthotonos.

*Encephalitis*.—Dr. Gilchrist recommends this remedy in traumatic encephalitis, for absence of mind; illusions of the fancy; fullness and heaviness in the head, especially in the forehead, with sensation as if a weight were falling forward on stooping, with heat in the face; erysipelas of the head and face, with vesicles drying up, and forming burning-itching scabs; aversion to light; face pale and sunken, with blue rings under the eyes, and pointed nose. Worse after midnight; from cold water, and uncovering the head. Better from moving the parts, from warmth, and on wrapping the head up warmly.

*Meningitis*, with erysipelas of the face, and typhoid symptoms, indicates *Rhus*. Delirium unusually violent, with a fear that some one means to poison him.

*Cephalalgia*.—Headache characterized by aching pains in the occiput, the pain extending to the ears and malar bones, and aggravated by exercise in the open air, or by damp, cloudy weather. are speedily relieved by the poison oak.

*Erysipelas of the Scalp*, particularly of the left side, with blistering, burning and itching, is promptly cured with this drug.

*Blepharitis*.—*Rhus* is useful for inflammation of the eyelids, when there is œdematous swelling, redness and a copious, acrid and serous discharge which corrodes the cheek. Numerous watery vesicles.

*Eye and Ear*.—*Rhus tox.* will be found useful for the following complaints: Scrofulous diffuse corneitis characterized by little dread of light, slight redness, no lachrymation. In prolonged cases *Kali bichromicum* is sometimes more useful. Œdematous swellings of the lids, looking as though poisoned with ivy. Consult *Belladonna*. Dr. C. H. Vilas.

*Conjunctivitis*, acute or chronic. *Rhus* is indicated, if the right eye is principally affected with considerable serous puffing up of the

conjunctiva, great pain, and scanty discharge. Also in conjunctivitis of new-born children, if the swollen conjunctiva protrudes from between the lids like a pod, when they are opened." Dr. A. K. Hills recommends it in granular conjunctivitis for: "Spasmodic closure of the lids, with excessive photophobia, and as the lids are separated there spurts forth a perfect gush of hot tears. Anguish and restlessness compelling continued motion, with nocturnal aggravation, and sometimes the characteristic rheumatic diathesis."

. *Scrofulous Ophthalmia*.—It is useful, when complicated with eczema of the ears, pimples and vesicles on the cornea; swelling of glands behind the ears; violent pains in the eye and scanty secretion.

*Keratitis*.—Dr. Geo. S. Norton gives the following indications for its administration in keratitis: "\* Keratitis pust. small pustules on the edge of the cornea, great photophobia and profuse lachrymation. \* Pustule on the cornea, some photophobia and redness, but much lachrymation. \* Lies constantly on the face, with a *Rhus* eruption. Pustular inflammations after they have gone on to superficial ulceration of the cornea with intense photophobia and profuse lachrymation. The conjunctiva may be very red even to chemosis, and the lids œdematously swollen, particularly the upper, and spasmodically closed so that they have to be forcibly opened, when a profuse gush of tears takes place. Aggravation at night, after midnight and in damp weather."

*Ulcers of Cornea*.—From what has just been quoted we should expect to find *Rhus* beneficial in ulcers of the cornea with similar symptoms.

*Herpes Cornea*.—In herpes cornea, it is useful after the vesicles have burst. Eczema of the ears; swelling of glands behind the ears; violent pain in the eyes and nightly aggravation.

*Pannus*.—Dr. Payr recommends it in pannus, for intercurrent acute attacks.

CASE CCXXXVII. Dr. C. Le Beau produced great improvement in a case of long standing ptosis by one dose of *Rhus* 75m. It produced a red vesicular rash, itching and burning terribly, especially in the joints, worse at night; and angina, with enlargement of the maxillary and parotid glands.

*Iritis*, syphilitic or rheumatic. These symptoms indicate *Rhus*: Ball of the eye feels sore on turning it, or when pressing upon it; burning of the eyes; inflamed lids; swelling of the lids; profuse gush of tears on opening the lids; œdematous swelling around the eyes; objects look pale; pain in the eyes preventing motion; pain on



first moving the eyes, going off by continued motion. Worse in the morning; also, from cold, and from light. Better from warmth and continued motion.

*Irido-Choroiditis*.—In irido-choroiditis, with the above symptoms, and yellow, purulent mucous discharge; stitches in the eyes and temples, with vertigo; and red face and hot head, *Rhus* proves curative.

*Amblyopia* when occasioned by metastasis of gout or rheumatism, is well met by this remedy.

CASE CCXXXVIII. Opacity of cornea. Patient, aged forty-five. Totally blind. The cornea is filled between its lamellæ with a thick, whitish exudation; the iris is distorted. Eye doctors have made iridectomy; no sight. The cause of blindness must, therefore, have had a deeper seat. Patient has in former years been subject to erysipelas of the face. Cold water applications had suppressed the eruption. Since then he began to complain of weak sight, which gradually grew to total blindness. *Rhus tox.* 1, night and morning restored him to sight. Dr. Stens, Sr.

*Deafness*.—Two remedies have as a prominent symptom; does not hear speech well; *Rhus tox.* and *Phosphorus*. It is well to remember this as the symptom is usually considered characteristic of *Phosphorus*.

*Otitis Interna*.—In otitis interna, with violent pain in the head, delirium and eczematous swellings about the head, *Rhus* is beneficial.

*Coryza*.—It gives speedy relief in coryza occasioned by getting wet, when accompanied by inflammation of the nose internally, discharge of green offensive pus or thick yellowish mucus; nightly epistaxis; fever sores about the mouth and nose; aching in all the bones, worse during rest and in the evening.

*Chronic Catarrh*.—In chronic catarrh also, when the nose is swollen, bleeding now and then, with eczema on both sides below the nose, and spasmodic sneezing.

For abscess of the nose we employ *Rhus*, if the tip of the nose is red, with soreness when touched; the nose feels sore internally; bleeding of the nose at night, or when stooping, of coagulated blood; discharge of green offensive pus from the nose; puffiness of the nose, discharge of mucus from the nose, without coryza.

*Epistaxis* when occasioned by bending forward, stooping or any bodily exertion, or coming on at night or during stool, the blood being partly coagulated requires this drug.

*Erysipelas*.—*Rhus* acts well in facial erysipelas when the disease commences on the left side, and gradually spreads to the right, affect-

ing the whole cheek and forehead, with burning, blistering and itching.

*Crusta Lactea*.— This curative agent may be administered for crusta lactea, when every portion of the eruption has an inflamed look, with nightly itching and burning; swelling of the glands of the neck and throat, with stiffness of the muscles. Also in *eczema* of the face, with similar symptoms.

CASE CCXXXIX. *Eczema impetiginoides*. Surface raw and exco-riated, covered with yellow scabs and eliminating a sero-purulent discharge; infiltration of the areolar tissue, with much swelling. Cured by *Rhus tox.* 30. Dr. Ph. Arcularius.

*Prosopalgia*.— *Rhus* proves beneficial in prosopalgia, occasioned by getting wet, when the pains are stinging, burning, darting and tearing, relieved by cold applications. The pains sometimes extend into the teeth of the side affected, and are aggravated at night or by rest.

*Odontalgia*.— *Rhus* cures toothache brought on by getting wet, or taking cold in damp or windy weather, the pains being pricking, throbbing or tearing, aggravated in the open air and at night, and relieved by hot applications. The teeth feel loose or elongated, and the gums burn, itch and become swollen. Melancholy persons, easily agitated or frightened.

*Tongue*.— Much can be learned from the tongue when properly studied. A strawberry tongue indicates *Belladonna*. A tongue with a red tip in the shape of a triangle; a soft tongue with imprints of the teeth; a dry, red tongue, cracked at the tip; and a tongue coated white on one side only, are all indications for *Rhus*.

*Tubercles and Fissures of the Tongue*.— The following indications are given by Dr. Gilchrist: Intolerable burning, sore pain in the gums; accumulation of water in the mouth; the tongue is not coated, but is very dry; parched, red, or brown tongue; nightly discharge of yellow or bloody saliva from the mouth; mouth feels better all day; complete loss of appetite; excessive hunger. Worse in the morning, evening, and at night; also when chewing, when lying on the painless side, when swallowing the food, and when eating or drinking cold things. Better from warm food or drink, and from warmth in general.

*Parotitis*.— In mumps we use this drug for inflammatory swelling of the left parotid gland; suppuration of the parotid glands; sore throat, as from an internal swelling, with bruised pain; pressure and stinging when swallowing; difficult swallowing of solid food; hoarseness with roughness in the larynx; roughness and soreness in the

chest. Worse at night, when at rest, from cold, and when swallowing. Better from warmth.

*Diphtheria*.—In the treatment of diphtheria this drug is sometimes serviceable. Raue says: "When the child is restless, wants to be carried about; wakes up every now and then complaining of pain in the throat; when a bloody saliva runs out of the mouth during sleep; when the parotid glands are a good deal swollen; when there are transparent, jelly-like discharges from the bowels at stool, or afterwards."

CASE CCXL. Girl, aged twelve, slender, lymphatic, nervous, was taken with fever, aggravated toward night; pain in the back of the neck with stiffness, worse on turning, relieved by change of position; restlessness; inflammation of the right tonsil, with a patch like chamois leather, yellowish white, thick. Tongue white, heavily coated, tip and edge red, almost sore, raw looking; fetid breath; sticking pain in swallowing; more pain when first beginning to swallow. Loathing of food. *Rhus tox.* 15m cured in three days. Dr. L. B. Baylies.

*Œsophagitis*.—*Rhus* proves beneficial in œsophagitis, when there is difficult swallowing of solid food as if from contraction of the œsophagus; parched, red or brown tongue; excessive thirst; especially when occasioned by corrosive substances.

*Laryngo-Tracheitis*.—In laryngo-tracheitis it is useful for tickling under the sternum, worse from talking or laughing; cough aggravated at night, and by putting the hand out of bed; stiffness of the limbs and pain in the bones, worse during rest; restlessness, changes position often; symptoms all worse after midnight.

*Influenza*.—This drug is curative when the disease is occasioned by a severe wetting. The main symptoms are vesicular eruption about the mouth, pain in the bones and head, worse during rest, and anxious respiration.

CASE CCXLI.—Man, with a pimply face, after exposure was seized with chilliness; headache; oppressed breathing; catching pains in the right side of the chest, cutting off the breath in making a deep inspiration; anxiety and apprehension that unless relieved he would not be able to breathe but a short time. *Bry.* 30 every three hours, did no good. Next day I noticed a plentiful crop of vesicles around the mouth which had appeared in the course of the night. *Rhus* 30 cured. Dr. Wm. E. Payne.

*Strain of Vocal Chords.*—*Rhus* is the main remedy, as we shall show presently, for strains and sprains of the muscles and joints. For strains of the vocal chords it has been highly recommended. Dr. Hills says, "after straining the throat in singing, I have found this remedy invaluable to singers." Dr. Hering says, "I have given this remedy to public speakers, after great exertion in speaking." Dr. Martin says, "I have recommended it for garrulous old women, who sometimes have sore throat, with stiff feelings, when waking from sleep, which goes away after talking awhile."

*Bronchitis.*—This curative agent is very valuable in bronchitis, of the epidemic form. The cough is brought on by putting the hand out of bed; it is excited by a tickling under the middle of the sternum and is aggravated by laughing or loud talking, by motion, every current of cold air, and at night; burning heat, dry tongue; restlessness; great debility; pain in the bones, worse during rest.

CASE CCXLII. Case of dry cough during the day, wrenching the epigastrium; excited by talking or singing; shoulders and cervical muscles stiff and lame on first moving; better during exercise. *Rhus tox.* 200 cured. Dr. H. V. Miller.

*Whooping Cough.*—In whooping cough, *Rhus* is indicated only in the first stage, or at a later stage if inflammatory affections of the chest supervene. The cough is aggravated in the evening, from taking cold, from getting wet, lying in bed, talking, eating and drinking. Expectoration of grayish-green mucus at all times except in evening.

*Pneumonia.*—In pneumonia, especially typhoid-pneumonia, you will find *Rhus* invaluable, particularly when the tongue is red at the tip, and there is great restlessness, the patient moving about constantly, for in this way he obtains slight relief.

*Hæmorrhage* of bright-red blood from the lungs after straining, lifting, blowing of instruments, or worry and mental excitement, requires this drug for its cure.

*Pleurisy*, also, when brought on by straining, lifting, scuffling, etc., or after exposure to wet, accompanied with fever sores around the mouth and nose; redness of the tip of the tongue, and great restlessness, although the pain is increased by moving about.

*Carditis.*—*Rhus* may be employed in the various affections of the heart, when complicated with measles, scarlatina or rheumatism. Palpitation worse during rest; stitching in the region of the heart, with painful lameness and numbness of the left arm; aching in the left arm; worse at night.

CASE CCXLIII. Mrs. C., sick for twenty years; is now in bed, pale and weak; no appetite; pulse 48; auscultation revealed enlargement of the heart with dilatation; pain in left shoulder and down the left arm, which feels cold and numb; pain is worse each morning at 4; faint, fluttering sensation in stomach and left chest; sensation of gurgling in heart region, with soreness in the left side; lying on it causes severe palpitation and pain in the heart. *Rhus tox.* 200 cured in six weeks. Dr. C. A. Cochran.

*Palpitation.*—In nervous palpitation of the heart the poison oak acts well when the patient is better from continued motion, or when the affection is occasioned by getting wet.

CASE CCXLIV. Josefa, aged thirty-six, married, had an affection of the chest, which she referred to the heart, as she had difficult breathing on ascending stairs, however slowly; when she hastened in ascending she tired at once, and had violent palpitation of the heart, which obliged her to halt to recover her breath; a deep inspiration or raising the left arm suddenly, caused a stabbing pain, acute, momentary, in the middle anterior portion of the fourth intercostal space on the same side. Auscultation revealed heart beats slightly accelerated, isochronous with the pulse, without any unnatural sounds; all of which seemed to indicate a purely nervous affection. *Bell.* gave no relief. The fact was brought out that some time previous she was wet for several hours in the river, and exposed at the same time to the sun. *Rhus tox.* 12 entirely relieved in a week. Dr. Pellicer, Jr.

*Diaphragmitis* requires this remedy for its cure when the inflammation commences on the left side, and gradually spreads to the right. Although motion gives the patient great pain, he is so restless that he is forced to move constantly, and besides, he really feels worse when lying quiet. The tongue presents a red tip; has more or less nausea, and a constant desire to drink.

*Intestinal Catarrh.*—*Rhus* is beneficial in intestinal catarrh for the following symptoms: tearing pains down the legs—at every stool the pain streaks down the legs, which are powerless; stools are preceded by pain in the bowels; greenish stools, containing jelly-like globules or flakes, tenesmus with nausea and tearing pains in the intestines; aggravation from keeping quiet, or at night after midnight; perfect remission of the pains, and of the urging after stool.

*Typhlitis.*—Raue suggests *Rhus* in typhlitis and perityphlitis, when accompanied with hard, painful swelling of nearly the entire right side of the abdomen; pain worse in sitting, or when stretching the

right leg ; impossibility of lying on the left side ; better when lying on the back with right leg drawn up, and when gently pressing the swelling from below upward ; pale, anxious face ; burning of the palms of the hands ; profuse sweat at night ; small, frequent pulse.

[To be Continued.]

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## Surgical Department.

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### *MYOPIA AND ITS THERAPEUTICS.*

BY JAS. A. CAMPBELL, M. D., ST. LOUIS, OCULIST AND AURIST TO  
GOOD SAMARITAN HOSPITAL. SURGEON IN CHARGE OF THE  
EYE AND EAR CLINIC OF THE HOMOEOPATHIC MEDICAL  
COLLEGE OF MISSOURI.

Read before the " Physicians Club."

Myopia seems to be one of the penalties of civilization and high culture. The question as to its cause, nature, and course, is not a many sided one, the great weight of reliable and accepted authority, being almost a unit upon this subject ; and so this part of the question is not counted among the great questions of scientific uncertainty.

Myopia proper usually depends upon a lengthened antero-posterior diameter of the eye-ball, caused by a thinning and prolongation backwards of its posterior coats, whereby external distant images are focused, not upon the retina, but in front of it ; by reason of which they appear blurred and indistinct. It is possible, that in rare and exceptional cases, myopia may be caused by too great a refractive power in the eye, without a lengthened antero-posterior diameter of the ball ; but this condition is more rare even than is usually asserted, for if produced by the increased refractive power of a conical cornea, we still have an increased antero-posterior diameter, though in this case it is forwards instead of backwards. It is possible, too, that in very rare cases, the lens may possess congenitally too great a refractive power for the length of the eye, and thus produce myopia ; but this is a rarity only to be considered under possibility rather than probability — and if existing would be a congenital anomaly, which could not be thought of in connection with therapeutics. Hence authority is almost unanimous in defining myopia as depending upon a too great antero-posterior diameter of the eye-ball.

We must here carefully distinguish from myopia proper, spasm of the ciliary muscle, in which an undue rotundity of the lense is produced, thereby sometimes simulating myopia. It is owing to the want of a proper appreciating of this distinction, that much confusion and some error has been occasioned, and much valuable time has been lost in the discussion. It is true that spasm of the ciliary muscle often co-exists with myopia; but it is also true, that it may be found in hypermetropia, and likewise in emmetropia; hence it is something different from and does not belong exclusively, or even essentially to either of these conditions. The additional further importance of this distinction will be seen farther on.

There is probably no branch of modern science, which has been more completely mastered than optics, and when applied in the adaptation of glasses for defective vision, depending upon anomalies of refraction, it is as perfectly understood as can be well hoped for. But a myopic eye is a diseased eye, and the glass, while it supplies a deficiency, it does not in its proper sense remedy the disease. And considering the importance of the question, it is not surprising, that much effort has been made to find some treatment for this condition, other than glasses, which would be remedial in its effects and curative in its nature.

The object of this paper is to present to you briefly the views of the best authority on this subject, and in this light, together with the help of some personal experience and recent observations, to examine some views to the contrary, which have been offered.

This is no new theme, and historically it presents some interesting as well as amusing features. Regulated pressure was at one time the remedy, and cures were reported — its day was short. Then under the rule of the myotomists, their operation was employed and brilliant cures were reported. Then paracentesis of the cornea was the rage, and wonders have been claimed for it; but in the hands of competent authority, it too fell into disuse. Because in a previously highly myopic eye, the removal of the crystalline lens for cataract was followed by a nearly emmetropic condition, even this bold procedure has been suggested. Within the past few years *Atropine* has been largely employed in the treatment of myopia, and many cases have been reported as cured by it; but notwithstanding the favorable manner in which the figures have been made to stand out, in competent hands it has not stood the test of time and a more careful examination, and in the treatment of uncomplicated myopia it has but few friends.

At the meeting of the "Western Academy of Homœopathy," at Davenport, in October, 1875, a paper was read upon the Therapeutic Treatment of Myopia, in which the writer, in opposition to the heretofore received authorities, claimed that myopia was amenable to medicinal treatment, and that the Homœopathic use of *Calabar bean* was the long sought for specific. The points of the article briefly given were these :

"Myopia proper is an antero-posterior elongation of the ball. The predisposing cause is hereditary tendency.' The developing cause is the accommodative act. Spasm of the muscles of accommodation is the result, and the active factor in the progression of the disease. Because *Physostigma* produces spasm of the muscles of accommodation, therefore administered Homœopathically it will cure this condition ; and since this is the cause of myopia, it will cure myopia."

Acting upon this theory, the writer gave a Homœopathic preparation of *Physostigma* which was followed by surprising results. Previously, near-sighted eyes under its influence were speedily restored to a normal condition ; others, if not entirely cured were much improved. One extraordinary case was reported where the "choroid was torn off," but under *Physostigma* 3x it "perfectly recovered."

IN THE UNITED STATES MEDICAL INVESTIGATOR of June 15, 1876, is an article by the same writer, in which the above views are reiterated, and more cases given and cures reported. Before examining any of the above opinions by way of criticism, let me present to you briefly the views of some of the accepted authority on this subject. As the leading authority, the claim of Donders is undisputed. His scientific and accurate investigations in this direction, are entitled to the unanimous respect with which they are received. After examining 2,500 myopic eyes, with the view of investigating its nature, cause, course and treatment, many of the cases being under observation for several years, he evolved the following as definitely fixed :

"The predisposition to myopia is almost invariably hereditary and congenital. Have never seen myopia arise after the twentieth year in eyes before normal. In the emmetropic eye simple tension of the accommodation is not sufficient to produce myopia. Have seen myopia in sailors accustomed only to look at remote objects. Tension of accommodation may accelerate the development of myopia in an eye predisposed to it, but this only an indirect cause, depending upon the secondary disturbances of intra-ocular capillary congestion and



hyperæmia of the nerve surface, which favor and cause a weakening and prolongation backwards of the ocular coats.”

In the Royal London Ophthalmic Hospital Reports, (Vol. VIII., Part II.,) Dr. Schusbel, of Vienna, a very competent and exact observer and a recognized authority, in a paper on the “Cause of Myopia,” also affirms in a masterly examination of the subject, that myopia does not depend upon over-work merely, or the over-exercise and spasm of the muscle of accommodation; but there must be a hereditary predisposition. He points out the fact, that if using the eyes constantly for near and fine work was the cause of myopia, then from the number so engaged, and from the acknowledged hereditariness of the disease, myopia would be the prevailing condition and emmetropia the exception, which is far from the case. He also mentions in this connection the interesting and significant fact, that in Italy there is much myopia, while 80 per cent. of the population can neither read nor write.

I have been making some investigations during the past year, on the influence of near work upon the sight, which has a direct bearing upon this subject. With this point in view I have examined the eyes of about fifty engravers and nearly one hundred watchmakers, and the results were to me as surprising as they were interesting. If the theory that myopia is caused by the over-exercise of the accommodation and consequent spasm was true, we should expect to find myopia peculiarly developed and abundant among this class of workers; but just the contrary was the case. I found that not only an exceptional degree of acuteness of vision existed among them, but their sharpness of sight was peculiarly preserved and retained; for instance, as an example, I found an engraver who had been in the business, actively employed for fifty-eight years, whose father before him had been an engraver; and yet this man was not in the least myopic; his vision was nearly 20-20, and he could read signs two blocks distant. Among the number I found, it is true, a few cases of myopia, but in each case the hereditary predisposition could be distinctly traced. But I also found a few cases of hypermetropia exactly the opposite condition. Neither the myopia nor the hypermetropia was of a very high degree; nor was the number of either larger than we should expect to find in the examination of the same number of any other trade or profession, selected at random.

It may be further stated that in myopia proper, *the accommodation is very little used*, while in hypermetropia it is *constantly and incessantly*

*employed at every distance and in every visual act.* Hence if it was true that over-use of the muscles of accommodation produced a myopic condition of the eye, we should expect that every hypermetropic eye, would become eventually a myopic eye, or at least by degrees less and less hypermetropic. But unfortunately for this theory it is not so, the reverse being usually the case.

These facts and authorities as above given, seem to me to be fatal to the view, that myopia has its origin in either the over-use or spasm of the muscles of accommodation.

So much for the cause and nature of myopia, now a few words as to its therapeutics.

Of the treatments which have been advocated so warmly as above given, the last two—by *Atropine* and by *Calabar bean*—are all that remain to demand attention.

In the sixty-seven cases of myopia treated by *Atropine*, as published by Dr. Hasket Derby, of Boston, spasm of the accommodation was present in 89.5 per cent., leaving but 10.5 per cent. of uncomplicated myopia. The result claimed was as follows: Fifteen of the cases were cured, forty-five improved, while seven cases remained unchanged. Now it is a most significant fact, that this number of seven unimproved cases represents exactly the 10.5 per cent. of *uncomplicated* myopia as above given; or in other words the 10.5 per cent of uncomplicated myopia was totally unaffected by the treatment. In the remaining 89.5 per cent., spasm of the accommodation was present; now spasm of the accommodation not only simulates myopia, but in its effects it adds to a previously existing myopia; so of the above fifteen cases reported as cured, we can readily believe that they were not myopia proper, but merely spasm of the accommodation simulating myopia, which spasm having been overcome by the *Atropine*, the eye was left in its natural condition. The forty-five cases reported as improved, were cases of myopia complicated with spasm of the accommodation, this latter condition having been overcome by the *Atropine*, the eyes were left in their original and uncomplicated myopic condition, and hence the improvement. This result as examined seems in itself conclusive, but it is rendered more so since this treatment by *Atropine* has been thoroughly tried, not only in this country but all over Europe, and it has been discarded by those most competent to judge. Here we see the importance of distinguishing between myopia proper and spasm of the accommodation, to which attention was called in the first part of this article.

We come now to the treatment by *Calabar bean*. For the safety of this theory it was necessary to assume in the beginning that the cause of myopia was over-use and consequent spasm of the muscles of accommodation; but as we have seen above, standard and reliable authority prove directly to the contrary; and as I have before mentioned, spasm of the accommodation, while it often co-exists with myopia, it is something different from and does not belong exclusively or even essentially to myopia, but may be found in other conditions of refraction. Attention is also called to the fact that the contraction of the pupil produced by the use of *Physostigma*, by lessening the circles of diffusion, would improve the sight of a myopic eye, even where no spasm of the accommodation was present; but this effect is purely mechanical and would last only as long as the myosis produced by the *Physostigma* remained. The myope would derive the same benefit by looking through a pin hole in a card, which would produce the same temporary effect. I will further state that in my hands, embracing several cases extending over the past year, the treatment of uncomplicated myopia by *Physostigma* has proved an entire failure.

Over-use and spasm of the muscles of accommodation in an eye predisposed to myopia, producing as it does the resulting intra-ocular congestion and nervous irritation, is certainly a very *frequent developing* cause. But it is not the only cause, for the same predisposition may be developed by any other cause which may produce intra-ocular congestion or nervous irritation. Thus we recognize a stooping position followed by the consequent internal congestion, as a frequent and potent cause. So again we frequently find that myopia is developed at the age of puberty, for this period is characterized by general internal congestion, and capillary hyperæmia of the nerve surface and ocular coats. Thus again myopia is developed in patients afflicted with other bodily diseases, seemingly a sequel to the disease, but it is merely a predisposition developed by the disturbances caused by the disease. So, too, myopia has been known to follow a severe mental or physical shock.

Thus we see that entirely different and varied causes may produce the same general result, and act as a developing cause to a predisposition.

In reference to the therapeutic treatment of myopia, Donders, our great authority, records himself thus:

“For myopia as such there is no therapeutic treatment. Myopia consists of an anomaly of form capable of no improvement, and of

which only hygienic measures must, if possible, prevent the further development. But it is not unfrequently complicated with symptoms of irritation and inflammation, and with other physiological deviations of various kinds, which partly proceed from it and partly promote its further development, and with respect to which it is the duty of the therapist to the best of his ability to interfere."

This is certainly definite and clear, and it comes to us fortified by the testimony and experience of hundreds of others, and as it so fully accords with the facts as developed, it seems to me that we are quite justified in claiming with him that the task of the oculist in myopia resolves itself into the following :

1. To prevent the further development of the myopia and the occurrence of secondary disturbances.
2. By means of suitable glasses to render the use of the myopic eye easier and safer.
3. To remove the asthenopia muscularis by the use of glasses or by tenotomy.
4. To combat the secondary disturbances of the myopia.

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## Medical News.

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**Scarlet Fever.**—A work on this epidemic disease is in course of preparation. "Having been asked for the Eye complications accompanying Scarlet Fever, I will esteem as a special favor the receipt of reports of such cases from members of the profession. If it is possible to give the period of the disease in which the affection of the eyes occurred, and its course, so much the better."

W. H. WOODYATT.

Let us hear, at once, from our readers, giving observations, and the results of personal experience in the various epidemics, cases, etc.

T. C. DUNCAN.

**Heart Diseases.**—To Homœopathic physicians: I am engaged in writing, and collecting material for, a work on Diseases of the Heart, which will embody my experience and observations. I also wish to include the experience of my colleagues, and to that end I solicit reports of clinical cases, etc., from them. By this means the superiority of our system of practice, in cardiac diseases, to the functional and organic may be fully illustrated.

CHICAGO.

E. M. HALE.

The *Pellet* is a new Homœopathic journal, hailing from the Lone Star state (San Antonio, Texas.) It is no small shot, however. The editor, Dr. C. E. Fisher, rattles away with all the precision of a sharp-shooter. The Allopaths are hurriedly moving "to regulate the practice of medicine in the state." It must be getting warm down there. Success to *The Pellet*, and the cause it so ably represents.

**A Rare Offer.**—Poor old Dr. A. H. Burritt is failing fast with paralysis agitans. He is in great need and would like to sell off his library. He has one thing which is *very valuable and rare*, the first sixteen volumes of the *British Journal of Homœopathy*, very well preserved and nicely bound. Can't some well-to-do doctor, some medical college or society buy this prize at a reasonable price—say five dollars a volume—and help a necessitous old physician at the same time. Such a chance for a complete set may never occur again.

130 Canal St., New Orleans.

WM. H. HOLCOMBE.

The Rhode Island Homœopathic Society maintains a dispensary for the poor in Providence. Twelve physicians give their services for a single hour each week so two are present every day, so we learn from the report of friend Dr. Gottschalk. The physicians are Drs. Wilcox, Caldwell, Hall, Clarke, Peck, Hicks, Barnes, Barrows, Knight, Sawin, Bradbury and von Gottschalk. They have an hour each, for surgery and dentistry, and two visiting physicians. The ladies run the finance. This dispensary has the advantage over many others, in that the poor have the opportunity to secure the services of the best physicians—an act of self-denial which is commendable. The report for the year is, 682 patients, and 1497 prescriptions.

**Annual Report by R. Ludlam, M. D., Dean of the Faculty.**  
MR. PRESIDENT: In making the Seventeenth Annual Report of the Hahnemann Medical College and Hospital, I have the honor and pleasure to submit the following facts: The winter term of instruction, which closed yesterday, has been in all respects the most successful and satisfactory that has ever been given in this institution. For the first time in years the members of the faculty have been in entire accord among themselves, and in sympathy with the best interests of the college and the class. Only three lecture appointments have been missed during the session. For the first time in the history of the college, and without exception, the *clinics* have always been held at the stated hours. The clinical material has been more abundant, the quality of the instruction more thorough and practical, and the number of surgical cases treated, and of operations performed in the hospital amphitheatre much greater than ever before. These advantages, coupled with the concentration of the pupil's attention upon the practical, to the exclusion of the ornamental branches, in the didactic course, have had a marked and salutary effect upon the attainments of the class.

The number of students in attendance upon the lectures has been the largest we ever had, thirteen states and territories being represented. A larger proportion of second-course students than usual,

have seen fit to return to us, and to claim their honors at your hands. And, as indicative of the confidence of our pupils and their preceptors in the perpetuity of this institution, I may state that more perpetual tickets have been sold, and a larger number of matriculants enrolled for the spring term than ever before.

From these facts, Mr. President, we feel confident that the class of 1876-77 will do us no dishonor. Forty-four of these excellent pupils have complied with the requirements for graduation, and have passed a final and critical examination in the essential branches of medicine and surgery. It is a pleasant duty, therefore, to recommend them for the degree which you, sir, have so often conferred upon former classes, but which was never bestowed upon more worthy candidates.

#### Died.

Dr. Carroll Dunham, of Irvington-on-Hudson, N. Y., we learn is dead. Will some of our New York physicians give us the particulars?

Dr. John T. Temple, of St. Louis, one of the oldest Homœopathic physicians in the west, died of chronic bronchitis, February 23, aged seventy-three.

Dr. Chas. H. Skipp, of New Haven, the subject of this brief memorial, was born May 12th, 1808, at Spencertown, state of New York. Much of his early life was passed with his grandfather, Nathan Skipp, at Kent, Litchfield county, Conn. He graduated with high honors as a physician, at the Berkshire Medical College, Pittsfield, Mass., in 1832, and soon after commenced the practice of medicine in his native town, as an Allopathic physician. He, however, did not remain faithful to its teachings. He had the independence of mind to search for and to investigate new truths in medicine. About the year 1835 he was led to examine and adopt the divine law of cure, as taught by Hahnemann. In 1842 he removed to Albany, N. Y., where he remained one year. He then located at New Haven, Conn., where he has since resided up to the time of his death, with the exception of two years in Brooklyn, N. Y. He died December 11th, 1875, of Bright's Disease. He was one of the original founders of the American Institute of Homœopathy, as well as of our own State Society. In each he often held positions of trust and honor. He was among the first to practice Homœopathy in the state of Connecticut. We would not be unmindful of the seeds of truth sown at that early day of Homœopathy, in our interest and in that of humanity. May each and all of us leave to posterity a record for truth and right equal to that of our departed friend. Possessed of a commanding presence and pleasing address, his success in his profession called around him a large number of patrons. It was at the bedside that the higher elements of his nature were felt and appreciated, and reciprocated in that love and confidence which he possessed in the hearts of those who knew him best. In no ordinary manner he was respected and beloved by all who knew him, and in his death the profession has lost an able defender and advocate of Homœopathy, and the community where he resided a valuable citizen.

B. H. C.

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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

STOCKTON, Cal., Feb. 19.—Diphtheria is quite prevalent in this section, and assumes a malignant type. The Old School losing about 50 per cent, and our school only 15 per cent. One case of small-pox has been reported. Otherwise, it is unusually healthy here.

W. H. LOOMIS.

ADEL, Iowa, Feb. 24.—We have had during the last two months quite a severe scourge of scarlatina, with severe throat troubles, which I brought to a favorable termination by the use of *Bell.* and *Kali permangan.* While the orthodox fraternity lost about three in five.

J. F. IRVIN.

NEW HAVEN, Conn., Feb. 19.—There is no prevailing disease with us just now. Catarrh and rheumatism, especially the former, in all its varied forms, are always leading types of disease here. Of late years they have had a formidable rival in malaria, which constantly appears, complicating other diseases, and has shown itself this winter to an extent unusual in cold weather. In some cases it doubtless takes the place of the long-suffering liver, as a scape-goat when diagnosis is difficult, opinion obscure, and name necessary. We have also our full share, if not more, of sore throats of all kinds. Of late I have found *Apis* and *Lach.* oftener indicated in such cases than *Bell.* or *Merc.* We are beginning to feel a little of that "ethereal mildness" which is supposed to visit only the dwellers in southern climes at this time of year.

B. H. CHENEY.

POTTSTOWN, Pa., Feb. 24.—My practice has been more healthy this winter than for a long time, and in fact the general health of the town has been good, with the exception of scarlatina, which seemed to run mostly in the practice of one physician (Allopath) and in some cases was very malignant, carrying off three and four children in one family, though the generality of cases were mild. It seemed to run mostly among the poor. I have had but two or three cases thus far, which yielded to *Bell.*, *Bry.*, *Stram.*, and *Sulph.*, in the 30th and 200th potencies. One case was followed by dropsy, which yielded easily to *Ars. 200.* We have some cases of diphtheria which are promptly cured by *Lach.* and *Apis.* Catarrh of the chest is prevalent among children, most cases commencing with croup, yield promptly to *Dros.*, and a few require *Tart. em.* Most of the colds in adults call for *Merc. sol.*, or *Merc. cor.* If I understand the report of E. L. R., of Marshall, Mich., in the February 15th number of THE UNITED STATES MEDICAL INVESTIGATOR, he has little room to cry out against the *empiricism* of the Allopaths and Eclectics; for any man waving the Homœopathic flag and at the same time prescribing three remedies in alternation, every two hours, in a case of small-pox or any other disease, is not a *Homœopath*, but an *Eclectic*, or worse, a *traitor to his colors*. Brother R. should cast the beam out of his own eye before he attempts to pluck the mote out of his brother's of the other schools. Nothing can be learned from such reports by Homœopaths. Remember the three fundamental principles of Homœopathy, as taught by Hahnemann, are, "the law of the similars, the single remedy and the minimum dose," and they are just as requisite to-day as when first promulgated.

L. HOOPES.



## CONSULTATION CASES.

## WHAT WILL CURE ?

Will some of my worthy colleagues inform me through the columns of THE UNITED STATES MEDICAL INVESTIGATOR, how to cure the following case of chronic cystitis :

Mrs. L., aged thirty-two ; of light, florid complexion and lymphatic temperament ; was attacked about three years ago with acute cystitis. An Old School physician was called, who treated her, as customary, with their orthodox remedy, but finding them of no avail, and upon making a speculum examination, informed the lady that the mouth of the urethra and the whole canal were filled with ulcers, which would have to be cauterized. Upon that assumption, he thrust a solid stick of *Nitrate of Silver* through the urethra, into the bladder. I know not how long he treated her heroically, but I do know, now, that the last year and a half she has been under Homœopathic treatment, and very much better, but far from being well. She has a great deal of pain — or rather an aching, heavy, dragging sensation — in the region of the bladder, worse from external pressure or motion ; a false step or jar affects her there, and the most of the time. During the last three years has not been able to stand on her feet but a short time without producing all of the symptoms I have enumerated, in an aggravated condition, and a constant desire to micturate, with burning and scalding of the urine to that extent she is obliged to use injections in the bladder afterward, or it would nearly distract her with pain. She informs me that unless she uses the injections, it seems as though the walls of the bladder had collapsed, and her bladder was on fire. Injections of Pond's extract, with water, or *Hydrastis*, relieves it immediately, and consequently is obliged to use them. Says she can not have her bladder entirely empty ; she is also obliged to use the catheter every time, as the straining to urinate will produce intense pain and suffering for hours afterward, unless she resorts to it. The urine is turbid, and on standing, yields quite a little thick glary viscid sediment of mucus. Heat clears it up. The uterine organs are healthy and in a normal condition. *Cantharis Cam.*, *Lyc.*, *Phos.*, *Sulph.* and *Sepia*, all seem to help her some at times. *Equisetum* has helped her very much. The injection of *Salicylic acid*, as recommended by Hale, in THE UNITED STATES MEDICAL INVESTIGATOR, August 15th, 1876, page 156, had done her very much good. With all that has been used, she is far from being well.

ALBANY, N. Y.

E. B. GRAHAM.

## RACHITIC VS. SPLENIC.

Dr. Grant, on page 171, presents a case for consultation. The doctor offers so brief a description of the case, that one is quite unable to endorse his views regarding the disease being that of rachitis: The symptoms given strongly indicate — in fact they are *marked* symptoms of splenic hypertrophy, viz.: “The discharge being of light clayish color, frothy, and very offensive; appetite good, craves slate pencils, *Magnesia*, and *Starch*, especially the latter; urine has a light, cloudy sediment when there is profusion in alternation with a scanty excretion, color of beef brine.” The child’s diet is one that is non-nitrogenous. In accordance with the views of v. Grauvogl (Text Book of Homœopathy page 302), this patient is of an oxygenoid constitution, therefore I would suggest the following treatment: For three or four days give *Nitric acid* 6x., pillet’s No. 30, six at a dose every three hours. Follow this with *Calc. c.* 30, three doses daily for one week; then *Ars. alb.* 30, three doses daily for one week, afterwards repeat. Externally use over the left iliac region hot dry *Salt* bags; bathe the feet with *Salt* water twice or three times a week, and insist upon *animal* diet.

CHICAGO, ILL.

T. D. WILLIAMS.

## WHAT IS THE DISEASE AND REMEDY?

I have a case which I have been treating for some time, and as the result is far from satisfactory, I would like to lay it before you. My patient I have never seen, and I give his statement in nearly his own words: “About eleven years ago I was clerk in the —, at —, where I had a vast amount of mental labor to do. While thus engaged, I began to feel a weariness in my head and neck, and one evening, as I walked the street, my right leg was suddenly seized with a kind of spasmodic contraction of the muscles, and inability to control my steps. I advanced, however, some steps, when a sudden, convulsive, and very alarming shock seized, apparently, the entire system, and I fell on my hands and knees, but remained conscious; arose and advanced to my house, feeling a most intense backache. Ever since then I have *continually* and *incessantly* labored under severe threatening of the same occurrence, having great difficulty in riding or walking, and being almost afraid to get upon my feet for fear of falling; yet I struggled on for six or seven years under it, and man-

aged to support my family ; but about four years ago I became so that I could not walk without assistance, and remain so to this day. The greatest weakness is of the legs, but I can scarcely hold up my head without a prop. My digestion is slow and imperfect; pulse usually full, but *very slow*, with occasional tripping, or intermission of one pulsation. An eminent physician said the blood was not returned to the right ventricle of the heart, and thought all the trouble arose from indigestion, but I am fully satisfied he was mistaken in the latter. Active stimulation, alcoholic, or *Hydrate of Chloral*, are the only remedies I have ever found that would give immediate relief ; but they are temporary and injurious. Nothing but a close observance of hygienic measures, strict moderation in all things, seems to have any ameliorating influence. I have been under treatment of many eminent physicians. Am subject all the time to almost insupportable excitement, especially when eating, and for an hour or so afterward, or when attempting to converse. This excitement is most extremely alarming, and seems to threaten some fearful fatality. Also to a kind of shock when falling into sleep, which causes a violent, involuntary starting. Backache all the time ; urine sometimes copious and clear, again scanty and high-colored, but usually normal, yet, I think, some tendency to diabetes. Some physicians fear epilepsy, some apoplexy ; all—paralysis. Cloudy weather makes me worse, *more particularly if it be cold*. My life at such times seems almost suspended. Feet and hands usually cold ; tongue coated ; heavy ; weak ; strange feeling in my head. Stimulating food and drink may give momentary relief, but finally aggravate. Bowels usually regular, but occasionally subject to attacks of dysentery, or flux. The great trouble seems to be *excitement of brain and nerve* even more than real weakness. The excitement is never ceasing, and seems to hold the entire muscular system in a sort of partially paralyzed and spasmodic condition, and the mind in a state of perpetual terror. My sufferings are indescribable. Cold, cloudy weather makes me much worse. Mental labor, such as light reading, has but little effect on me, but anything that requires close application and hard thinking, very quickly produces great nervous excitement, spasmodic, paralytic symptoms, and feelings of alarm ; have noticed this particularly in adding long columns of figures. This same terrible effect often accompanies the eating of my meals, and lasts for half an hour, or more, after finishing my meal. I sleep but little after one or two o'clock, and on waking feel more completely exhausted than when I retired ; wake with a roaring in my head like the sound of a distant

waterfall. There has always been a ringing noise in left ear, which never ceases night or day. Sometimes wake with a violent headache, which soon subsides on rising. When I wake I am usually suffering considerable back ache about the kidneys, and an "all-gone," gnawing, hollow sensation at the stomach. I never have a natural feeling in my head, but the sensations are exceedingly difficult to describe. The most prominent symptom is seemingly an overpowering weight, or weakness of the brain, the neck and face, slight, congestive aching about the ears and back of the head and neck, sometimes a tendency of the lower jaw to drop, with difficulty of retaining the saliva in the mouth, of which there is sometimes a superabundant secretion. Sometimes a little confusion and weakness of vision; usually great paleness about the forehead and eyes, not so much in other portions of the face and neck. Am troubled with much acidity and flatulence of the stomach, and occasionally slight tenderness at the pit, with soreness extending round the edge of the lower ribs; often swollen about the stomach after eating, and now and then pain in the right side of the abdomen, just at the edge of the ribs. The paroxysms of excitement and terror which accompany and follow close mental labor, and the taking of meals, are often superinduced by various other causes—anything that will excite—even *mirth* and *laughter*, or conversation, especially with one of more than ordinary intelligence who demands my best thoughts and closest attention. If the weather is but slightly cool I suffer with coldness of the extremities. The genitals are always cold as clay. Am troubled at night with long-continued erections while partially asleep, which seem to be caused by a constant desire to void the urine. This constant desire to urinate often troubles me in the day, and I am obliged to urinate every few minutes, in very small quantities, which is clear and colorless as spring water. This is not very frequently the case, but there is most of the time a slightly irritable condition of the urethra, and an uncomfortable feeling about the bladder and genitals. Anything which gives assurance to the *mind* greatly aids me in walking, even to be led by the hand of a child, or to walk by the side of a wall or fence. Can scarcely walk down the slightest descent; can go up hill much better. Very often, in walking, I feel as though the earth had suddenly left my feet, or was swelling under me like the waves of the sea. Still troubled with nightmare. Stools light-colored, and not perfectly digested. Have taken *Mercury*, *Iron*, *Stramonium*, *Nitrate of Silver*, *Arsenic*, *Strychnia*, *Potassia*, *Iodide* and *Bromide*, bitters, *Sars-*

*aparilla*, electricity, and all sorts of sedatives and nerve stimulants; the seton; cold bathing, the latter seemed to aggravate.

"My age is forty-five; height five and one-half feet; weight one hundred and twenty-five pounds (which was about my weight in health); dark hair, blue eyes, bilious or sallow complexion, large and well-developed brain (so say phrenologists), countenance retiring and somewhat effeminate; muscles soft and flabby. I am habitually irritable, *extremely* so — not *always*, but *generally*; can sometimes scarcely bear the presence of any except my own family — not from any aversion, but because the attention they demand so excites me."

He complains of much pain in the region of the kidneys, which is aggravated by full inspirations. Confesses to having in his youth indulged sexually to excess (was not an onanist), but reformed long since, and claims now to be a moral and Christian man. Is not so strong, sexually as formerly.

I thought it best to give as much of his own words as possible. Now if any symptomatologist or pathologist will help in this case, due credit will be given, and two mortals will be correspondingly grateful.

LExINGTON, Mich.

A. F. RANDALL,

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### CURE OF ANGINA PECTORIS.

BY S. LILIENTHAL, M. D., OF NEW YORK.

Your correspondent will excuse me when I add a few remedies to his *Arnica*, *Arsenicum* and *Digitalis* for the cure of angina pectoris. He forgets our *Lachesis* and *Naja tripeudians*, so well proven in organic diseases of the heart, the former, especially, where there is great irritation of the glosso-pharyngeal nerves, causing distressing sensation of choking, constriction or rising in the throat with inability to speak.

Then we have *Spigelia* for severe stitching, stabbing pains in the heart at every beat, aggravated by bending forward, touching the stomach, lifting the arm, in fact aggravation by the least motion. Sharp, lancinating pains are also found under *Cimicifuga*, extending all over the left chest, and down the left arm, and into the back, with great dyspnea, sometimes, also with unconsciousness. *Tarentula* also gives anguish and oppression of the heart, nearly amounting to suffocation. One of the best remedies is *Nitrate of Amyl*. Bronchial irritation, cough, quickened circulation, sense of fullness in the temples,

commotion in the chest, tumultuous action of the heart and quick respiration. Sharp pains in the cardiac region, relieved by eructations and by fresh air. *Amm. muriaticum*. No. 2, 1874. *Allgemeine Homœopathique Zeitung* gives several cases where this remedy was the simillimum and where the cause of the angina was in the right heart from venous stasis. *Hepar sulph.* must not be neglected to remove return of the attacks.

In *Raue's Record*, 1875, p. 127, there is an exhaustive article on stenocardia. Oh, ye sinners! why have you allowed, by your negligence, that this valuable collection ceased to exist?

Other articles, treating of this affection, are also found in Nos. 17, 19, 22 and 23 of the *North American Journal of Homœopathy*, and in many other different journals of our school.

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#### EXPERIENCE WITH SCARLET FEVER.

I have carefully read the February 15th number of THE UNITED STATES MEDICAL INVESTIGATOR, and am much interested in the articles discussing scarlet fever. Formerly it was my fortune, or misfortune, to have passed through several epidemics of diphtheria and scarlet fever in a southern city, one of which was of eighteen months' duration.

The only summary of the symptoms of the Chicago epidemic I find in the article of Dr. Woodward, on page 179. I will not recapitulate them, but will draw two or three inferences from them.

1. The similarity of the two epidemics, the one witnessed by myself, and the other as described by Dr. Woodward.
2. The striking similarity of many of the symptoms with those that characterize malignant yellow fever.
3. Whether or no our treatment of the southern epidemic does not cover all these symptoms.

Among all the remedies suggested by the Chicago physicians I do not find those enumerated upon which I should place my chief reliance, and from which, in similar cases, I have derived the best results. We have here a *septic poison, overwhelming the organic nervous system*, and I would suggest with all diffidence to our colleagues in Chicago, and elsewhere, the use of *Crotalus* and *Lachesis*, either alone or in alternation with other corresponding remedies, from the very beginning of this disease. In the convulsive form I would add

*Secale cornutum*. In all *adynamic* cases I would stimulate with brandy or champagne, in order to keep the heart going while the poison is being eliminated, at the same time using friction with *Olive oil* two or three times daily.

In my opinion, the *snake* poisons cover more of the symptoms of *blood poisoning* disease, than any other class of remedies; and the success attending their use in these cases warrants, *at least*, the study of their Homœopathic indications.

BROOKLYN, N. Y.

D. K. MANDEVILLE.

### SUDDEN DEATH FROM CARDIAC FAILURE.

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

I have, in my second edition of "Lectures on Diseases of the Heart" (appendix), stated the grounds for my belief that the cases of *sudden* death from cardiac disease had been greatly over-estimated. But in the following case there can be no doubt of the cause of the sudden dissolution. It is narrated, not so much to illustrate treatment, but to show the danger of *exertion* in certain cases.

Mr. A. Carter, an old and valued citizen of Chicago, was attacked, one evening in November, with sudden vertigo, with syncope. On my arrival I found the heart's action *very irregular and tumultuous*. There was very little *force* to the impulse, a condition which is as much to be dreaded as *feeble* beating. The *pulse* was soft, full, irregular, but very *compressible*. *Auscultation* revealed the loud and characteristic murmur of *aortic obstruction* (stenosis).

I suspected some unusual *strain* on the heart, and on inquiry was informed that he had observed when he came home that evening, that he had hurried, perhaps ran, to catch a street car. He also admitted to me that he had hurried to catch the cars on several occasions within a few days. He was seventy-three years old, and it must be remembered that at this age the muscular structure of the heart becomes very weak.

Writing of aortic stenosis, Fothergill says: "After severe exertion or exhaustion, there is a tendency to intermit. The exhausted ventricle is taking a longer rest before it can meet that obstacle offered to the forward progress of the blood-column. This halt is sometimes very prolonged. Consequently, aortic obstruction is one of the forms of heart disease associated with sudden death. That halt may be permanent."

In this case we not only had the over-exertion, but we had exhaustion. For he had been exposed all the afternoon to the rigors of a wintry day, and had not yet eaten his evening meal. In old people, or persons with weakened hearts, nothing tends more to induce cardiac failure than an empty stomach. I prescribed beef tea, a little wine, and *Digitalis* (two drops of the tincture every half hour). In four hours I visited him again, and found the heart beating regularly, and 80 per minute, but with little *force*. I expressly ordered that he should not rise from the bed during the night, or in the morning, until I saw him; that he should eat his breakfast of beef tea in bed, and avoid *any* sudden movement. He was to have the *Digitalis*, five drops of the 1x every two hours.

About 8 o'clock on the following morning I was called hurriedly to see him, and on my arrival in a few minutes *he was dead*. Contrary to my orders, he had risen from his bed a little after 7 o'clock, dressed and shaved, and eaten his breakfast in his room; but after he had eaten, before he had actually finished, he complained of feeling faint, was helped a few steps to the lounge, and sank down on the pillow, and expired without a struggle.

I need not add one word to this narrative to illustrate the danger, especially in old people, with aortic stenosis, of any exertion of a severe character, or *any* exertion, such as standing, washing or dressing, after the heart has been weakened by a strain. The same danger obtains after any acute fever, occurring in old people. This patient had never been troubled by his heart. He did not know his heart was diseased. He had observed occasional attacks of palpitation after walking fast, or going up stairs, and an unusual shortness of breath at such times. There was probably, but little comparative enlargement, which accounts for the peculiar suddenness of the termination.

Many cases of sudden death, like the one just narrated, might be prevented by watchfulness on the part of the physician, and avoidance of undue exertion by the patient.

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#### SUCCESS WITH DIPHTHERIA.

On examining the statistics of the health reports from different sections and cities, I find diphtheria is one of the most fatal of all the diseases that afflict our people. In many places it heads the list. This was the case in our city the last year. There were reported sixty-four deaths from diphtheria during 1876.



Scarlet fever ranks next in fatality numbering forty-three deaths. Considering the population of Peoria, (between 30,000 and 35,000) and that the latter part of the year, diphtheria prevailed to an unusual extent, we presume this is not an exceptionally bad showing. Still, the death rate in this disease is, no doubt, higher than it should be here, and elsewhere, and it becomes us to use every effort to improve and perfect the means for staying its progress.

We are not perfect in sanitary regulations. We cannot always control the surroundings of our patients. We are often not called until the disease has laid the little sufferer low, and passed, perhaps, the most favorable time for relief from medicine; and we do not understand perfectly how to apply our remedies. We have not lost confidence in "*Similia*." Our law is as infallible as anything in this imperfect world may be, but we have lost confidence in our ability to affiliate the remedy. We have sought, and sought, and "mourned because we found it not." It may be proven yet that diphtheria is outside of our law, and needs for its cure only an antidote, but it has not been so proven yet, by experience or facts, and so we expect to keep seeking in hopes that we may yet find.

I have read with interest THE UNITED STATES MEDICAL INVESTIGATOR reports from the field of practice, and marked the varied success in regard to diphtheria. In the last number, February 15, p. 168, the report from Albany, Oregon, is remarkable. It says: "Our Allopathic brethren lost more than half their cases." That, surely, is a fatality indicating an unusually malignant type of the disease; and Dr. Wilcox was very fortunate in being able to report none lost, although his cases "doubled the numbers of any Allopath." I can understand how Dr. W. could be so successful, but it is not so plain how the other practice was so fatal. Old School physicians are supposed to be acquainted with all the virtues of *Chlorate of Potash* and *Iodine*. They are standard remedies. And in the report from Peoria, Ill., same number, page 177, Dr. Eaton, in eighteen years practice with these remedies, has never lost a case. The doctor is very "much surprised at the recovery of so many patients," and "wonders" that he has achieved such remarkable success, but, his forcible "appeal" to his "small practice," and "ignorant pathology" for "defense" in case any one else wonders, I think ought to be sufficiently convincing.

It is no great wonder, doctor. The wonder is, that those Old School physicians of Oregon, and at Chicago, and other places, find this dis-

ease so fatal (by the way, you seem to rely on the *Chloride of Potassium*." Is that better than *Chlorate*?)

In the February number, page 124, Dr. Pramer of Iowa, reports *Nitric acid* as the "sure remedy in diphtheria." I hope the doctor will never meet a case in which it will "fail," as it did me. It seemed powerless, and my patient succumbed.

Finally, I must conclude with Dr. Woodward, of Chicago, in his article in the February 15th number, page 179. "Routine practice, whether in the New or Old School, has been proved utterly powerless in arresting a serious case." There is no difficulty in curing most cases of diphtheria. In fact most cases would get along without any treatment; but in serious, as well as in all other cases, our best hope is in the closely-affiliated Homœopathic remedy.

PEORIA, Ill.

E. PERKINS.

#### SUGGESTIONS ON INTERMITTENT FEVER.

DEAR DOCTOR MORGAN: Your approval of Dr. Lord's plan—continuing remedies prescribed for intermittents through several paroxysms without change, while they are *seemingly* doing no good (as to the paroxysm merely—but the *general state* being ameliorated), *has set me to thinking*.

Now, this is just what I have *not* done, during upward of six years' practice in ague districts, and during that time there have not been ten consecutive days that I have not prescribed for cases of ague in some form, unless I except a few weeks during the winter months of some years. Except in old, mismanaged cases, it has been my *invariable* rule to request patients (ague) to report in case they have another paroxysm as hard as those already passed, and if the paroxysm was different, i. e., its leading or *peculiar* symptoms were changed in a marked degree, in nine cases out of ten I would change my remedy. And now, in looking back over many cases, I am of the opinion that I was right in so doing, in a large majority of cases. Still, I have not cured all my cases, even when the remedy was carefully chosen, and it was that remark of yours that set me to thinking that this plan of mine may have been the cause of at least *some failures*. I have often remarked that if I could get my remedy in six hours before next paroxysm was due, my patient would not have another attack amounting to much. *Very often*, after giving *Nat. mur.*, *Nux vom.*,

and some other remedies, in tertians, I have known a severe chill, *without concomitants*, and not followed by fever or sweat, to occur on the *next day* after chill—changing to quotidian, but this would be the *last*, and I would never change the remedy under such circumstances. Oh, doctor, there is so much yet to be learned, and we know so little, that it is easy to get discouraged, and long for the “royal road,” the short cut, but I can’t find it, so have to work away in the old road. Where is the man, *in the field*, who will give us a work on intermittents after the plan of Bell on Diarrhœa ?

ELKHART, Ind.

A. L. FISHER.

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### THE RAPETHIC HINTS.

*Belladonna* 200, two hours. Mr. P. Feverishness, with irritation of bladder—suppurative. Tongue looks as if it had been coated with dingy mucilage, covering the papillæ, and producing a smooth, sticky-looking surface. Sleepless, after 2 A. M.

After *Acon.* 3, for fever, and pain along ureter. After *Bell.*, gave *Calc. sulph.* 30, three times a day, for suppuration of bladder. Cured.

J. C. M.

*Tolutanum*, tincture, cures a constant, violent, racking, dry cough ; with tickling irritation in larynx and trachea ; especially above and below the upper end of the sternum. Feeling, here, “as if there were something that must be gotten away.” Sometimes, pain on coughing, all the way down the front of the (left) lung ; like a raw, sore, scraping feeling ; as if the mucous membrane were very much irritated. Cannot sleep for it.

J. C. M.

*Cimicifuga*.—Delirium tremens, with *frightened look* ; general tremor, scarcely visible, but apparent to the touch ; with sensation all over (objective—felt by the hand of the physician)—of sweat about to break out, cool—clammy.

Also, in children who wake at night, frightened, with the same look.

S. A. J.

*Rhododendron* 18.—Paroxysmal chorea ; left arm, leg, and face, on approach of every storm.

*Rhododendron*.—Speechless and breathless from violent pleuritic pain, running downward in anterior left chest ; after standing on cold ground, and getting chilled.

*Calcarea carb.*—Strangury, always brought on by standing on a cold pavement. Cured the acute attack, and removed the chronic tendency.  
S. A. J.

*Croup.*—Dr. Pomeroy says that Teste's treatment of croup, *Ipecac* and *Bry.*, in alternation, has helped him out with many a bad case.

*Diarrhœa.*—From Mr. Tafel we learned that Dr. P. P. Wells finds that *Gratiola* will complete the cure of a case of diarrhœa when *Verat. alb.* only helps.

*Colocynth.*—*Neuralgia* of the malar bone, left side, with toothache.  
TAFEL.

*Dysentery* without dysuria indicates *Merc. sol.*, and not *Merc. cor.*

*Petroleum* has cured more cases for Dr. Pomeroy than any other remedy, being more often indicated.

*Caut.*—*Cough* only on lying down. T. F. POMEROY.

*Nationality.*—*Bell.* is the remedy I almost invariably prescribe for Irish. G. R. PARSONS.

*Bry.* almost always helps the negro.

*Periosteal Inflammation.*—*Asarum europ.* is an invaluable remedy. Try it in felon.

*Bell. vs. Arnica.* *Cough.*—*Bell.* Child cries *after* it coughs. *Arnica.* Child cries *before* it coughs.

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## Medico-Legal Department.

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### ON MEDICAL ETHICS.

BY J. E. GILMAN, M. D., A HAHNEMANN MEDICAL COLLEGE SOCIAL COURSE.

LADIES AND GENTLEMEN: I propose to speak to you to-night on the subject of "Medical Ethics."

In the beginning of a chapter, or essay, a quotation is usually appropriate, as a sort of text from which to speak; a species of mental starting post on the race-track of a lecture. In the present instance it seems that something from the dead languages might not be out of place, as many physicians treat the Code of Ethics as a dead letter, on account of ignorance of its provisions, or because they deliberately choose to ignore them. Therefore let each one consider for a short space, such selection from the ancient Punic, Hebraic, Coptic, or

Syriac writings as he may consider most befitting the theme, and, as the springs form rivulets, the rivulets brooks and the brooks flow into one united river, so shall our minds starting from these diverse fountain heads join in one full flood of accord, in the investigation of our subject. Medical men are always great sticklers for medical etiquette, and are especially sensitive to the slightest infractions of its most rigid rules. I have heard it stated somewhere, by somebody, that man and woman kind are most careful and solicitous over that of which they possess least; and most readily resent the imputation of any lack of quality, of which they stand most in need.

I do not intend to say, however, that doctors are lacking in an observance of the professional ethics, but that it often happens that the interpretation of the code is biased by that close study of ones own interest, to the utter and entire exclusion of the rights of a neighbor, or in other words, the near object shutting out by reason of its proximity the larger claim, as a silver dollar may obscure the sun, if it be placed sufficiently near the eye, and it too often happens that a dollar is plenty large enough to blind one practitioner to the rights of a professional brother, and then he will, on the discovery of a mote of a cinder in his brother's eye, speak most respectfully of the code of ethics, and the necessity for an observance of its rules, in sublime ignorance or forgetfulness, that he has a beam in his own vision of the comparative magnitude of a ship's main mast. No matter how many infractions of the code some men may commit, they dislike such injustice in others, and seem to desire a monopoly of all the goods in that line that may be going.

That there exists a necessity for some rules to govern the professional relations between physicians there can be no doubt, for without some written formula, to which reference can be made, interminable disputes might arise, and vexatious quarrels disturb the serenity of professional life. That the existing code adopted by the American Medical Association is, in some respects, an admirably drawn instrument, is undoubtedly true; yet it carries defects with it that threaten its abrogation as proposed in the last meeting of the association. As the dry rot in a timber of an otherwise sound ship may cause its destruction unless the defective portion be removed, so the unworthy portion of the code needs that surgical process known as resection, to preserve the really sound laws that are in such bad company.

We see, in our day fossil remains of animal life that lived and had its being in a time long anterior to this, and dying, found a resting

place where nature's cunning embalming has preserved them to this day. And those who read from nature's tomes learn the limited progress then made toward the development of the present age. The evolution theory is a practical one, and as each generation reads what has gone before, and, as observation and culture breaks away the crust of bigotry, the later generations read, in some portions of code, the record of narrow-minded opposition to any and all new truths, and the bitterness of ignorance. And these fossils are handed down in this instrument to the clearer vision of a better educated medical fraternity, and the tolerance of a higher civilization. It is my endeavor to map out a form of medical etiquette that shall be more in accordance with the proprieties of life in the present era; necessarily in a somewhat disconnected manner, as a table of laws may be likened to a handful of gems, each crystal separate from the other, yet related to all by reason of its similar type of crystalogenic attraction.

#### DUTIES OF PHYSICIANS TO THEIR PATIENTS.

To those physicians just entering the profession it may seem quite superfluous and unnecessary, that there should be incorporated in the list of duties herein enumerated, that a physician should always be ready to obey the calls of the sick, or, as you might say, be willing to open his heart and chest of medicine for the relief of his patient. And yet sometimes, when a long expected pleasure is about to be enjoyed, perhaps as you are about to start for a favorite opera, or desirable lecture, a call comes to see Mr. Jones' baby, or "Mr. Smith is took vera bad sor and wants to see you right away," or, as you are just appreciating the glorious comfort of a warm bed after a day's hard work in the cold, to hear the tintinnabulum of the night-bell, there comes a strong temptation to turn away from the call and give a deaf ear to the diabolical imp that certainly at such times resides in the tinkling disturber of your rest. And yet, as a general thing, no law is easier to obey than this, especially during a distressingly healthy period, and where the sick call is from a financially sound patient, and a profound regret is apt to prevade the whole person if your call be passed to another physician, unless perchance there exists grave doubts, or a positive certainty of the services not being remunerated with ready shekels, and even the remembrance of the greatness of the mission and the responsibility incurred in its discharge, will not weigh enough to cause much sorrow in the latter instance.

When intrusted with a case if you but consider what is at stake, and

reflect that on your judgment, knowledge and fidelity, depends the ease, the health and often the life of the patient, with all that implies, and the sorrow that a blunder might bring, there can be no stronger inducements held out to you to treat every case with attention, steadiness and humanity. In the management of the sick be "wise as serpents and harmless as doves," be "the iron hand in the velvet glove" when needed, granting indulgence to the little caprices and mental idiosyncracies of the invalid when possible, and studying every motion and weighing every sentence to gain an insight into the workings of the patient's mind, you thus secure his respect and confidence, and lead him in the way in which he should walk. Patients often have nothing else to do but to study their own symptoms and lay plans to entrap the doctor into betraying his own opinions of the prognosis. So unless the mind is always on guard, with quiet, apparently guileless questions, they will lead a doctor on to make admissions and statements that will work much tribulation in their minds. Therefore a patient must be handled as you would explore an unknown land, with every faculty alert and every sense keen to discover what each sign may mean, or what danger may lurk in the most quiet places.

The oath of Hippocrates calls for inviolable secrecy on the physician's part, in relation to all, or any information, gained during professional attendance.

By virtue of his office, often the most familiar and confidential adviser of a family is the physician, and the secrets entrusted to his honor should be guarded with a rigid inflexibility.

This point cannot be carried too far, for even little things observed during professional attendance "infirmity of disposition, flaws of character, or any of the privacies of personal or domestic life" should never be divulged by a physician. Indeed the only safe plan to adopt is absolute silence in relation to patients, for the mere statement of the fact of the illness of a patient to an outsider is sometimes an annoyance. Certainly no surer method could be adopted of destroying a practice than to acquire the reputation of being a leaky vessel, and if it be common report "he is an old woman and a gossip" it would be as fatal as a yellow card, emblazoned, "Small-pox here." Need more be said on this point? So well recognized is this duty, that "under certain circumstances even courts of law protect physicians in their observance of secrecy."

In the care of the sick make your visits as frequently as may be necessary to gain the requisite knowledge of the case. Symptoms change, and it is your duty to be ready to take advantage of every opportunity of benefiting your patient, but do not make unnecessary visits, lest you lay yourself liable to the suspicion of being more interested in benefiting yourself than your patient, and are taking advantage of his condition to better yours.

It is *not* the duty of a physician, on slight occasions, to make gloomy prognostications, to shake his head and compress his lips with an expression of great regret, as much as to say, "This is a very doubtful case, my skill may possibly bring him through, but you may fear the worst." The natural tendency of most cases of disease is toward recovery, and the physician should enter a room with an air of expectation of ready improvement, impressing the patient with his hope of a speedy change for the better, but if there be real cause for making an unfavorable prognosis, or in any serious case, it is advisable to warn some member of the family, or friends of the patient, and in exceptional cases, the patient himself, of the nature of the case. However when necessary that the *patient* be notified, let it be done by some one else than the physician, if possible, lest the alarm excited by the statement receive additional intensity from the confidence the patient reposes in his knowledge.

"The life of a sick person can be shortened not only by the acts, but also by the words and manners of a physician," and as prisoners anxiously hang upon the words of the sentence proceeding from the judge, so do patients made captive by disease, watch, with exceeding attention, every word of his attendant physician. It is, therefore, a sacred duty to so guard every word that nothing shall escape to discourage or depress the spirits.

This was illustrated in a clinic within the walls of this institution recently, when the patient being before the class, the professor quietly used technical terms to give the character of the disease, (one of a cancerous nature), and dismissed the patient undismayed, through ignorance, of the fearful trials that were certain soon to overtake her, thus making her days more comfortable in her ignorance of an inevitable fate.

In the sick-room the physician is often "but little lower than the angels" to his patient; and to no other profession is given such great gifts of opportunity for comforting our fellow-beings.



We fight grim death hand to hand, and warding away his darts as well as may be from those committed to our care, haply even though he be conqueror, yet we shall have robbed him of his terrors, as we have disease of its pain, and made "the dying bed as soft as downy pillows are," while the sufferer, soothed by our ministrations, upheld by our sympathies, strengthened by our words of comfort, and hope may pass away as one who wraps the drapery of his couch about him and lies down to pleasant dreams, with the hope of a glorious resurrection when his morrow of wakening comes. Many a time, and oft does it happen, that we meet those, (in the words of the prayer-book), "who are appointed unto death." Cases where the end is death, inevitable and certain, and here our kindly offices must not be withheld. "To decline attendance under such circumstances would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty which is independent of and far superior to all pecuniary consideration."

Sickness is often the progenitor of repentance. The morning nausea and headache are parents fruitful of good resolutions for the future; when suffering the consequences of vicious conduct, vows earnest and deep are made of reform. Then words of counsel and warning can be sown as seed that shall spring up into mighty bulwarks of defence when temptations again assail their former victim, or may prevent greater crime by pointing out the consequences following its commissions.

"The poor ye have with you always," and it might be added a great many of them also. As Dr. Rush said, "The poor are the rounds of the ladder, by which the young physician climbs into houses of the rich." (This remark, however, was not called out by any reference to the *down-trodden* poor). The care and attention given to the poor patient repays in the skill and confidence gained, and here does the practitioner receive the experience that opens to him the doors of the rich. This is the present reward and in the dim future it may be that their prayers of gratitude may serve to dim, if not blot out, some sins of omission or commission.

The American Code of Ethics includes within its ample folds a list also of

#### THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

The physician in active practice reads in his ledger, and past due notes, and bills, the record of obligations that some of his patients are under to him. And it would seem as though they rather enjoyed the

sense of obligation, from the patient manner in which they submit to the situation. " 'Tis sweet to be remembered," and this class of patients are remembered by a doctor sometimes sadly, often savagely, and here and there one with a feeling of profound regret, that the celebrated Bogardus Kicker could not be securely fastened to a convenient portion of the delinquents anatomy—the machine wound up to its extreme tension and set faithfully at work at its greatest speed, till the account is squared. Passing these cases by, certain it is, that the rules, as laid down in that work, are refreshing to dream over and to remind one of what the perfect coming man *may* be, if he is ever in need of a doctor.

In the land of Arcadia, where everybody does just what his neighbor wishes him to do, the duties of the patient to the physician are well understood and practiced, making this portion of the code a very comfortable and delicious morsel. It is in our day a poem delivered to a prosaic world which cares but little for poesy, and gives scant heed to the lesson inculcated.

In the Sahara Desert there sometimes rises before the wondering vision of the thirsty, tired traveler, a marvelous view of lake, of city, and embowering trees; and he can almost hear the ripple of wavelet, and the sighing of the wind in the foliage. But as with renewed vigor he hastens to gain the lovely spot! lo! it recedes and vanishes out of his sight, leaving him forsaken and forlorn. So in reading these pleasant words, there rises up a hope of future companionship, of a moral support, a sort of holding up of hands, as Moses was supported by Aaron and Hur, from all with whom we are to come in contact; and the inevitable disappointment comes with tiresome reiteration. But as even in the desert there rise little spots of green with refreshing waters, where the tired caravan repose and recuperate, so in the multitude of patients will we find here and there faithful friends, who give as well as receive comfort and consolation, when weary and worn. Friends in joy and prosperity who do not desert us in sorrow and adversity. There are patients and then there *are* patients, and there is both a distinction and a difference between them, that was happily designated by a distinguished physician, as " Bread and butter patients and friends," with whom pecuniary considerations are an entirely unimportant matter in regulating our attendance upon them. " The obedience of a patient to the prescriptions of his physician should be prompt and implicit; but many adopt the habit of Moliere. " Of what use is your physician ?" said the king to him, one day.

"Well, sire," was the reply, "he gives me prescriptions and I never follow them." He had an illustrious prototype in that man, who being asked by his doctor if he followed his prescription of the day before, answered "no, for had I done so, I should have broken my neck." "How so," said Esculapius. "I threw it out of a third-story window." The man, however, on being ordered by his physician to cease smoking, obeyed orders, literally. For on permission being granted to smoke one cigar daily, he had some constructed with especial reference to his condition, and the doctor coming in suddenly one day, found him engaged in vigorously puffing from one end of a *weed* that measured fully three feet in length. He only smoked *one* of them daily.

It is a self-evident proposition that "a patient should after his recovery entertain a just and enduring sense of the value of the services rendered him by his physician, for these are of such a character that no mere pecuniary acknowledgement can repay or cancel them."

It has been my privilege to meet with some striking instances illustrative of this enduring sense of gratitude for such service. In a beautiful Ohio town where I was located some years ago, there resided a man whose local habitation was not far from four miles out of the town, over a dirt road of the worst description. The man was not overly blessed with this world's goods, except babies, and his quiver was overstocked with that sort of property, he having a family of something less than a dozen of them (a sort of chronic ailment of poor people, by the way), and of course they had need of medical aid. Just about the time the bill was to have been paid, the man came down with typhoid fever, which meant in his case, a long illness, and back and forth, through mud and mire, shivering in rain, snow and sleet, the doctor waded, for the days and nights requisite. Then down came the wife with a lighter attack of the same disease. Weeks passed, and the summer sunshine made dust where the mire had been, and the grateful patient came into the doctor's office with a face full of benevolence and sincere admiration. Wanted to know the amount of his bill, as he wanted to settle it. This with a sort of Rothschildian air that sent little chills of pleasure trickling down the spinal column, and all over a pocket-book in the last stages of consumption. Bill made out, he was satisfied that it was very moderate, but he was a poor man, and could pay only about twenty dollars, if for that he could gain a receipt in full. He would

not have felt that he could pay any, but he did want to show his gratitude to the man who had saved his life, and had been so kind to his family. The chills were perceptibly lessening in the rapidity with which they were moving; still, this was a windfall of that much, for the account had been passed to that bourne, gentlemen, where you have, no doubt, or will, send many, many bills of like character. So the doctor accepted the proposition, and held out the bill with the discount marked on it. Patient said he would bring it in an hour or two, and wending his way through town, he went to one after another of the benevolent citizens with the story that his doctor had been so good to him that if he could only raise fifteen dollars he could save a hundred and something, and here and there he gathered in shekels from the doctor's acquaintances till the amount was full told, then, stepping down to the wharf boat where his family and household goods had been reposing meanwhile, he took passage on a boat for Pittsburg, and sailed away to pastures new with the passage money thus furnished him. The doctor ceased to expect anything from that source from that day. But two months later, a letter came to him from the fugitive, announcing the birth of a son, expressing regret at the continued impecuniosity that prevented an immediate liquidation of that bill; but he never should forget the kindness shown him, and he had named his newborn after his benefactor, in acknowledgement of the obligation. A present was in order, but no present was sent. Gratitude, ladies and gentlemen, is found often when you least expect it, or I might say, often *after* you have ceased to expect it.

**MEDICINE TAKES RANK AS A LIBERAL PROFESSION, THEREFORE  
NOTHING ILLIBERAL SHOULD APPEAR IN THE ACTIONS OF  
THOSE ADOPTING IT.**

The honorable position of doctor of medicine should receive additional luster from the name of every person endowed with it, and it is a holy obligation that each one must obey, or be recreant to his trust, to exert himself to the utmost "to maintain its dignity and honor, to exalt its standing, and to extend its bounds of usefulness." No question of selfish interest can rightfully interfere, and "will this advance the interests of the profession?" should be continually in the mind, as the touchstone to decide the movements of every member of the faculty. No personal quarrel or professional pique can excuse an infraction of this moral duty, and where, for individual aggrandizement and private gain, obstacles are thrown in the pathway of united

labor for the advancement of medical science, such malevolent action should bring upon its progenitors deserved disgrace and obloquy. To those in the profession who, by their unwearied labors have brought it to the elevated condition it occupies, are due profound respect from the younger members, who have their record yet to make; and as they themselves hope one day to receive the same honors from future juniors, they should scrupulously avoid all envious feelings or invidious remarks about those occupying superior positions. Contemptuous or sarcastic remarks about the faculty in general, that would tend to bring them into disrepute as a body, are to be shunned; but nothing in this is intended to prevent joking or bantering at the expense of others. For instance, it is no violation of this rule to point at the gravestones in front of a certain medical institution as an exhibition of monuments to their skill, or to say that it only requires the addition of an undertaker's shop to enable them to attend to *all* the wants of their patients with every facility and dispatch.

From every one in the practice of medicine is required the highest standard of moral excellence and probity of character. In medicine there is no sex, and the physician is placed in such intimate relations with his patients, by virtue of his offices, that depraved tastes or unchaste thoughts render him totally unfit for his position, and no scientific attainments can compensate for such lack of moral principle. Indeed, in the mind of a physician full of desire for a scientific investigation of a case, there can be no room for such ideas. Science and passion cannot occupy the mind at the same moment. They are as *Carbonic acid* and fire.

It is also essential that at all times the physician should be in possession of an unclouded brain, as he is liable to require at any moment the fullest exercise of his reasoning faculties in a decision possibly involving life or death; and a Nemesis of unending remorse follows the awakening from the fateful stupor, should such emergency be followed with direful results, and he not be able to shelter himself under the ægis of a consciousness of his best endeavor.

The modesty that is honest, seeks not to be blazoned about in public prints. The merit that is real, seeks not for printed advertisement or daily notices. True worth shuns such adventitious aids, for of such is the way of charlatans and frauds, and while, here and there, may be an educated man employing such aids, he is wearing the livery of

the empirics, and is among bad company. It is a bad lot altogether, and the whole method of securing notoriety among the laymen by way of printers' ink, is by universal consent relegated to those who, lacking education and merit, require such dubious bolstering to gain the public ear. Under the same condemnation come all other forms of personal puffing. Such as publicly professing to treat the poor gratuitously, boasting of cures and remedies unknown to others, and inviting the inspection of laymen at surgical operations to be performed. The physician's reputation should be spoken of among the laymen for what he is, not what he *says* he has done, or *can* do. For this is but a dubious verification.

To the profession belong the best efforts of its followers, and as each one has received much of value from others, so should he desire to add his share to the general fund in return. For this reason is it considered derogatory to professional character to hold a patent for any medicine, or to possess or dispense a secret compound or preparation, whether his own or the property of another, or to certify to the efficacy of such medicines.

In this same category the American Code includes the patenting of surgical instruments, but as invention is stimulated by the hope of reward, and improvements are made in this direction by men out, as well as in the profession, were this point insisted upon we should be placed at a disadvantage, and I therefore hold that neither the patenting a surgical instrument or the using of a patented instrument, should bring even the shadow of a reproach.

#### PROFESSIONAL SERVICES OF PHYSICIANS TO EACH OTHER.

It seems to be the general practice, that rules in professions, and in many occupations, to render gratuitous service to a member of a like calling. A railroad man is "dead-headed" over other railroads besides the one with which he is connected. An actor is "dead-headed" at all theaters, lawyers assist one another, and it is also made obligatory among physicians to give gratuitous services to practitioners of medicine, their wives and their little ones, under the parental roof, provided the said roof be not so far from the domicile of that member of the faculty whose presence is desired as to make the mileage too onerous for him.

Physicians are natural foes to the undertakers, inasmuch as a doctor's labors are all in the direction of depriving those somber tradesmen of employment. Therefore it is to be hoped that no one

will *undertake* to establish even a *mute* connection with that business in this reference to "dead-heading" in physicians' practice.

These little services should always be rendered cheerfully and gladly, for in so doing you make a deposit in a bank upon which, at some time in the future, you may wish to draw a check to a much larger amount than your contribution, and the hearty good will with which your service *was* attended will then relieve that sense of present obligation that would otherwise disturb your serenity of mind. Still, if Dr. Cræsus, who lives at such a long distance from your abode, not only *desires* to do so, but actually *does* offer an honorarium, your honor will not permit you to decline, for it is a rule that no one has a right to impose an obligation upon another which the party receiving does not wish to incur. This is a rule, however, to which some exception may be made. For instance, a boy is being punished "for his own good." It may be needed, but he is not willing to be put under such an obligation; much rather would he prefer to return it in kind. But, returning to the subject, if the usual fee be tendered, you may receive it as "*legal tender*," being not *too dollarous* about it.

There are many circumstances that will arise in daily practice compelling the absence of a physician from his patients for a day or more, and as it is his duty to see that those whose lives are entrusted to him should be cared for, a contingency may arise when he is obliged to request some of his professional brethren to officiate for him, and such request should be complied with, if possible, and the service be performed with the utmost consideration for the interests and character of the family physician. In this case, the visits should be noted, and the account and emoluments be awarded to the absent brother. This, however, is a "short line route," and to be used in emergencies only. For it does not include a gratuitous service for a fun-loving doctor, who, happy in the possession of a few spare hundreds, frequently devotes his time to that interest so forcibly recalled to patriotic minds this centennial year, namely, "the inalienable right to the pursuit of happiness." He, packing up his carpet-sack, puts a notice in the daily papers to the effect that the eminent Dr. Goodtime has taken his departure for the continent, and will visit the fashionable watering places before his return, asking you to attend to his practice during his absence, accept if you choose, making a satisfactory division of the pecuniary returns, and exercising the same care and courtesy in reference to the absent physician as you might desire in return from him, under like circumstances. Right is right,

and it is no more than just that in obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, that the physician officiating should receive the fees so far as feasible; for, while it is within range of the cable tow to do a reasonable amount of gratuitous labor for the sake of professional courtesy, it cannot reasonably be expected that a physician should wear himself out in the service without some return.

The possession of a diploma issued by a college of good repute, is *prima facie* evidence of it's owner having a regular medical education, and so far as his cerebral developments will allow, he has absorbed "*quantum suff*" to entitle him to respectful consideration as a physician. In days gone by (at least it is to be hoped they are gone forever), when doctors cultivated an owl-like look of profound wisdom, and an artistic method of sniffing the head of a cane as a prominent part of a regular medical education, when the chief, if not the total treatment for all cases consisted in massive doses of *Calomel*, *Opium*, *Tartar emetic*, and *Quinine*, with bleeding *during* and *after* the case (especially the latter), it would seem as though consultations could only have been called as a quiet way of making business good; a specious method of gaining two fees for rewriting old prescriptions. But in these days of scientific progress, emancipated from the soul and body destroying method of routine practice, consultations are a necessity when there comes before us a knotty case for solution. Then must we look about for those on whom the mantle of Galen and Hippocrates has descended to such good purpose that their advice will be valuable in solving the problem of diagnosis or treatment, and who may we select? The American Medical Association have laid it down as a rule in their code of ethics that "any one who has a license to practice, from some medical board of known and acknowledged respectability, recognized by the American Medical Association, and who is in good moral and professional standing in the place in which he resides," is a proper person for consultation on medical topics. "But no one can be considered as a regular practitioner or a fit associate in consultation whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aid actually furnished by anatomy, physiology, pathology, and organic chemistry." Upon this apparently straightforward and honest statement hinges the persecution that has fallen upon our own school in times past, and the shadow of the proscription hangs over us yet, although somewhat lessened from its former degree. Indeed, some



persons seem to translate the meaning of the foregoing as follows: The American Association consider the Homœopathic practice contrary to medical ethics. The Homœopaths use the Allopathic text-books, avail themselves of all the Allopathic discoveries and teachings, and then treat their patients with an art of which we are in willful ignorance, from a refusal to read or accept their studies in *materia medica*, and then, rejecting our scientific purging and bleeding, have the gratification of seeing their patients recover with less mortality and suffering than do ours, and as they persist in doing this, we consider it in the highest degree reprehensible, and we will have nothing to do with them.

At any rate, that is the way it reads in the minds of many physicians. This spirit is a relic of the dark ages; a weakness that, as the world advances in intelligence and civilization, is being obliterated, slowly, perhaps, but surely. It certainly is illogical for any society to assert that a well educated physician, of good moral, social and professional standing in the community in which he resides is not a fit associate in a consultation because he differs from the aforesaid society in his method of treatment of a given case. As Dr. Shipman writes: "When Allopaths disagree among themselves in almost every respect, how can they call upon others to agree with them? Who can define what is now the self-styled regular school of medicine? Call them Allopathic—they say they do not practice by contraries—though everybody knows that in the main they do. Call them the Old School, they will fly in your face and tell you, with Braithwaite, that 'this is a total misrepresentation,' that 'medicine is a progressive science, and has wonderfully improved of late;' call them a new school, and they will talk to you about Hippocrates and Galen, as if they had inherited all their wisdom, and with it a proscriptive right to drug all the sons of men, for all time to come. But who among them can define the system of regular medicine, so-called, in such a way that even half of the nominal adherents of the school will subscribe to it? And if this cannot be done, if they cannot erect a standard to which they themselves conform, whence their right to arrogate to themselves the title of orthodox, and scout all others who choose to follow their own judgment? Where is the physician who never fails to cure cases which are curable? Where the physician who has nothing to learn? Now, if I have something to learn, who can tell but that it may be in possession of that man

whom I look upon as an outcast, because he does not 'conform?' What is true of a physician is true of a school, and if the so-called regular school of medicine is not in possession of all needful medical knowledge, and who has the impudence and assurance to say that it has, who knows but what some other school has it?"

So far from Dr. Shipman.

I therefore assert that any person, be he Homœopathic or Allopathic, Eclectic or Hydropathic, so that he possesses a fair medical education, is of good moral standing, and in reputable practice, is, by virtue of his acquirements, and the propriety of his life, entitled to all the courtesy and respect that one physician should exhibit to another, and we should not refuse to hold a consultation at the request of a patient, on the ground of difference of opinion in therapeutics, lest in so doing we advertise our unfitness for any liberal profession.

While engaged in a consultation, the American Code asserts that "no rivalry or jealousy should be indulged, and candor, probity, and all due respect should be exercised toward the physician having charge of the case. In our code we need not say this, for a gentleman will always be so at such times, and a boor will have but slight regard for the ordinary proprieties of life, and lacks an important factor to entitle him to the privilege of a consultation.

When two or three are gathered together to consult, the physician who has the case in charge asks the patient such questions as he may think necessary to make the case clear; following him, the consulting physician is at liberty to cross-question as he may desire. After which, they retire to discuss the case, and if not too hurried, to retail medical news, and compare notes of practice to an extent of time long enough to earn the consultation fee and the gratitude of the patient and family. Of course all this is not to be communicated to the waiting friends, but the attending physician is made the mouth-piece for the time, and gives the opinion, and treatment decided upon, as far as he deems best to make it known.

There is one rule as inflexible as the law of the Medes and Persians, that must be obeyed by all physicians, at almost any hazard or trouble, and that is *punctuality in consultation visits*.

A doctor of ability great enough to be called on for aid in such a case, is a man usually in busy practice, and time too valuable to waste in waiting. You have your rights also, and he being delayed, you may consider the consultation postponed to a more convenient season; or you failing him if he is unable to come again readily, he

examines the patient, writes out and seals his opinion, and leaves it for your visit. However the fates being propitious and the parties being assembled, the physician in charge gives his statement of the case and opinion of the treatment, the others then follow *suit* and agree with him, (if it *suits* them), in which case he is considered a *trump*, and, having taken their opinions, may follow their lead or "go it alone" in the future care of the patient, regardless of them, if the exigencies of the case call for different treatment than that agreed upon. But the reasons for such changes must be stated at the next consultation, (should the patient survive long enough to require another meeting). This is also a privilege of the consulting physician, if called in to act, the regular attendant being absent. If holding a consultation, it is not well to introduce theoretical discussions, for they lead to much loss of time, and may be, temper. For instance a matador holding a seance with a bull, waves his red flag and immediately there is a rupture in the friendly relations previously existing. Holding this illustration in view, then, a Homœopath consulting with an Allopath should not provoke discussion on "*Similia*," versus, "*Contraria*," or a high potency man commence waving the red flag of a disquisition on the merits of his views and the demerits of his compatriot's low potency prescriptions, for thereby cometh not good.

The time and place for such discussions is elsewhere, and you meet for agreement on the case in hand, and modes of practice hallowed by experience and observation. However if there should be such a diversity of opinion that no satisfactory treatment can be adopted, the patient being the interested party, may select the physician in whom he places the most confidence, and the other, conscious of his own rectitude, retires with all the politeness and suavity of manner he may be able to command under such trying circumstances. But following this, should the patient have decided to his own disadvantage, and the result prove fatal, while it may not be in human nature to entirely omit a mental congratulation of one's self on his perspicacity and a thought that "I told you so" flash through his mind, the thought should be kept in perpetual imprisonment and not even allowed to peer through its prison bars in a gleam of triumph, as our rival meets our eye. *Per contra* should the case recover and your prognostication of evil fail of fulfillment, do not consider this a breach of etiquette on the part of either patient or physician, for this method of giving the lie is quite the correct thing after all, as viewed from their stand-point.

The physician who is called in counsel is placed upon his honor in his attendance in the case, and should entertain the most scrupulous regard for the character and standing of the family practitioner. There are many methods that may be and are often adopted of lessening the confidence reposed in him. Ways and means that are so indefinite that no exception—in words—can be taken to them.

“The shrug, the hum, the ha, these pretty brands that calumny doth use,” or with look of doubt or disapproval that may convey worlds of meaning to a patient and the anxious friends.

Absorbing it they may cry with Othello, “Thou criest, indeed; and didst contract and purse thy brows together as if thou hadst *then* shut up in thy brain some horrible conceit,” and as suspected but unknown dangers are always most frightful, so may such dishonest practices destroy the harmony of feeling and rupture the bond of implicit trust, so necessary to the comfort of the physician and patient.

Should there be good reason for dissatisfaction with the previous treatment, labor with the erring brother in secret, and not openly; change his practice by private exhortation, and avoid public denunciation. A prolific source of contention among our fraternity is the too great anxiety to increase a practice at the expense and detriment of a neighbor's. It requires a certain amount of moral courage when called in to see another physician's patient, the said patient being blessed with a long and well-filled purse,—it requires, I say, a deal of moral integrity to act as though you were the other doctor, and working entirely for his interest, and there is a strong inclination pulling at you in that tender spot the pocket, to send the absent doctor's interest to the evil one and make hay for yourself while the sun shines down on your chance. Dixon's *Medical Fox* discourses as follows on this subject: “I stuck it out till I got nearly starved, and my coat looked as though it had been between the jaws of a hungry wolf, till one day it all at once occurred to me that I had been a great ass. I had all along had a notion the “Code of Ethics” my benevolent seniors had prepared for my guidance when they let me go out of their trap, was a one sided sort of an affair. In it I was instructed to keep close to my hole and only to look out with great reverence when any of the old foxes passed by; meanwhile they never looked in to see if I had any thing to eat. I used to hear a most attractive screaming in the neighboring poultry yards every night, but was obliged to content myself with licking my chops till morning, when the cunning old fellows had

hied to their holes, then I would crawl out and pick up a patient in the shape of a servant maid or an Irishman. These were poor picking, however, for a cub who had been used to good feeding, and I was nearly in despair.

One day however I was summoned to visit a rich old turkey of a cit who lived near my hole in Bleeker street, and who was suffering with a "foie gras" the result of high feeding. I licked my chops in anticipation of a glorious fee; and after smoothing my old coat and making myself look as innocent as possible I presented myself at my neighbor's elegant mansion. I was forthwith walked up stairs to the old turkeys roost, when he coolly informed me that he had only sent for me to give my opinion, as one of the old foxes was his family physician, and he had every confidence in him till day before yesterday when he positively forbade his eating turtle soup! as he had never forbidden him anything before and always bled and purged him every fortnight for his headache, with the best results, he naturally concluded something was wrong and the doctor was getting crazy with some new fangled notion or other. My new fledged hopes were dashed at once to the earth. Here was an admirable chance for a capital bill; bleeding and a prescription xx and xx *Jalap* and *Culomel* every fortnight and the extra visits for all the uncomfortable gripings, *et cetera*. What could I, what ought I to do with such a fat turkey before my very jaws, and the old goose of a professor having absolutely frightened him into a doubt of his abilities? (And with what reason?) Was it in the nature of a medical cub to resist. Yet the Code of Ethics forbade me opening my jaws to nab my fat friend. How wisely have they ordained it, (for themselves) that we shall not open our lips to contradict any of their absurdities, unless they are present. My hunger made me desperate. I determined to strike for freedom and turtle soup. I not only told him that his attendant was mistaken but that a strong natural want was instinctive demand and must be obeyed; turtle soup I continued was admirably adapted to his constitution, and he should have it immediately. I felt his pulse, and passing my fingers over the bend in the arm, I remarked that he had been repeatedly bled, no doubt with excellent effect, but in fearful proximity to the artery, drawing in my breath at the same time convulsively, as I had observed my preceptor when strongly interested in a rich patient's narrating his case and disapproving of his predecessor's prescriptions.

My ruse took beautifully. The old cock was so thoroughly frightened that the very wattle around his beak, though dyed with the best

Oporto, turned pale, and I thought he would have fallen from his perch.

I seized a bottle from which he had been imbibing and let him have half a tumbler, good! While he was in the swoon I took as much myself and as soon as he recovered I smoothed him down beautifully. I told him to tell the old fellow that attended him he was a fool and would kill him outright if he deprived him of his soup; that he was nearly blind and could not bleed him with safety. Then I fired my twelve inch mortar to clinch him. I told him that arterial varix! had been the frequent consequence of such ignorant butchery. In short I spoke with such pathos and feeling that what with that and the port, and the fear that he would not send for me again, the tears came into my eyes when I shook hands with him, as I was about to leave.

I felt in my very soul I had done perfectly right. I always believed my preceptors to be great rascals, and I never could discover why a young fox should not eat turkey as well as an old one. I am sure I never could tell why a poor devil of a patient should be deprived of two independent and separate opinions respecting his precious carcass as well as two legal ones about the title of an estate; indeed I think he is much more likely to require them, as doctors are an accommodating set and will give them pretty much what they seem to desire, and so they get confused when they come to think it over. My patient assured me he would keep my visit a profound secret; but I told him "I did not care a farthing;" he might tell the old ass as soon as he pleased, and I would like to be there to hear him bray. It was natural I should feel distressed and indignant to see the life of so valuable and intellectual a citizen thus trifled with. Thus early did I commence my bold and independent career."

This is a fair illustration of what not to do. The code we adopt does not admit of foxes of this calibre and kind. They are of the breed that destroy fraternal feeling and professional courtesy, and make a class of Ishmaelites without the redeeming traits of Arabic character. The spirit and practice of the foxy imitators is *the most common* origin of the disagreements between physicians, and even cliques and parties may take their rise from petty causes of this character.

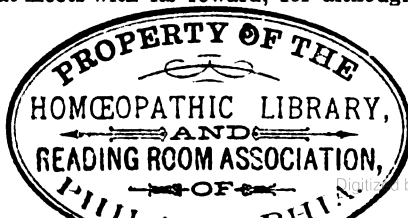
"Kill the little foxes that spoil the vines," then shall fraternal feeling flourish, binding the whole faculty in one brotherhood of interest. "When doctors disagree who shall decide." That doctors do not always agree is a simple matter of record, and the differences are not

always as remarkable for the "*suaviter in modo*," as for the "*fortitor in re*."

When the discussion reaches the thermometrical point indicating boiling heat it should be referred to a court medical who, investigating the contents of the pot, may distribute it as they decide best for all parties. As a general rule the interests of the profession are best subserved by "masking the business from the common eye," for as quarrels are undignified none can occur without bringing some discredit on the faculty as a body, and the proverb "that it is better to cleanse soiled linen at home," holds good here.

For the profit of all, there is or should be adopted in every society or district, a certain regulated table of fees, or "pecuniary acknowledgments" (as the American Code delicately puts it.) To this *fee bill* you should adhere as closely with your *feeble* patients as the circumstances will allow. This means to "charge on the serried columns" of your ledger and collect your fees as far as feasible, being not too *ferocious* less you shake the *fealty* of your *friends* and put them in a *frenzy*. Indeed, a too rigid adherence to the strict letter of the rules might recall in your case the old-time designation of a physician, and you be considered a leech in reality from your power with the bill. This, however, does not apply to Homœopathic physicians, as it is one of the cardinal laws that under no circumstances shall one of our school *bleed* any patient. If we do but consider it, physicians are often placed in a curious position in their relations with private patients and with the public.

On the extent of practice depends the income. If there is but little illness the income lessens, yet it is a duty that every true physician hastens to perform, to enlighten the public on all matters pertaining to hygiene, such as drainage, ventilation, means for prevention of epidemic or contagious diseases, and all similar subjects. And the physician is only too glad to guide and direct his patients to a manner of life that shall enable them to enjoy it without the necessity for frequent professional visitations from him. The fact that this is the universal custom is a striking commentary on the character and standing of the profession at large. However, when all measures of prevention have failed, and death stalks abroad in the land, and the pestilence strikes here and there, at noonday and in the night season, sparing neither age nor sex, then shines out with a heavenly radiance the true heroism that has many a time and oft been exhibited by men in our ranks. A heroism that meets with its reward, for although removed from our



midst, death found them at their post, and they are enshrined with those who, having given their lives for their fellow men, are ushered into eternal life with "enter ye into the joy of the Lord, for as much as ye have done it unto the least of these, ye have done it unto me."

There is no profession that so liberally dispenses its good offices as our own, and the gratuitous service "*pro bono publico*," if reckoned by the standard of the fee bill, would annually score a large amount to the credit of sweet charity. "Poverty, professional brotherhood, and certain public duties" always present valid claims for professional labor without recompense, but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives, or for analogous purposes can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform military duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances such professional services should always be cheerfully and freely accorded. It is our duty as physicians, as we gaze on the ill effects following the followers of quacks and uneducated pill dispensers, and the use of the quack medicines so largely the stock in trade of the drug stores, to protest against and enlighten the public collectively and individually of the prospect of the said public being speedily *planted*, unless the employment of these be *supplanted* by a more rational treatment, and less injurious medications. And we cannot too vigorously raise our voices against the routine system of practice that with a few recipes or prescriptions treats all cases of a disease in the same unvarying manner, for of such stock are charlatans and impostors. Should you, wishing to buy silk, be sold with specious cotton, you would have reason for discontent, and to such practices would you raise a vigorous protest. How much more then, the results being largely more vital, should you discountenance the practice of imitation prescriptions, which are but as shoddy to the fine velvet (if I may be allowed the simile) of an intelligent treatment.

Ignorance alone is a crime, but where the prescription is the child of carelessness and ignorance, it is doubly monstrous and hateful. To remove, as far as may be in our power, from such ways, do we labor with our books, and burn the midnight oil, regardless of its advancing cost. To aid our patients, do we cultivate our brains to a fertility of



prescription and expedients, and with the wisdom gained by long research and close observation, is the community at large directly benefited in health and prosperity. Conferring therefore such favors, physicians are justly entitled to the utmost consideration and respect from the community; but in saying this it is to be hoped that the reward of virtue be not misplaced, and bestowed on the aforesaid vicious offenders (who claim also to be physicians) by the public unthinkingly, but that the honest and studious only shall enjoy such desirable prominence. To root out, then, and destroy these parasitical hangers-on to the coat tails of professional respectability, there should be exertion made to pass such laws that none may be entitled to enter into the practice of medicine or surgery without a certificate of competency from a board of examiners, who, embracing in their number, men from all the different shades of medical belief shall guard zealously the entrance to the coveted honor, and only after a written examination of a satisfactory character should a license to practice be granted. As machinery little used will rust and need inspection at intervals, so also, sometimes do physicians, once bright and active, cease their efforts and become rusty. Therefore should this examination be repeated every five or ten years with all physicians practicing. This should be made statutory law, with severe penalties for transgression of its provisions.

In conclusion, there exists a code of ethics adapted to the use of *all* professions. Simple and complete, it expresses in a breath *all* the moral duties of physicians to their patients and one another. It is the crystalization of the code that shall be adopted by the perfect coming man in the time when warfare shall cease on punctilious points of etiquette, and the man of science shall greet a fellow-student and laborer as one with him and not as one against him; if in that golden day in the world's history there shall haply be need of rules for the guidance of conduct between man and man. This code is also hallowed by age, by the sacredness of its origin, and is the perfection of all rules for the governance of every day life—"Do unto others as ye would that they should do unto you." Following this strictly, we shall not go astray, and our blameless lives shall prove blessings to the community in which we live, and ending, leave memories fragrant with good deeds, and kindly actions for the remembrance of those with whom we have been associated.

## Materia Medica Department.

### CHARACTERISTICS OF *RHUS TOXICODENDRON*.

BY T. S. HOYNE, A. M., M. D., CHICAGO.

[Continued from page 262].

*Dysentery*.—*Rhus* is indicated in dysentery occasioned by getting wet, and also when it assumes a typhoid character. The stools are jelly-like, or like the scrapings of raw beef; involuntary; constant tenesmus and urging to stool, with nausea; crampy, tearing pains running down the posterior parts of the leg; pains in the abdomen and limbs are worse from keeping quiet, and better from continued motion; patient is very restless, delirious, thirsty; accelerated, weak pulse; is worse at night, particularly after midnight.

CASE CCXLV. A lad aged fourteen was passing, and had been for a number of days, stools like water in which meat had been washed, and his mother told me that his passages and sufferings were invariably worse from early in the evening until 3 o'clock in the morning, when he became more comfortable. *Rhus tox.* 200 cured. Dr. C. C. Smith.

*Intestinal Obstruction*.—In intestinal obstruction we employ *Rhus* for cramp-like drawing in the umbilical region; distension of the abdomen in the umbilical region, with violent pinching. The pains seem to be located mostly on the right side, or, at least, are more severe on that side. Worse in the evening and at night; from cold; when lying on the back, from standing, and from keeping quiet. Better from pressure, from warmth, and from continued exertion.

*Cholera*.—Ordinarily *Rhus* is of no service in cholera, but when the disease assumes a typhoid character, with dry, brown or black lips, constant comatose slumbering, loquacious delirium, red tip of tongue, and absence of coating, but great dryness, and pain in all the limbs, better from motion, it is valuable.

*Hæmorrhoids*.—In the treatment of hæmorrhoids the poison oak is beneficial when we find: Sore hæmorrhoids protruding after stool, drawing in the back from above downward; pain in the small of the

back as if bruised, when keeping quiet; frequent urging to urinate day and night, with increased secretion; involuntary discharge of urine at night, or while sitting. Worse at night; from cold, pressure, and rest. Better from warmth, and moving about. It sometimes cures fissure of the anus.

CASE CCXLVI. *Rhus tox.* (Fincke) cured fissure of the anus, with periodical profuse bleeding from the anus. Dr. M. Macfarlan.

*Colic* occasioned by getting wet while over-heated is well met by this drug, particularly if aggravated at night, by cold things, and by keeping quiet, and ameliorated by moving about, although when first commencing to move the pain seems worse.

*Peritonitis.*—*Rhus* is valuable in peritonitis, later stages, for typhoid symptoms, with great restlessness. Also for red tip of the tongue; cutting pressure in the pit of the stomach, impeding respiration; violent throbbing and ulcerative pains; alternate constipation and diarrhœa. Worse in the evening and at night; after eating; when lying on the back; before and during stool; on being touched; when turning, and before urinating. Better from continued motion.

*Pancreatitis.*—Dr. J. Buchner suggests this drug in inflammation of the pancreas, when of the malignant or epidemic form. It should be used first during the fever.

*Bright's Disease of the Kidneys.*—*Rhus* proves curative if the disease is occasioned by getting wet while over-heated, and the patient has swollen ankles after sitting too long, or œdematous swelling all over the body. He has tearing pains in the region of the kidneys, and in the lower limbs, relieved somewhat by continued motion, and aggravated by keeping quiet, or lying on the back.

*Phymosis.*—*Rhus* is indispensable in phymosis and balanitis, when these symptoms are present: Puffy swelling of both prepuce and glans; blisters (vesicles) on the glans; moist vesicular eruptions on the genital organs; itching eruption of pustules on the skin; itching and burning pains in chancres. Worse in the morning; from cold, from wet poultices. Better from motion, and from warmth.

*In Gonorrhœal or Venereal Rheumatism* it is frequently serviceable, particularly when the attack is the result of exposure to wet.

*Spinal Irritation*, the result of onanism, sexual excesses, etc., is well met by *Rhus*, when the pain in the back is of a tearing or contusive character, worse during rest; the sexual desire is increased, and nightly pollutions are quite frequent. Also when the result of getting wet.

CASE CCXLVII. Miss F., aged twenty; violent pain in head from back to front, and down the spine; lies on her back; head and back drawn backward; the slightest move or touch causes excruciating pain; pulse slow; action of the bowels almost paralyzed; urine voided daily but slowly; complete sleeplessness; pain in paroxysms, caused by getting wet. *Bry.*, *Cupr.*, *Hyos.*, *Zinc*, without effect. *Rhus tox.* 6 gradually cured. Dr. Dittrich.

*Hydrocele*.—Berjeau employs *Rhus* in hydrocele, when the left side of the scrotum only is affected.

*Syphilis*.—Occasionally we find this drug useful in secondary and tertiary syphilis.

CASE CCXLVIII. Secondary syphilis. Sweat in second sleep for a month; aching in glans penis; after urination a few drops escape. Cured by one dose of *Rhus* 200 and a few doses of the 3d, which patient took on his own account. Dr. E. W. Berridge.

*Enuresis*.—Incontinence of urine during rest, with urinary tenesmus, and afterward profuse discharge of urine, is a condition readily controlled by this medicine.

*Ovaritis*.—*Rhus* is indicated when the pain is worse during rest, and better from motion.

CASE CCXLIX. Ovarian cyst had existed eighteen months in a laboring woman, aged twenty; brunette; fresh, rosy complexion; strained herself lifting shortly after first appearance of tumor. *Arn.* 1800, morning and evening, for two weeks, and no improvement. *Rhus* 1800, in same way; in three weeks improvement began, and continued until no trace of tumor remained. Since then, she married and had children; ovary remained normal. Dr. Chauvet.

*In Metritis*, particularly after confinement, with typhoid symptoms, we may rely upon this remedy. Such cases are characterized by slow fever, dry tongue, powerlessness of the lower limbs, and constant restlessness, the patient continually shifting about to obtain relief. The lochial discharge becomes bloody again; the pains are aggravated after midnight.

*Displacements or Dislocations* of the uterus, occasioned by a strain, or prostrating labor, are well met by *Rhus*, particularly if the pain in the back and limbs gets better while walking about. The patient is very restless, and cannot sit nor lie long in one place; is worse before a storm, and in damp weather.

*Metrorrhagia*.—It is indicated in metrorrhagia of pregnant women

of a rheumatic diathesis, induced by straining or lifting. The blood is of a bright-red color. She aches all over, being worse during rest and after midnight; is very restless, constantly changing position; sleep is unrefreshing.

*Aienorrhagia*, also with similar symptoms, occasioned by straining or lifting.

*Amenorrhœa*, when occasioned by getting the feet wet, or by getting wet while over-heated, is speedily relieved by this drug.

*Membraneous Dysmnorrhœa* of rheumatic females is another affection in which *Rhus* proves curative. All the symptoms are worse before a storm, and in damp weather; are worse after midnight; are better during a storm, and from continued motion.

*Mastitis*.—In inflammation of the mammæ we employ this agent, when due to exposure to wet; the breasts are painfully distended, red in streaks; pain in all the limbs, better from continued motion; constant restlessness, shifting from place to place.

CASE CCL. Bearing down in pelvis when walking; itching in rectum; desire for acids; pain worst in right ovarian region; feels as though her back would break; relieved by lying on hard floor, or with a pillow under her back; stiff in joints when at rest, which goes off after movement. *Rhus tox.* 500 cured. Dr. H. N. Martin.

CASE CCLI. Polypus. Mrs. B., aged forty-two; took a sea-bath, during which she got chilled, felt benumbed, and had a pain in shoulders, as if sprained, worse in the night at 3 A. M. Lost her memory and was almost paralyzed; had headache and vertigo. Soon afterwards a uterine hemorrhage set in. Twice masses of a polypus growth had been removed from the womb, without relief. Six years after on examination I found the uterus low down in the pelvis and bent backwards; its posterior wall is softened and swollen, filling almost the entire cavity of the pelvis; the mouth of the womb is dilated, cicatrized and discharges continually thin blood. There is leucorrhœa and turbid urine. I gave *Rhus tox.* 2 one drop daily. The hemorrhage ceased after a few days. The uterus itself took its normal position, and she got well in six months. Dr. A. Cuntz.

*Spinal Meningitis*.—The result of getting wet or an acute exanthem, requires this remedy when there are present: high grade of fever, constant restlessness, tingling in the limbs and complete paraplegia.

CASE CCLII. Strain of spine. A man strained his spine while assisting to move a loaded wagon in a rain storm; was unable to

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CASE CCLII. Strain of spine. A man strained his spine while assisting to move a loaded wagon in a rain storm; was unable to

work. Had been under treatment more or less for nine years without benefit. *Rhus tox.* 200 effected a cure in a short time. Dr. W. P. Wesselhoeft.

*Rheumatism.*—The great sphere of *Rhus* is in the treatment of rheumatism. So useful is it in this affection that many physicians prescribe it in every case without any regard to the symptoms. Of course, they thus frequently fail to give the desired relief. It may be employed in rheumatism caused by getting wet in a rain while overheated, or by exposure to wet, damp weather, or by straining; worse during rest, and on first morning after rest, or on getting up in the morning; better from continued motion, and dry, warm, external applications; he cannot lie long in one position, but must shift about to get relief; the relief lasts but a short time, when he must move again. The pains are drawing, tearing, attended with lameness and stiffness, always worse before a storm and in damp weather.

CASE CCLIII. W., aged forty; from a severe wetting all over was soon seized with terrible pains in lower extremities, paroxysmal in character, driving him to desperation; could remain in no position, but resembled a dancing monkey. *Rhus tox.* 1, continued twelve hours, did no good. One dose of *Rhus tox.* 200 cured in a few hours. Dr. Goodno.

Dr. Von Tagen relates four cases of rheumatism on right side of articulation of lower jaw, characterized in each and every case by a dull, aching, cramp-like pain when at rest; when in motion, accompanied with a crackling sound, and severe pain, as though the jaw would break; pains relieved by pressure, and partially so by warm food and drinks. *Rhus tox.* 1st, offered prompt relief.

CASE CCLIV. German, aged sixty-six; attacked in 1837, from exposure and cold, accompanied by paralysis of the right side from which he slowly recovered. No symptoms of rheumatism until twelve years ago; since then, pains almost constantly in the right side; decidedly rheumatic character with marked periodicity, coming on at 10 P. M. and lasting till 6 A. M., worse in winter and before a storm—during storm pains over whole body; intense pain on moving after a rest, but continued motion relieved. *Rhus tox.* 200, one dose a week; in six weeks well and no rheumatism since. Dr. H. H. Baxter.

CASE CCLV. Rheumatism. He has had two attacks of rheumatic fever. Last one, three years ago, continued several months and affected the heart. Was only able to go about on crutches for a long



time. Has now pain and lameness in both knees, in back and hips. Aggravated at night by rest; is constantly in motion, tossing about the bed. Thirst for moderate quantity often. Action of heart forcible, and slight pericardic murmur. *Rhus tox.* 200 cured in about eight days. Dr. Jas. B. Bell.

CASE CCLVI. Miss H., aged twenty-four, has been under Allopathic treatment three weeks, most of the time disabled, for inflammation and swelling of left foot, and particularly the great toe. Large water blebs were upon the foot. *Rhus tox* 3, in water, and in the evening she walked out with a loose shoe on. She got cold, which aggravated the affection. *Rhus tox.* 200 cured in three or four days. Dr. E. R. S.

Very many cases might be reported, as our journals and books are full of them.

*Curvature and Caries of the Spine.*—We employ *Rhus* for numbness and stiffness of the limbs; debility, and sudden paroxysms of fainting; impeded respiration; violent throbbings in the pit of the stomach; tightness of breath, with contractive sensation in the chest; sticking in the region of the heart; tingling pains in the small of the back; creeping in, and coldness of the back; pain in the small of the back as if it were bruised; painful, bony swelling in the small of the back; pain as if sprained in the back and shoulders; curvature of the dorsal vertebræ. Worse in the morning and at night; in cold and wet weather; on beginning to move, while lying on the back, and after lying down.

*Sprains, Strains.*—In the treatment of sprains and strains, especially of ligaments; there is no remedy equal to this.

CASE CCLVII. Sprain. Mr. J. sprained the right ankle from stepping on a piece of ice, and on attempting to walk, experienced a very peculiar pain. It felt as though the tibia was split to the extent of several inches, and on attempting to use the foot, felt as though the joint opened and closed alternately. *Rhus* 200, one dose cured. Dr. J. G. Gilchrist.

CASE CCLVIII. Sprain of left shoulder joint, very painful for a long time; became at last immovable; sleepless at night. *Rhus tox.* 1 in water every three hours; well in eight weeks. Dr. Stens, Jr.

CASE CCLIX. A man sprained his leg in the harvest field. When he presented himself to me he had exhausted the Old School remedies. Found a swelling about the size of half an ordinary orange

just below the knee-cap at the head of the tibia. Was very lame, worse during rest, at night, before a storm, etc.— a complete *Rhus* case. 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 assurance to the patient that it would cure him in a week. He came to me again 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 medicine acted like a charm. Dr. W. J. Hawkes.

CASE CCLX. Strain of right wrist. Miss H. received a severe strain of the wrist, which was treated a year by Allopathic physicians without benefit. Use of the hand caused pain; soreness and swelling about the joint. The cartilaginous surfaces of the whole joint were inflamed, and probably also the synovial membrane. *Rhus* 30 cured in two weeks. Dr. Wm. Gallupe.

CASE CCLXI. L., aged forty, strained the middle joint of his right thumb quite severely eight days before. It had been very sore and painful, and with much heat and painful nights. *Rhus* 30 cured in three weeks. Dr. Wm. Gallupe.

*Coxalgia.*—In diseases of the hip *Rhus* is beneficial when the pain in the knee is predominant. The pains are felt mostly during rest, and affect the whole thigh; pressure over the trochanter produces pains in the hip-joint; aggravation before a storm and in damp weather. Often the glands of the neck are swollen and painful.

CASE CCLXII. Coxalgia in right hip-joint down along the ischiatic nerve to ankle. Treated four weeks Allopathically. Better from warmth, worse from cold. First motion very painful, gradually getting better from continued motion. After smelling *Rhus tox.* 6, immediate relief. In the course of eight days, after repeated smelling, whenever he was reminded of the pain recurring, he was entirely cured. Dr. Weber.

CASE CCLXIII. Swelling of feet in warm weather, no evidence of organic disease. Both legs much swollen, and "pit" upon pressure. Complaints of prickling heat in the limbs, and after walking, the surface of them becomes red and hot. On first attempting motion, the limbs are stiff, but become more supple after continued exercise.

Tongue yellowish, with red points at the tip; appetite good; bowels regular; no headache. *Rhus* cured. Dr. T. Searle.

*Tumor Albus Genu.*—In tumor albus genu, *Rhus* is valuable if the pain is aggravated in a recumbent posture, and after midnight. Damp weather also aggravates.

CASE CCLXIV. Hydarthros genu. A blacksmith has complained for six weeks of pain in the right knee. The pain is worse when straining the knee; there is often a cracking in the joint when stretching the limb. Examination of the knee reveals exudation in the joint. Change of weather, and especially rain or storm, increases the pain; when at rest there is no pain. *Sulph.*, *Sil.*, and again *Sulph.* for two months, altered the complaint, so that the pain was worse when commencing to move after rest; continued motion gradually diminished the pain. *Rhus tox.* 3, cured in a few weeks. Dr. L. Sulzer.

CASE CCLXV. *Rhus tox.* cured a painful swelling in the popliteal space of one limb, occasioned by a cold, preventing the extension of the leg. He complained of pain in the tumor, particularly after walking and exercising the leg. Dr. H. V. Miller.

*Sciatica*, when occasioned by a severe wetting, or straining, or lifting, suggests this drug. The pains are tearing, stinging or burning, and attended with numbness and paralytic stiffness of the limbs; cramps in the calves; aggravation of the pains during rest and when commencing to move; amelioration for a short time by motion and dry heat.

CASE CCLXVI. W., aged thirty-five. Dull, aching pain in right hip and leg for the last six months, aggravated at night, by cold, and by damp weather; ameliorated by rubbing, application of heat, and when warmed by exercise; excessive nervousness; sleeplessness; inability to rest in any position; muscular twitchings in all parts of the body, especially in right leg, at night. *Rhus* 30, quick relief. Dr. Gordon.

CASE CCLXVII. Lumbago was caused in a man by lifting, and had lasted three weeks. Was worse on getting warm in bed, and on beginning to move. Cured in two days by *Rhus* 200, two doses. Dr. J. T. Greenleaf.

*Fetid Perspiration.*—For fetid perspiration of the feet, *Sil.* is usually the best remedy, but in persons of a rheumatic diathesis, exposed to all sorts of weather, *Rhus* is preferable.

*Trismus, Tetanus, Chorea*, and other diseases of the nervous system,

occasioned by getting wet, taking a cold bath, etc., are usually speedily cured with this medicinal agent.

*Paralysis* from the same causes, or from straining or lifting, and also rheumatic paralysis, requires *Rhus*. There is more or less stiffness and aching of the whole body, aggravated by changes in the weather, and by keeping quiet.

CASE CCLXVIII. On the third day after a natural labor, the mother being only thirteen years and six months old, the right side became entirely paralyzed; there was an apparent total abolition of functions, of voluntary motion and special sensation. The patient could not articulate so as to be understood. *Rhus* 3, every two hours, in solution. At the end of three days she had recovered speech, sensation, and voluntary motion. Dr. E. P. K. Smith.

*Intermittents.*—*Rhus* is indicated in intermittent fever when these symptoms are present: A dry, tearing cough, coming on first before the chill, and continuing during the chill; ague commencing in right side; during chill, pain in the hip and calves; during heat, dryness of lips; during sweat, slumber. Chilliness, as if he had cold water poured over him; after going to bed, with inclination to stretch the limbs. Tertian fever, with nettle rash, which disappears after the attack. The fever comes on from getting wet, or bathing in cold water. Constant restlessness, shifting about from place to place; pain in bowels and diarrhoea; shooting and tearing pains extending down the limbs. Chill begins at any time except in the morning, and always on the right side.

CASE CCLXIX. Intermittent fever. L., aged sixty-four, had been shaking an hour, when I saw him at 10 A. M. He seemed almost frantic, frequently changing his position in bed, groaning and complaining of drawing, tearing, crampy pains in the muscles of both hips, and which passed off down the posterior thighs to the calves of legs. His fever was intensely high; pulse accelerated but weak, face and whole body red, slight thirst during both chill and fever, most during chill; fever followed by perspiration and headache. *Rhus* 200 relieved him in half an hour. *Rhus* 1700 on the seventh day, when the symptoms reappeared, cured. Dr. A. P. Skeels.

*Yellow Fever.*—Taft gives the following indications for the use of *Rhus*: Dirty, yellow color of the body; glassy, sunken eyes; dry, black tongue; talkative delirium, or coma, with rattling respiration; con-

stant groaning; torturing pain and burning in the stomach; nausea, vomiting; paralysis of the lower extremities; cramps in the abdomen; colic diarrhoea; difficulty in swallowing; constant restlessness and tossing about.

*Typhus and Typhoid.*—In typhus and typhoid fevers it is curative for the following symptoms: Delirium, he imagines an enemy means to poison him; constant, comatose slumbering; picking at bed-clothes; talks a great deal to himself, sometimes slowly, at others rapidly; epistaxis especially the latter part of the night; dry, brown or black lips; tongue not coated, but very dry, which occasions a desire to drink; sometimes has a triangular, red tip; diarrhoea worse at night, the stools being thin, yellow, frothy, and often involuntary; sweating over the whole body; miliary eruption; cough, with tough, bloody expectoration; rheumatic pains in the limbs and constant restlessness; motion gives temporary relief.

CASE CCLXX. A boy, after swimming four hours under a hot sun, had severe headache and delirium. Allopath treated him for typhoid. No fever, but constant talking; thinks he's roaming over fields, swimming, etc. He walked about, his skin pale as wax, imagining half the city was his by fee simple. Considering the long exposure to the water as the cause, gave *Rhus* 100. Cured in ten days. Dr. —.

*Scarlatina.*—*Rhus* may be given in scarlatina, miliary form, with high fever and typhoid condition. The tongue is dry, red and cracked; the thirst great; the eruption vesicular or like millet seed, or dark red with epistaxis; the itching is relieved by heat and scratching, and aggravated by wetting the parts; the urine increased and often involuntary; œdema of the scrotum and penis; swollen, parotid glands; constant restlessness; rheumatic pains.

CASE CCLXXI. A child aged thirteen, threw a shawl belonging to a child who had died of scarlet fever over her shoulders; next day she had high fever, pulse 140; sore throat; vomiting; headache; the next day the rash appeared on neck and chest, extending gradually over body, and becoming red after pressure from periphery to centre. *Rhus* cured, with no sequelæ. Dr. E. A. Farrington.

CASE CCLXXII. Young man after scarlet fever, anasarous condition of the lower limbs, with diminished secretion of urine, although he drank much water. *Rhus tox.* 3, cured in a week. Dr. J. L. Newton.

*Small-Pox.*—*Rhus* proves curative when the symptoms assume a typhoid character.

*Herpes*, attended with considerable fever, restlessness, itching and burning, requires *Rhus* for its cure.

*Herpes Zoster*.— In herpes zoster *Rhus* generally cures the zone without the supervention of neuralgia. Dr. J. C. Burnett reports two cases of herpes zoster cured with *Rhus* 3.

*Urticaria*.— It is likewise curative in urticaria, caused by getting wet. It is accompanied with high fever, itching, burning, and rheumatic pains, better from continued motion.

*Eczema*.— Inner side of thighs, particularly after vaccination, with much itching and thirst; with thick moist crusts and nightly aggravation, requires *Rhus*.

CASE CCLXXIII. Seventy-five per cent of all the cases of eczema simplex in the Half-Orphan Asylum have been cured by the internal administration of *Rhus tox.* or *rad.* Dr. S. P. Hedges.

CASE CCLXXIV. Eczema rubrum. Lower extremity dark purplish, emitting a musty odor, copious serous discharge, intense burning and itching. Cured by *Rhus*. Dr. P. H. Arcularius.

*Acne*.— *Rhus* is valuable for acne of hard drinkers or persons addicted to sexual excesses; for boils and carbuncles in similar persons when attended with great restlessness, and aggravation during rest; for *whitlow*, with erysipelatous inflammation of the affected part, and a rheumatic condition of the body.

CASE CCLXXV. Erythema nodosum. P., aged sixteen, badly nourished, over-worked sewing girl, came in great fright on account of a severe attack of erythema nodosum on both legs. Showed itself yesterday in the form of one large painful protuberance over each tibia; to-day there are three on each leg. *Rhus* 3 caused the eruption to disappear in four days. *China* 3 was afterwards used for the debility and amenorrhœa. Dr. J. L. Newton.

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#### CARBOLATE OF IODINE.

In reply to the inquiry: "What is *Carbolate of Iodine*?" I send you Dr. Percy Boulton's formula.

*Tinct. Iodini. Comp.*, fl. drachm j.

*Acid Carbolicæ*, Min. vj.

*Glycerinæ*, fl. oz. v.

M. *Aquæ*, fl. oz. v.

The solution soon loses its *Iodine* color, becoming clear and colorless. It is used for inhalation."

NEW REMEDIES.

## Medical News.

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**Dr. J. E. Gross** has, it will be seen, purchased the interest of Seebach in the Northwestern Pharmacy. What the medical profession loses the pharmaceutical will gain.

### Removals.

Dr. F. W. Flower, from Corydon to Allerton, Iowa.

Dr. E. D. Doolittle, from Morristown to New Brunswick, N. J.

Dr. W. L. Day, from Manchester, Ohio, to Poplar Flat, Ky.

"**Blue and Sun Lights**," by Gen. A. J. Pleasanton, he quotes, upon page 26, in a foot-note, from a letter written by Dr. G. M. Pease to Mr. Geo. A. Sloan, the author of "Life under Glass," and printed in *The Boston Transcript*, Sept. 8, 1874, but does not give Dr. Pease credit for it. Some years ago we printed an article from Dr. Pease, in which his experiments antedate those of Gen. Pleasanton. Credit to whom credit is due.

### Died.

**Dr. M. Mayer Marix**, of Denver, Col., died very suddenly on January 19th.

Dr. Peter Faulkner, father of Dr. R. W. Faulkner, author of the *Repertory in Boericke & Tafel's Physicians' Diary*, died at Erie, Pa., aged eighty-three. For thirty-one years he was a prominent Allopath, and then became a Homœopath. For years he was the leading physician in Erie.

**Homœopathic Ammunition.**—The following successful pamphlets: "Which Medical Practice?" "Experience;" "Facts, Fallacies and Claims;" "Why Lower Rates to Homœopaths?" "Homœopathy in the Michigan State Prison;" "About Dividends," can be obtained gratuitously, on application, at the office of the Homœopathic Mutual Life Insurance Company, No. 231 Broadway, New York City. Also a new tract, entitled, "The Philosophy of Homœopathy," by Wm. H. Holcombe, M. D., of New Orleans.

**The Chicago Homœopathic College** held its first commencement March 5th, 1877. Degrees were conferred on the following:

Ceylon S. Carr, Pennsylvania; Charles W. Carrier, Illinois; Lyman E. Carrier, Illinois; Elliot W. Currier, Illinois; George W. Fisher, Michigan; Edward G. Folsom, New York; Helen A. Heath, Illinois; E. E. Hutchinson, Wisconsin; B. F. Little, Pennsylvania; Fred R. Mosse, Wisconsin; Julia Holmes Smith, Illinois; Julia H. Spalding,

Pennsylvania; Charles A. Stone, Illinois; R. Abbie Underwood, M. D., Illinois. *Ad-eundem*: Ferdinand Bernier, M. D., Province of Quebec. An address was made by Prof. J. S. Mitchell. Prof. W. H. Woodyatt delivered the valedictory, and E. W. Currier responded in behalf of the class.

**In Memoriam.**—I never saw his face—I never heard his voice; but his face to me is as the face of an angel, and his voice is as the music of the lyre of Orpheus. I shall miss him; not as one who leaves his home—not as one is missed by those to whom he has personally ministered in a thousand nameless ways, and then, gathering his robes about him, lies down to his last sleep. No, not so. I shall not miss the pressure of a heart-warmed hand, but I shall miss him as the drooping plant misses the refreshing dew, or as the fainting heart the cheering accents of love. Carroll Dunham is here no longer to furnish food for thought—no longer, with keen, analytic touch, to unlock the mysteries of the healing art—no longer to cast over the entire brotherhood the mantle of charity, wide as the race. And yet, he is here, in the record of the past, and that record is not likely to be lost, in the years that are to come. That the distinguishing characteristics which shone so resplendently in the life of that superb man, may serve to stimulate those who tread the same path, and who, with less of strength, contend for the same prize, I am sure is not only the wish of the writer, but of thousands of others, who, like him, do mourn.

J. K. C.

**The Hahnemann Medical College and Hospital, of Chicago,** February 22, conferred diplomas on the following: John S. Allen, Illinois; James O. Ackermann, Wisconsin; Edwin E. Atkins, Wisconsin; Charles T. Barnes, Illinois; George S. Barrows, California; Henry N. Baldwin, Illinois; C. A. Beverly, Illinois; W. T. Branstrup, Indiana; F. B. Brewer, Illinois; J. Brewer, Illinois; William Harris Caine, Minnesota; Daniel E. Cranz, Ohio; Robert Cauch, California; Caroline E. Daniels, Illinois; James Scott Daniels, Wisconsin; Herman Falk, Tennessee; T. R. Grow, Illinois; R. L. Harris, Iowa; J. W. M. Hawes, Wisconsin; George Whitfield Hilton, Illinois; John N. Hummer, California; Edward A. Ince, Illinois; Lizzie P. James, Illinois; Sheldon Leavitt, Illinois; Marion F. Martin, Illinois; Henry P. Mowry, Michigan; Cornelius Myers, Indiana; William Fred Morrison, Illinois; Sigismund D. Neve, Illinois; Charles B. Pillsbury, Illinois; Henry W. Roby, Wisconsin; James W. Rockwell, Ohio; Isidor Sax, Illinois; C. H. Seymour, Iowa; Electa Rossman Smith, Wisconsin; Zephraiah W. Shephed, Michigan; William A. Shephard, Illinois; James A. Stringham, Michigan; Fremont Soans, Ohio; Mary Sorenson, Illinois; Warren E. Taylor, Wisconsin; Warren H. Thomas, Indiana; John H. Timken, Missouri; Jackson B. Whittier, Wisconsin. The valedictory was delivered by Professor G. A. Hall. The class farewell was delivered by H. W. Roby. A banquet at the Grand Pacific closed the exercises.



THE  
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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

NEILLSVILLE, Wis., March 17.—It is very healthy here now; has been so since last June. J. H. MARSH.

GOSHEN, N. Y., March 12.—We have had measles, any amount of them. Early in the season they were very light, but lately are very severe. Pneumonia, rheumatism—during a few warm days, chills and fever, seem the prevailing diseases. A. M. WOODRUFF.

CHICAGO, March 22.—Scarlet fever is still quite prevalent. The severe form of the disease in thin children is cerebral, while in fleshy ones it is anginal. A typhoid type of fever is making its appearance which either *Bry.*, *Baptisia* or *Rhus* arrests in a few days. The cephalalgia and prostration, often met, are ominous. T. C. D.

UNIONTOWN, Pa., March 13.—“Diseases going round” here, measles, mumps, chicken-pox, scarlatina, pneumonia, catarrhal fever. A great deal of sickness since the January thaw. Our town is within two

miles of the mountain, and snow is yet to be seen on its summit. Some cases of measles, complicated with pneumonia. *Phos.* and *Lyc.* are the remedies. In one case, true pneumonia, *Rhus tox.* cured. The sputa resembled "prune juice." Of course the other symptoms agreed. *Bell.* 200, followed by *Sulphur* 500, cures scarlatina.

A. P. BOWIE.

BALTIMORE, Md., March 12.—We have had *scarlet fever* here continuously for about two years. It infested the city in spots. Sometimes in certain localities it would be very malignant, while in other parts of the city there would be entire immunity for a time, when that district in turn would suffer, while other parts of the city would be exempt. Sometimes I would have quite a number of cases, then again, for two or three months I would not see a case. With me, the single remedy is the rule, alternation the exception; but I guess many of us alternate when brought face to face with a malignant disease like scarlet fever. I soon settled upon *Apis*, 30 dec., and *Bell.*, 35 cent., every hour, in alternation, and have been so well satisfied with it that I rarely have occasion to use anything else except for sequela. For parotitis or swelling of any other of the glands of the neck *Merc. bin.* 3, or *Phyto.* 12. For the usual symptoms of *Arum tryph.* I first gave it low, 1st to 3d, without a particle of effect. I now use the 200th with excellent results. I once gave *Apis* 3 and *Bell.* 12, to a child with scarlet fever. It soon began to rock its head from side to side at such a rate that it couldn't sleep all night. I gave the higher dilutions mentioned, and in a few hours the rocking ceased.

We have also had measles all winter, but the epidemic seems to be very mild, or else the remedies more effectual than usual. I seldom have occasion to give anything but *Gels.* I generally use the 7x, because I have it with me, and my son the 30th, for the same reason. I consider *Gels.* decidedly more Homœopathic to both measles and rubeola than *Acon.* or *Puls.* Under *Gels.* the sensitiveness of the hiccough and rawness of the throat disappears much sooner than under the old remedies.

Ice water is very apt to produce pain in the stomach, which I have found nothing but *Causticum* to cure. In both scarlet fever and measles, about ten or twelve days after the eruption breaks out, if a warm bath is used one night, and a tepid bath the next, and the dead skin well rubbed off each time. Be careful not to keep the child exposed long to the air. Wrap it up and put it to bed. After being

so treated, the case is very seldom followed by any sequela. We have had a few cases of rubeola or rotheln. ELIAS C. PRICE.

### CONSULTATION CASES.

#### DR. MOSELEY'S CASES.

The symptoms of remedies being taken from Hering's Condensed Materia Medica.

CASE I. *Rhus tox.*—Erysipelatous inflammation. Erysipelas. Hardness of the skin, with thickening urticaria; from getting wet; during rheumatism; with chills and fever; worse in cold air. Burning, drawing, tearing in the face; teeth feel too long; restlessness; erysipelas from left to right; face dark red, covered with yellow vesicles; burning, itching and tingling with the stinging. Worse in cold, open air, cold, wet weather, getting wet or damp in cold places.

*Dulcamara.*—Face bloated. Thick, brown, yellow crusts on face, forehead and chin. Nettle rash, with much itching; after scratching it burns; increases in warmth, better in cold. Retrocession of eruptions from exposure to damp, cold air.

CASE II. *Mercurius prot. iod.*—Throat dry, with frequent empty swallowing. Easily detached patches on the inflamed pharynx and fauces; worse on the right tonsil; salivary glands much swollen; fetid discharge; much tenacious mucus in throat; hawking causes gagging. Sensation of a lump in the throat.

I have treated dozens of cases of tonsillitis successfully with this remedy. I use the 200th potency, given every two hours till better, then lengthen the interval, and finally discontinue.

In reply to Dr. J. C. Lewis' case of angina pectoris I would add:

*Cactus grand.*—Sensation of constriction in the heart, as if an iron band prevented its normal movements. Palpitation with vertigo; loss of consciousness; dyspnoea. Dull, heavy pain, worse from pressure; suffocating respiration; oedema of left hand, and limbs up to knees. Irregularity of heart's action.

*Bryonia.*—Cramp in region of heart aggravated by walking, raising one's self, or slightest exertion. Heart beats violently, at times intermits. Worse on sitting up in bed; better on lying down, especially on painful side.

*Pulsatilla.*—Catching pain in cardiac region. Better from pressure of the hand. Palpitation, in violent paroxysms, often with anguish

and obscuration of sight; trembling of limbs from chagrin, fright or joy; palpitation, with anæmia chlorosis. Palpitation strong, with suppressed pulse. *Worse* from lying down, must sit up. Better from slow motion (walking) worse when quiet.

Some of these symptoms are taken from Lippe's *Materia Medica*.

M. M. WALKER.

SPECIFICS FOR MEMBRANOUS CROUP AND DIPHTHERIA.

Will H. D. Pramer, of Mason City, Iowa, who recommends (in Feb. 1, 1877 UNITED STATES MEDICAL INVESTIGATOR) *Sulph. acid* in membranous croup; *Nitric acid* in diphtheria; and *Chloride of Potash* as specifics, please tell us in what potency, dose, etc., the doctor used these remedies, and if the doctor gives them according to any special indications we would be glad to know what they are, so that we may receive, as the doctor has testified "valuable information from THE UNITED STATES MEDICAL INVESTIGATOR."

MUNCIE, Ind.

E. BECKWITH.

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QUERY.

Will Dr. LeRoy Fisher give us the nature of the evidence upon which he diagnosed the case of genuine Bright's Disease, which he cured with *Helonias* and *Kali carb*? And will he also state how long a time the said lady has been cured, and what the analysis of urine shows at this time?

PEKIN, Ill.

S. J. BUMSTEAD.

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DR. GRANT'S CASE.

Page 171, Feb. 15th number, of THE UNITED STATES MEDICAL INVESTIGATOR, reminds me of a case I was called to see, April 1st, 1875. The patient was a boy about six years old. His abdomen was enormously enlarged, of a bluish color, and covered with tortuous varicose veins, one over the linea alba as large as my little finger; limbs, and other parts of his body very much emaciated. It was evident that the abdomen was filled by a tumor of some kind. He had been under Allopathic treatment for a long time. I could give them no encouragement, but the parents wished me to take charge of the case. He lived twenty-six days after I saw him. I tried very hard to get permission to make a post-mortem, but could not. His previous medical attendant, hearing of his death, called, and at the last moment before the funeral, got permission to examine him. A

large tumor was found, which had grown from the fundus of the bladder, and was attached by numerous adhesions to the internal viscera. The doctor removed it, and took it home for examination. It weighed twelve and one-half pounds. Microscopic examination proved it to be medullary sarcoma.

BALTIMORE, Md.

ELIAS C. PRICE.

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COUNSEL SOLICITED.

Any information through the columns of THE UNITED STATES MEDICAL INVESTIGATOR, or from private communication, as to what shall be done for the following case, will be gratefully received :

CASE. Mrs. S—, aged sixty-six; height five feet two inches; usual weight one hundred and six pounds. Brown hair, blue eyes, nervous temperament. Has been a smart, stirring, hard working woman, the mother of five children. In years past has suffered with severe nervous headache; has also suffered occasionally with erysipelas in left ankle, last attack occurring in June, 1876, and yielded to *Ars*. In August, 1876, she was taken with a "catch" between the shoulders, so that any flexion of the neck gave rise to a severe smarting, drawing pain at the seventh cervical vertebræ. Also being troubled somewhat with indigestion and nervous prostration. She went to Boston on a visit, thinking the rest and change might be beneficial. Two weeks of her visit were spent in a new brick house, which was quite cold and damp, no fire ever having been in the house, except in the kitchen. Was taken much worse on her way home aboard the steamer; could not dress herself without assistance, or stoop to lift anything. Soon after arriving home was obliged to take her bed. When I met with her attending physicians the 1st of October, the following symptoms were present: Severe heat and burning pain between the shoulders, with great nervous excitability and vascular excitement; sensation as of scalding water rushing through the veins and trying to escape through the ends of the fingers; burning pain in elbows, symptoms greatly aggravated by the slightest movement; heavily coated tongue; bitter taste; gums spongy, bleeding easily; troublesome hæmorrhage from teeth removed a week previous; cold, clammy perspiration; rapid prostration. The following remedies had been administered in the order here named. *Rhus tox.*, *Sanguinaria*, *Phos.*, *Arsenite of Quinia*. *Ars. alb.* 200 was prescribed at this time, which with the aid of a few doses of *Carbo veg.* 200 when indicated by very fetid exhalation

tions, so far ameliorated the symptoms that in a few weeks she was able to be taken from the bed and bolstered up in an easy-chair, two hours at a time, but not without great suffering, as every movement of the head and arms aggravated that characteristic; burning, drawing pain in the seventh cervical vertebræ and shooting down the arms. December 14th patient began to complain of sharp pain in left hip and knee on being moved, and on the 21st of December, as she was attempting to bear a little weight on her feet, it was discovered that the shaft of the left femur was fractured near its middle. The bone united and the splints were removed in six weeks, during which time *Calcareæ phos.* was administered. March 15th. Saw this patient last, three weeks ago; found her taking *Placebo*, her attending physician entertaining no hopes of her recovery. Patient is hopeful usually; at times feels discouraged, imagines no one cares for her, and weeps; is very irritable; cannot bear to be left alone, great fear or dread of being moved, yet has to be moved very often to relieve the sensation as if the bones were cutting through. Head feels well except an occasional flying pain over the eyes. Face pale, slightly bloated, circumscribed redness of one or both cheeks, at times feel cool to the touch. Tongue clean and red, sensitive to salt. Appetite good, not as much belching as when in usual health. Bowels very costive, moved only by enema. Extremities feel heavy, right foot often cold; left foot hot and burning, seems to be a good ways off—cannot tell where it is. Fingers partly flexed and immovable, owing to rigidity of the tendons; bright pink spots on the palms of the hands. The patient is taken from the bed daily upon a sheet, placed upon a couch and moved into the sitting-room in order to experience the benefit of the sun's rays falling through plain and colored glass. She sleeps very well some nights, but awakes with a start and complains bitterly; other nights is very restless and demands constant attention from the nurse. She appears much better some days than others, but is never free from the burning, drawing pain between the shoulders, and any attempt to raise her into a sitting posture greatly increases her sufferings. *Arn.* high was the last prescription.

SOUTH WINDHAM, ME.

W. H. SIBLEY.

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ON ELEPHANTIASIS.

Will some of the readers of THE UNITED STATES MEDICAL INVESTIGATOR be so kind as to give in this journal an article on elephantiasis and its cure?

C. S.

## DR. O. D. KINGSLEY'S CASE.

I kindly refer you to my letter in the February 15th number, in which I suggested "*Kreosotum high*, also a mild solution of the same," (meaning a mild solution of *Kreosote*), not *Iodine*. D. A. H.

## D. G. WILDER'S CASE OF ERYSIPELAS.

I would suggest *Apis* to be substituted instead of *Rhus*, and *Merc. sol.*, in place of *Graphites*, and I deem it proper to remark right here that *Apis*, *Bell.*, and *Merc. sol.* will cure any case of erysipelas, chronic, or otherwise. D. A. H.

## DR. J. H. MOSELEY'S CASES.

CASE I, Vol. V., page 225, please examine *Dul.*, *Rhus tox.*, and *Sepia*. (Use high).

CASE II. I have had good results from *Baryta carb.* and *Kali hyd.*  
LYONS, Mich. A. B. GRANT.

## REPLY TO DR. MOSELEY.

I would suggest to the doctor that he try *Baryta iod.* 3x trituration, for his case of tonsillitis. Of *Baryta carb.* Dr. Hughes says: "I know not who first recommended *Baryta carb.* in true quinsy (tonsillitis), but it is one of the prettiest bits of practice I know. I have never failed to check by its means the progress of the disease, when taken in time, so that the engorgement subsides without going on to suppuration." My experience with tonsillitis has led me to believe that *Baryta carb.* is superior to all others as a single remedy — in the treatment of this disease. I think, however, that *Baryta* does more than simply cure acute quinsy (as Dr. Hughes says), but is decidedly beneficial in chronic cases. My success with this remedy had been so uniformly gratifying that I had come to regard it as almost infallible, yet was mistaken, as the following case will show:

J. C —, a girl, aged sixteen, had suffered for several years past, repeated attacks of tonsillitis, brought on each time by catching cold, and however slight the cold might be, the tonsils were certain to suffer. Some two months since she consulted me, the glands being enormously enlarged, causing considerable difficulty in eating and drinking, while respiration, too, was somewhat embarrassed. During the next forty-eight hours I administered *Bell.*, *Baryta*, *Apis*, *Merc.*,

and other remedies—my patient rapidly getting worse. I proposed at this stage, to remove by means of the guillotine, a portion of one or both glands. The mother, however, objected so strongly that I concluded to try another remedy, and did so, using *Baryta iod.*, 3x trituration, one powder (ten grains) in one-half glass of water, two teaspoonfuls every five minutes until easier—then at longer intervals. In an hour she felt much easier, and in a few days was quite well. A week later, the tonsils began to enlarge again, but the timely use of the remedy dissipated the trouble at once. I was led to give the remedy mentioned by reading the following, by Dr. E. M. Hale:

“Several years ago it occurred to me that the chemical union of *Iodine* and *Baryta* would form a medicine whose effects would be just what we desire in the treatment of cases of glandular enlargement, with a tendency to induration. I therefore procured some freshly prepared *Iodide of Baryta*, and prescribed it in hypertrophy of the tonsils. The result was very gratifying. It effected a rapid diminution in the size of the glands, even when they had been indurated for some years.”

ST. LOUIS.

J. MARTINE KERSHAW.

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### ON THE PROPHYLACTIC TREATMENT OF SCARLATINA.

BY A. L. FISHER, M. D., ELKHART, IND.

When I read much that is written in the prophylactic treatment of scarlatina, I cannot help thinking that many of our physicians are losing sight of Homœopathy, and prescribing for a name, instead of individual cases.

It is an undoubted fact that *Belladonna* has, in innumerable cases, been an almost perfect preventive. On the other hand, it has been perfectly powerless to prevent, or even modify the disease in the least, although it was faithfully administered to hundreds, yes, thousands of individuals liable to exposure to the infection. This seeming contrariety is easily explained. Why did Hahnemann recommend and use *Belladonna* as a prophylactic against scarlatina? Simply because the drug corresponded, in its totality of symptoms, to the smooth, scarlet, erysipelatous, glassy scarlatina, as described by Sydenham. To the affection as it then existed, *Belladonna* was the simillimum, therefore preventive.



Other physicians, who did not comprehend the law of similars, gave *Belladonna* to cases of purple rash (Roodvonk) which they called scarlet fever, and, as it did no good, they sneered at Hahnemann, and pronounced *Belladonna* worthless as a prophylactic against scarlet fever!

And physicians of to-day are giving this drug to prevent all cases of disease called scarlatina. In some cases it seems to be beneficial; in many others it is powerless to do good, or else does harm. To the first it is Homœopathic, to the latter it is not. I have passed through only three epidemics of scarlet fever. *Belladonna* was not indicated, nor was it administered (except as an intercurrent, occasionally) in the treatment of any of these. It was given as a prophylactic, however, to many children, but with very unsatisfactory results; several to whom it had been given taking the disease in a severe form. The time will come when Homœopaths, by carefully studying the *genus epidemicus*, and applying thereto a remedy covering the characteristic or peculiar symptoms that exist in all cases (as can be done in all epidemics of great intensity), will be able to prevent very many cases of disease that would otherwise occur. But *Belladonna*, or any other remedy, will never be a prophylactic against all epidemics of scarlatina.

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#### THE THERAPEUTIC HINTS.

The February 15th number, of THE UNITED STATES MEDICAL INVESTIGATOR may be called the scarlet fever number. Three points I would notice:

1. In the very beginning of scarlatina, *Gels.* is the simillimum of many cases. "Heat, with sleepiness, and flushed face; sore feeling in the throat." It seemed to abort one case in twenty-four hours.

2. The late Dr. Williamson, Sr., of Philadelphia, used to say that *Rhus tox.*, not *Bell.*, is now the typical scarlatina remedy—the vesicular roughness, and dark redness, showing this.

3. Physicians generally loosely refer swellings in the neck to the parotid and submaxillary glands. Usually the swelling is in neither. Both are encased in stout capsules, outside of which lie *lymphatic glands*, which inflame and swell.

After *Rhus*, *Lach.*, etc., *Ars.* is often soon required.

ANN ARBOR.

J. C. M.

*PETROLEUM IN CATARRHAL COMPLAINTS.*

I have found great benefit from Prof. A. W. Woodward's timely suggestion of *Petroleum* 200. In two severe cases of catarrhal complaints, sneezing, spasmodic cough, worse at night after lying down, and at 2, 4, or 6 o'clock A. M., lasting four to six hours; each spell with rapid sinking of strength; violent coryza; expectoration; great weakness; chills alternating with flashes of heat in the face from coughing; violent, cutting pain under the sternum and in the back. Patients seem to contract new colds daily—which creates great secretions of glairy mucus, accompanied with rawness and soreness of chest. After having exhausted all my skill, and gone through the whole catalogue in the selection of a remedy, *Petroleum* relieved at once, and I am confident that this remedy will do us a great deal of good in our present state of health.

SAN FRANCISCO, Cal.

D. A. HILLER.

*HOW TO CURE FEVER AND AGUE.*

Perhaps some of the numerous readers who semi-monthly scan this most valuable journal would like to learn from its pages a new way to cure fever and ague with *Quinine*. Call it endermically if you please. A new way, I said. Beg your pardon. It is an old way of Guatamachia's, perchance, however, new to some of us. Who Guatamachia was, I have forgotten now, and do not care to hunt up his antecedents, etc.

The way is this: Take eight grains of *Chinin. sulph.*, dissolve in one-half ounce of *Alcohol*, and rub in this entire solution on the back, about the spine, at two sittings, half an hour apart, a short time before the expected chill, *probatum est*.

Those who don't like to give or take *Quinine* by the mouth, I know they are numerous, and still are more or less wedded to it, may find it an easy way to avoid the bitter taste.

F. F. DE DERKY.

*ON MEDICAL EXPERIENCE.*

GIVE US EXPERIENCE ACCORDING TO SIMILIA.

It is a very common habit of some physicians to call attention to their experience whenever they wish to impress the importance of their teachings upon the profession. Experience does not come with age

The greatest nonsense ever heard, falls very frequently from the lips of the hoary-headed. If a man's philosophy be correct, he need never hide behind grey hairs nor years of unremitting toil. I shall take the risk of contradiction when I say that the average Homœopathic physician, who has practiced two years, prescribing the single remedy upon the Homœopathic law, has gained more experience than another average Homœopathic physician who has practiced five years dual, triple and quadruple remedies in rapid alternation. I will prove this further on. I wish, in passing, to partially review Dr. M. M. Eaton's article, (page 177, February 15th number, of THE UNITED STATES MEDICAL INVESTIGATOR), and will review it in the same spirit with which, I trust he will, in the future, review any article of mine.

The doctor gives the following as a sure prescription for the cure of diphtheria; and this too in answer to a brother who, in a former number of this journal inquired for a remedy. I will formulate the doctor's prescription so as to more readily make it catch the eye. The character of the prescription is unchanged:

“ *Aconitum n.* Q. V. 3x.

*Chloride of Potass.* Parv. 1x.

M. *Aquæ Font. Comm. fl. ozs.* ij.

D. *Colch. Parv. Omn. Hor.*

“ After twelve or twenty-four hours (the even numbers perplex me,) give

*Belladonna,* Q. V. 3x.

*Chloride of Potass.* Parv. 1x.

M. *Aquæ Font. Comm. fl. ozs.* ij.

D. *Mor. Sol.*

“ If great prostration is present, I give

*Arsenicum a.* }  
*Veratrum vir.* } Q. V. 3x.  
*Cinchona off.* }

*Chloride of Potass.* Parv. 1x.

M. *Aquæ Font. Comm. fl. ozs.* ij.

D. *Mor. Sol.*

“ In the very worst cases, to the above add

*Iodine,* grs. ij.

M. *Aquæ Font. Comm. fl. ozs.* ij.

*Admovo,*— with camel's-hair brush. Bis. Ind.

“ Using (also) the *Iodine* by inhalation in cases where the larynx,

trachea, or bronchia are apparently (?) obstructed with the membrane. In convalescence

*Nux vomica* 6x.

(?) M. *Phosphorous* 6x.

D. (?) Mor. Sol."

Well should the poor patient survive this *treatment*, what cured? What experience has the doctor gained? Nothing save experience in *miscæ*. I cannot see how a Homœopathic physician can prescribe for a given disease. If some prominent symptoms or peculiar aggravations of the disease be given, it is not only possible but often quite easy to make an accurate prescription. For instance, were I called upon to prescribe for a case of diarrhœa, with aggravation at 4 or 5 A. M., the call to stool always driving the patient out of bed, I should at once think of *Sulphur*, and a careful examination of the case would probably prove the thought correct. But if the aggravation occurred on rising, the exact period of aggravation depending upon the time the patient got out of bed, *Natrum sul.* would first come to my mind. I do not wish to be understood as prescribing for a single symptom. When a case presents, we are apt, and properly so I think, to seek for some prominent mental or corporeal symptom, which, from its peculiarity, attracts the attention to similar peculiarity in the pathogenesis of some drug, where we will find a complete picture of all the symptoms in the case. A prompt, sure and safe cure is always effected by this means, while, by the doctor's method, the patient is subjected to many pitfalls. Relapses are much more frequent, sequelæ almost certain, and complete restoration slow and retarded. The doctor makes no provision for the great variety of symptoms present in different members of the same family, and still greater variety which are present in different epidemics, in different neighborhoods, and in different families.

But to return again to the article. We are assured that Dr. Potter, of Maquon, endorses this sure cure *for* diphtheria. The doctor continues: "For seven years I have used this plan of treatment, before that, eleven years in the Old School." The phraseology of this sentence, like many others in the article, not being English, the most charitable view I can take of it is, to call it Latinized. "I have depended largely (the doctor should have given the exact proportion), on *Chloride of Potass*, as a gargle, and given *internally* the local (?) application of *Solu. iod.* and, of course giving *Quinine sulph., tinct. Ferri murias, internally* (?) The italics, except for medicines, are mine. I fear

the compositor raised the mischief with the doctor's manuscript. The prescription I cannot formulate; but from the sequel I must suppose it to be Allopathic at best, and of course differs from the foregoing Homœopathic (!) prescriptions. Still there is a bond of union between the two — *Chloride of Potassa*. The doctor further says: "Still, even with this treatment, I have never lost a case. I wonder at it myself." *Sic*. Which ever treatment then, Homœopathic or Allopathic, the result is the same — *no losses*. With this slight exception, there is a little margin in favor of the Homœopathically treated patients. This I must confess, is severe on Homœopathy. But now for some experience. The doctor thinks the membrane *poison-ous* because it has killed a chicken. Well what will kill a chicken ought certainly to kill a baby, unless, perchance, the baby has taken one of the above prescriptions.

But I happen to now have

#### A CONTRARY CASE:

A young lady, aged seventeen, at boarding-school, took diphtheria Saturday, February 24, 1877. Symptoms: High fever; flushed face; throbbing in arteries of head and neck, pulse 120; pain in all the bones, particularly in the spine and occiput; restless, and thirsty for cold water; pain, swelling, and membrane began in *left side*; aggravation of pain from *hot drinks* and from *external touch*. Amelioration from *cold drinks*. Examination showed nearly a continuous membrane over left tonsil, with the dew-drop appearance on right. She had *Lachesis*, high, in water, a teaspoonful every hour till improvement set in — then discontinued. The whole membrane of left side sloughed on the night of the twenty-sixth, during her sleep and was swallowed. She convalesced nicely and was dismissed cured on March 2d, *with no sequelæ*. She had nothing to disinfect her stomach save plenty of beef tea and rich creamy milk — nothing to neutralize the poison save *Lachesis*. I wish to be understood as saying, "that whatever the disease, the Homœopathic or specific remedy is *both the disinfectant and prophylactic for each individual case*." I do not advise the use of *Lachesis for diphtheria*. It will however cure all cases of it where the above *symptoms* are prominent — provided, always, that the patient be not already moribund, that *no alcoholic stimulants whatever* are allowed, and that the patient partake *largely of beef tea and milk*. I wish here to enter a protest against the habit so many physicians have, of giving *Aconite* where there is fever. The fever present in all cases of acute disease is only *one symptom*, and generally goes but little way in making up the

disease-picture. *Aconite* is no more indicated in fever than *Bell.*, *Bry.*, *Gels.*, *Rhus tox.* or any other remedy. Each may be indicated, in a given case, by the totality of the symptoms. In diphtheria *Aconite* can never be indicated, because it does not produce the leading symptoms of that disease, nor those conditions which result in membrane. The remedy which is indicated, like the *Lachesis*, in the above reported case, cures the fever, along with all the other symptoms, in the shortest possible time. I have reported a single case to prove, first, that swallowing the membrane is not fatal and does not necessitate any antidote save the remedy indicated in the disease; second, that there can be no prescription nor remedy for *diphtheria*. In other words the name diphtheria suggests nothing.

Finally, the doctor gives his experience in cerebro-spinal meningitis. It is difficult to understand how he lost four patients in one family in a week, when two of them were dead before the doctor saw or treated them. He thinks however that *Chloride of Potassa* cured nineteen-twentieths of all his subsequent cases of cerebro-spinal meningitis. It was also the most potent factor in the treatment of diphtheria. Hence the *Potassa* is a kind of panacea. But he completely ties the hands of all Homœopathicians by withholding both the general and specific symptoms of the drug. We must know the toxicological and pathological effects of a drug before we can intelligently and scientifically apply it in the cure of disease.

It is very severe of the doctor, after tantalizing us with the *quality* of his patients, to close his dissertation with a fling at their superior number, and also shake in our faces his eleven years experience in the practice of Allopathy. I must say the grandest blunders in diagnosis I have ever seen made, were perpetrated by members of that school of medicine which represents the doctor's eleven years experience. A mistake in diagnosis is of minor importance to a Homœopathist, provided he diagnosticates the specific remedy; but to an Allopathist a mistake in diagnosis is necessarily a much *graver* matter. It certainly is a very great misfortune that any physician practicing Homœopathy ever studied or practiced Allopathy. There is not one in twenty who, having so practiced, does not drag into the Homœopathic practice some Old School customs and notions, *none of which* have tended to elevate the standard of Homœopathy. The habit of alternating Homœopathically prepared medicines, is a direct outgrowth of old physicians. In the one case the different medicines are shaken together in a bottle, in the other the patients stomach is the crucible which receives the

miserable compound. To give two or more remedies in rapid alternation *for a disease*, is simply potentized Allopathy. The experience gained from such un-Homœopathic treatment is *nil*.

NEW YORK.

A. M. PIERSONS.

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## Children's Diseases.

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### *ON SCARLET FEVER AND RHUS TOXICODENDRON.*

I enjoy reading THE UNITED STATES MEDICAL INVESTIGATOR exceedingly, and as you ask for contributions on scarlet fever, will refer you to a very able article by the late Walter Williamson, read before our Philadelphia County Society in 1867, and published in *Hahnemannian Monthly* in March of the same year. The treatment there given has helped me out many a time. In the discussion among your physicians in the February 15th number, I am surprised that so many hinge on *Bell.* when *Sulph.*, *Rhus tox.*, *Bry.*, *Arsen.*, *Arum triph.* and *Croton tig.* are so very important. In an epidemic in 1874 and 1875 *Rhus tox.* was the remedy for most cases. In Germantown two other practitioners and myself had over sixty cases each with a loss of but three patients each, giving us a mortality of less than 5 per cent. while our Old School brethren lost three in a house in some instances, and probably 25 to 40 per cent. *Rhus tox.* is so important here that I give it in more cases than *Bell.*, I think of it as soon as I see a case.

Whatever remedy I am using in a family for one case I give the healthy ones as a prophylactic, as Williamson recommends. I find better success than some of your physicians speak of, where *Bell.* is their ideal. I seldom give lower than 200, and refer you to an article of mine March, 1876, *Hahnemannian Monthly*, where I report the treatment of sixty-four cases, and several followed by albuminuria. This latter is so perplexing a disease, as the patients seem so barren of symptoms to mention, and the disease so fatal that I give pretty thoroughly the treatment of albuminuria, while I studied up for several months. I also refer you to May, 1875, page 466, *Hahnemannian Monthly*, of a case successfully treated by me with *Rhus tox.* 10,000, (Fincke), in a family where an Old School physician lost a similar case, in four days.

*Rhus tox.* will produce an eruption, fever, desquamation, ulcerated corners of mouth, exactly as scarlatina does, for I have seen it on one of my patients, a boy who lived in the woods where plenty of the vine grew, and was poisoned nigh unto death by it once. Is now fourteen or fifteen years old, has never had scarlatina, nor been severely poisoned since his grand eruption, although it shows on hand, thighs and arms, and an uncomfortable degree if he plays in the vicinity of it. I have a cousin, (a lady), who cannot drive past it on a damp day without being poisoned with it; in her it assumes the erysipelatous form, swelling her face beyond recognition, fever, hysteria, desquamation and some typhoid symptoms, so restless she cannot keep still. Affects her eyes, and had, no doubt, something to do with a spinal affection, which has yielded to *Puls.* 1000.

I am anxious to hear more about *Sulpho Carbolate of Soda.*

M. M. WALKER.

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#### EXPERIENCE IN SCARLET FEVER AND DIPHTHERIA.

BY H. KNAPP, M. D., VIRGINIA, NEV.

Dr. Ad. Lippe, of Philadelphia, inquires in January 15th number of THE UNITED STATES MEDICAL INVESTIGATOR, (Vol. V, No. 2), "what were the indications for *Muriate of Iron*, crude doses in a case of diphtheria reported by me, in the December 15th number, of THE UNITED STATES MEDICAL INVESTIGATOR, (Vol. IV, No. 12), and why milk punch and gargle of *Alcohol* and water were used; and why *Apis.* was given when improvement had begun."

It was not "crude *Muriate of Iron*" that was used, but the tincture of the *Chloride of Iron* made of a solution of *Chloride of Iron* and *Alcohol*, commonly called *Muriated Tincture of Iron*, which was diluted in water and given in doses of about half a drop—not very "crude."

But if it is insisted that such a dose is "crude" I answer that the "indications" same as given by one, Dr. Samuel Hahnemann, for the use of repeated doses of strong coffee in a certain case to "reanimate depressed irritability." Thus, according to my "individual judgment, based on my own experience," as taught by Dr. Lippe in his excellent article on diphtheria in the August 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, (Vol. IV, No. 3), I advised and used half drop doses of the *Muriated Tincture of Iron* to "reani-



mate depressed vitality and enable the organs to resume their healthy functions," though the necessity in my case was more urgent than Hahnemann's, "reanimating depressed vitality." (See *Organon*).

The milk punch was given for nutriment, and the gargle to cleanse the throat from putrid matter, and prevent, as far as possible, its absorption into the blood. The *Apis* was given, probably for the same reason that Dr. Lippe gave "*Phos.* and *Kali carb.* after improvement had begun," in his model case of "Shakespeare" on the brain, wherein he essayed a quixotic tilt on Dr. Hughes and "sick physiology."

After giving *Lachnanthes tinctura* 74,000, (Fincke), that very questionable remedy, (see Hull's *Jahr*, appendix) where it says: "We have a few pretended provings of this drug by Dr. Lippe which we consider not only unreliable but utterly worthless," followed by *Hyoscyamus* 100,000. "Fluxion potencies, (Fincke), and all the terrible symptoms of typhoid pneumonia had disappeared." I suppose he did not deem it necessary to name the particular "indications for *Phos.* and *Kali carb.*" no more than I did the scanty urine and dropsical symptoms which every physician knows almost invariably follow malignant cases of diphtheria—usually requiring *Apis.*, guided, of course, by strict "individualization." And here I would say to any "healer in tribulation," if he should happen to "individualize" a forbidding-looking case like mine, I can confidently commend to him my "experience" as being as "likely to cure" as if he was guided by the intolerant complainings of Dr. Lippe in his diatribes against every one who happens to differ with him as to the dose, therapeutics in the value of the physiologicalation of drugs. I was not aware that I "palmed the experience off" as anything very "grand," whatever Dr. Moore may have intended—or even as "Homœopathic treatment," but I would submit if it was not as fully in accord with the "*Organon of the Healing Art*," the dose as near the usual practice of the "*Master*," and the "statement" as likely to be "*true*" as Dr. Lippe's typical cases, wherein he used the "74,000 and 100,000 fluxion potencies," (Fincke). When Hahnemann found that "*Smelling a globule of Puls. 30*" did not suffice, he exercised some common sense, and advised "crude doses and palliatives—tickling the throat with a feather and the like"—which Dr. Lippe ought to object to, as much as a gargle of a teaspoonful of *Alcohol* in a glass of water.

And I would mildly suggest that if Dr. Lippe would follow his illustrious example in this respect, whose mantle he seems ambitious

of appropriating, instead of wasting his great abilities in vain efforts to perpetuate the speculations and absurdities of Hahnemann long ago exploded—the profession must learn more from his large experience. And I would also suggest, that if Dr. Lippe would devote as much time and talent in proving *Muriated Tinct. of Iron* as he did in proving *Lachnanthes tinctora*, he might find the combination of *Muriatic acid* and *Iron*, as valuable as Hahnemann found the combination of *Lime* and *Sulphur*, which forms our great polychrest *Hepar sulph.* and that the *Muriatic acid* was perfectly Homœopathic to the “extremely foul breath and putrid sloughing ulcers” of the throat in my case, while the *Iron* was Homœopathic to the anæmia and deteriorated condition of the blood. In fact the prompt and permanent cure following the use of the remedies employed, proves that the treatment was not quite so “un-Homœopathic” as Dr. Lippe arrogantly asserts—else his dogmatic prediction ought to be fulfilled before this time—“that the case is not cured, but will, nay, *must* have another attack,” when the truth is, the patient has been, and now is, in genuine good health—so it is possible the doctor’s fault-finding, “vaulting ambition may o’erleap itself.”

I can vouch for, and prove the correctness of mine, though I must say this is the first time, in a medical experience of nearly forty years, that their credibility has been questioned. Nor am I aware that Dr. Moore is so very “learned.” I am painfully conscious that I am not, nor don’t pretend to be, and therefore I shall not insult the intelligence of the profession by any attempt to “enlighten” them as to “what induced” me to give milk punch and gargle of *Alcohol*, and water, “under the Homœopathic law”—till Dr. Lippe explains why, “under the Homœopathic law” he eats his dinner, or rinses his throat with a little gin toddy now and then, or any other thing he likes. In deference to Dr. Lippe’s mania for criticism, and his oft-repeated platitudes on “individualization, generalization, dynamization, potentization” and all those Hahnemannianisms, which the profession are supposed to understand as well as he—though one would suppose from his assumptions, they never saw the “Organon.”

The doctor may think my manner a little too much like his own, but as he is a great stickler for “individualization,” with which I have no quarrel, I have treated his case somewhat after his teaching, and shown, from an “individual” case of his own, why I gave *Apis.*, and from his own authority and that of the “master,” why I used

*Muriated Tincture of Iron*, crude doses, if he will have it so. Having such good authority for my course, he must excuse me if I decline to step "down and out" of the Homœopathic ranks at his suggestion, till I am convicted of some more heinous crime than curing a bad case of diphtheria with *Muriated Tincture Iron*, crude doses, as good and soundly as he cured that "terrible case of typhoid pneumonia" with the 74,000 and 100,000, "fluxion potencies."

As a "Homœopathician," I believe that crude doses cure Homœopathically, as Hahnemann has abundantly shown in his *Organon*, and I also claim the privilege of using whatever dose my judgment and experience dictates, from the crude drug, to the highest potencies.

It is now nearly thirty years since I gave my first dose of medicine according to the law of similia, but not with any friendly design, for I was "breathing out threatenings and slaughter against the disciples" of what I firmly believed to be a dangerous delusion and innovation on "legitimate medicine." It was not long, however, before "a great light shone round about me," my eyes were opened and I was led to Damascus, (*Hahnemann's Organon*), where I was told what I must do, and I have been trying ever since, according to the best of my ability, knowledge and belief, and if I live thirty years more, shall keep trying.

## ***EPIDEMIC OF SCARLET FEVER AND DIPHTHERIA.***

BY V. L. MOORE, M. D., WAUKESHA, WIS.

After a few weeks' vacation I arrived home, Oct. 18, 1876. I found that the weather for the previous four or five weeks had been very unpleasant, rainy, cloudy and cold, however to-day warm and summer like. Very little sickness. Called to see a patient with scarlet fever. The parents were thoroughly alarmed, as a boy had died the day before, and the physician (an Allopath), had pronounced it cholera morbus.

J. M., aged six, Irish, nervo-sanguine temperament. Yesterday afternoon he went without his shoes, and in the night he was taken with cramps and pains in stomach and bowels, with vomiting, which continued, with occasional intermissions. They had given him *Castor oil*, *Pink* and *Senna* tea, etc., etc. I found him very restless; pulse quick and restrictive; nausea and vomiting; pains in stomach and bowels, with diarrhœa; very thirsty; headache; vertigo; eyes pain-

ful; tongue furred, and the raised papillæ protruding; breath hot and hurried; face puffy, and a general congestive character present.

Prescribed *Veratrum alb.* 3x, ten to twelve pellets, No. 20, in a glass half full of water, two teaspoonfuls every half hour until better. After taking one dose, the vomiting and diarrhœa stopped. Found him still very restless, and requiring constant attention; face flushed; *breath wormy*; skin purplish, leaving a white-bluish mark on pressure; mind tendency to wander; pupils dilated; papillæ on tongue flattened and pale.

Prescribed *Aconite* 3x, *Bell.* 3x, *Cina* 1x, prepared in water, as before. Mustard paste applied to nape of the neck. Prognosis unfavorable. Hastily summoned at 1 P. M., found him dying, by half past three, dead. (Congestive scarlet fever.)

From that time, October 20th, the epidemic commenced in earnest. The weather has been cold, the thermometer ranging from five to twelve degrees below zero, and not a day since has it thawed, until the 29th of January, 1877, since which time it has been warm, and the epidemic ceased, comparatively. All cases under my charge were discharged and convalescent on the 12th day of February. The epidemic has been of a varied character, presenting mild and malignant characters in the same family, but all have a characteristic type of malignancy.

I classify the cases in this epidemic into four varieties.

First variety: For a few days the child is listless, complains of feeling tired; thirsty; slight headache; feverish; skin hot; generally nausea, and in some cases, vomiting or slight diarrhœa; tongue coated; papillæ protruding at the tip of the tongue, often before the child or person made any complaint. If in bed for a few hours, generally perspiring. Prescribed *Bell.* 3x, eight to twelve pellets in one-half glass of water. Dose, one to two teaspoonfuls every hour, unless sleeping. In twenty-four hours they began to improve, the rash coming out, generally on chest and feet, then on arms, legs, etc., in four to six hours. Improvement is manifest in two to three hours. The mouth is often quite sore, and little canker spots here and there. The cuticle peeling off generally. In three or four days discharge the patient, the remedy to be used occasionally.

Often I have treated cases by proxy, giving one dose of the same remedy (*Bell*).

Second variety: Headache; bones ache; tired, uneasy, restless

condition ; some thirsty, others slight ; and quite sore throat in some, quite difficult to swallow ; generally nausea and vomiting ; feverish hot and dry skin. Prescribed *Acon.* 3x, and *Bell.* 3x, in alternation, every hour (prepared as described). These symptoms increasing, until the fourth day, often delirium, and requiring constant watching by the bedside for eighteen to twenty-four hours. Worse in the night. The next day, general symptoms better, except throat, the fauces being red and inflamed, at times studded with a fine miliary eruption ; glands of the neck swollen so as to be readily distinguished on the outside at times, and at others from the back of the ears. Have occasionally used *Kali hyd.*, 1x, in alternation, or once in every three to four hours (prepared, as before mentioned, in water). Externally, flannel cloth, slices of salt pork, and neck greased, according to choice of family. As the inflammatory action became allayed, *Bell.* and *Kali hyd.* 3x, in alternation. *Aconite* occasionally, if patient had checked perspiration, as manifest by sneezing, felt cold, etc. Average treatment, seven days.

Third variety : Dizzy headache ; vertigo ; roaring in the ears ; chilly, with flashes of heat ; nose, ears, hands, and feet, cold and clammy ; at times nausea and vomiting ; at others, diarrhœa ; throat very sore, red and inflamed ; quite uneasy and restless ; urine high colored, and at times *muddy*, and flocculi floating in it, also mucus.

Prescribed *Chi.* 3x, *Bell.* 3x, and *Merc. cor.* 3x, in alternation, or a few doses of *China*, until the chilly feeling had passed. In a few cases the vomiting has been persistent, and I have given, often but one dose, *Ipecac* 6x. In the diarrhœa have had to resort to *Camphor* tincture, drop doses, *Opi.* 1x, *Natr.* 6x, *Carbo veg.* 6x, *Cina* 1x, or *Nux* 3x, as the pathological condition and symptoms presented. *Opi.* acted promptly, and was the *chief* remedy. In four to six days, out of danger. The symptoms increased in severity, especially of the throat, where *Merc. bij.* failing, *Kali bich.* 1x was substituted. Treatment average ten days.

Fourth variety. Symptoms somewhat of the same character only more intensified : Dizzy headache ; roaring in the head or ears ; hard of hearing ; confused, distracting noises in the ears ; eyes very sensitive to the light ; sclerotic coat congested and inflamed ; throat very sore ; smarting, burning in the throat, also at times a *pricking* sensation and constricted feeling. Tongue coated, and the papillæ protruding, and getting larger as the disease advanced, and in a few cases becoming very sore, and a few of them suppurating at their

base; pains of a fleeting, neuralgic character in different portions of the body, sides of chest, bowels, through the temples, in the shoulders, fingers, hands, wrists, calves of the legs, etc. In the commencement, the same nausea and vomiting, with watery diarrhœa. In the diarrhœa *Opi. 3x* has been my sheet anchor, a few doses sufficing. In others, the bowels have been constipated; some cases, strangury and incontinence of urine, *Cant. 6x* controlled.

Gave *Acon., Bell., Kali bich. 1x*, one hour alternately. For a few days, no great change, at times patient seems better, and then worse, and very seldom no other remedies are required. As the disease advances, and the acrid discharge profusely flows from the nostrils, excoriating the cuticle wherever it comes in contact, and the stench from the breath, as of old, decaying meat, the soft palate invaded with ulcerous patches, burrowing deeply in its folds, as well as in the tonsils, uvula relaxed, swollen, angry looking, the soreness extending to the stomach, and inflammatory action of the bronchia, which is evinced by coughing, sometimes very severe; here often *Phos. 3x*, or if croupy, *Spongia 3x*, has done signal service. The disease now stayed for a short time, only to rapidly resume its work of destruction. That dread diphtheritic character soon makes its appearance, and here *Sulphate of Iron*, five to six grains, dissolved in a glass half full of water, has, with only one exception, been the sheet anchor. Used as a gargle, and a weaker solution, taken in teaspoonful doses, from one to three hours, not, however, omitting the former medicine. It is often with extreme difficulty to get but little if any fluid down the sufferer's throat, as the act of swallowing is so impeded, it regurgitates through the nostrils. This I consider a great benefit, as it destroys the diphtheritic deposits by coming in contact with it. In one case, arrested for three days, and the child about to recover, it commenced with renewed vigor. *Salicylic acid*, in three to four-grain doses, in a teaspoonful of water, every one to three hours, held it in check, and if I did not follow it up, should have lost the patient, as I did stop the remedy when the child seemed out of danger, twice; so continued it at long intervals until harmony was fully restored. I was led to use it on its well-established antiseptic properties. The parents had lost two boys some years ago, with diphtheria. Number of cases treated 84, deaths 4.

#### FATAL CASES.

CASE I. Already noticed.

CASE II. M. P., aged fourteen, past, Jan. 4, 1877. Leuco-phlegmatic temperament, full habit, and very quiet disposition, had been ill some two or three days. Slight headache; tongue furred; papillæ cropping through; no immoderate thirst, but drank water, or took small quantities, because the mouth tasted unpleasant and was parched; pulse feverish, etc. Prescribed *Acon.* 3x, and *Bell.* 3x, one hour, in alternation. Second visit, next day, rash out on the chest, arms, and limbs; throat sore, and head confused and aching; quite thirsty; gentle perspiration. Same medicine.

Third visit, head felt dizzy; vertigo; pupils dilated, and mind wandering; head cool, and nothing alarming in character. During the night she came to her senses, told them she was going to die, bade them all good-by, and expired at 3:30 A. M. The parents had lost a child treated by an Eclectic physician only a short time before, and were very watchful of her, and were as much surprised as myself at the result.

CASE III. E. H., aged four. Strumous habit, but never been sick. Been ailing for three or four days. January 14th, 1877, found the child unconscious; spasmodic drawing and twitching of the tendons. Prescribed *Bell.* 30, every hour. Prognosis unfavorable. January 15th, died at 10:30 A. M.

CASE IV. W. H., aged seventeen months. Never been sick; full, plethoric habit. Taken with usual symptoms, but severe type; high, burning fever; throat sore, red, and inflamed; some ulcerous patches on the tonsils; severe diarrhœa, and vomiting a few times; very thirsty. Prescribed *Aconite* 3x, *Bell.* 3x, *Kali bich.* 1x, in alternation. Second visit, rash scarlet, very intense, out all over. Quite restless during the night. Parotid glands swollen; sleeping this morning some, 10 A. M. Bowels still loose, but not so bad. Prescribed same medicine. Third visit, seemed better, more quiet, yet still the Sydenham character of rash; not quite so scarlet. Breath very offensive; more drowsy, and acrid discharge from the nose; quite profuse. Prescribed *Bell.*, *Kali bich.* Fourth visit, 1 P. M., worse. Cannot swallow. Died at 6 P. M.

#### SEQUELÆ.

Little girl, under four years, one of six that had the disease, in the same family, lost the sight of one eye, and the *stapies* came out of the ear with the pus discharged, also fine scales of bone from the *comer* discharged from the nose. Lanced the left side of face in region of parotid gland. Two gills of thin, creamy pus escaped.

Another case only had to lance, but not more than a third of an ounce. Much pus escaped.

Many cases, the parotid glands were swollen badly, on one and both sides. I think that *Kali bich*, did me better service than *Merc. bij*. However, both did good.

Four cases of dropsy, no complaining; countenance waxy look; passes but little urine. First noticed the puffy, waxy appearance of face, find a general œdema of whole body. *Aconite* 6x alone did no good. *Canth.* 6x but in alternation every three hours, from four to ten days convalescent.

The septic poison, I think, was the chief cause of most deaths in the malignant form.

P. S. Since my communication, have treated 21 more cases. No deaths. Total, 105; deaths 4.

[ We would like to ask Dr. M. and others, (1) were the fatal cases the *first*, second or third, etc., cases in the families? (2) Were these the *youngest* members of said families? (3) Were the severest sequelæ in the earliest or latest cases in a given family? (4) In the oldest or youngest members? ED.]

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## Medico-Legal Department.

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### ON MEDICAL LEGISLATION.

BY J. B. BRAUN, M. D., MILWAUKEE, WIS.

The January 15th number of this journal contains two articles, one under the caption, "Is Syphilis Amenable to Legislation?" by Dr. J. J. Griffith, and another, entitled, "Medical Legislation Again," by Dr. S. J. Bumstead, to both of which I feel induced to reply.

#### IS SYPHILIS AMENABLE TO LEGISLATION?

To the question whether syphilis is to be reached by legislation, I answer, "Yes Sir!" The way to accomplish this end is quite a simple and short one. The United States of Germany have solved that problem a number of years ago, and the United States of America may act wise by imitating the example, just as they have acted exceedingly wise in adopting and cultivating the doctrine of Hahne-



mann to a far greater extent than its mother country, and even all the rest of Europe together. The people of these United States of America are possessed of a most practical sense, which they have sufficiently proven by the fact of accepting and appropriating Hahnemann's teachings about *seven* times more in quantity than Germany, the fatherland of the inestimable system of our healing art, and the number of population of both countries being about equal at present. America contains on the whole, perhaps *seven* times the number of physicians and laymen, who are followers of Hahnemann, than Germany, England, France, or any other country of the globe. I suppose, from a superficial estimate, that there are no more Homœopathic physicians in all countries of Europe combined than in this country alone, the laity standing simultaneously in a corresponding proportion. After the people of the United States have shown such an extraordinary practical sense by imitation of a medicinal system, that has sprang up in a foreign country on the other side of the Atlantic ocean, sacrificing an immense amount of time and money for establishing medical schools and hospitals, and creating acting ministers of this new method of healing the sick, why should not they also readily imitate an instance of legislation of the same country of Hahnemann's birth, requiring almost no time and sacrifice whatever, comparatively? The legislatures of the several states of Germany, all without exception, a few years ago, adopted some short and practically useful plan of preventing and restricting that sneaking and destructive fiend to the human race, called *sypilis*. In every city one or more physicians, according to its size, are appointed, whose duty it is to examine each and all prostitutes once a week, who are obliged, under penalty of the law, to visit such physician in his office for inspection *per vaginam*, and if found diseased, they are forthwith transferred to a public hospital, and treated there free of charge, until they are dismissed as cured, when they are allowed to resume their business, if they choose. These physicians don't receive any fees from the city or county authorities for their services, but from those women, who have to apply first to the police magistrates for a kind of gratuitous license, whereby they are placed under a public sanitary control, and they have to state, by the way, their private circumstances, where they live, and whether they are single or married, etc. In the latter case, the husband must invariably give his consent to that concern. Then they also have to pay a remuneration of about one dollar apiece for each examination to the attending physician.

This *prophylactic* system has been adopted for a long time already in some states of Germany, and has been introduced since the constitution of the new empire in all states unexceptionally. The results are thus far very satisfactory, and the law works, on the whole, *first-rate*. The curse of the venereal poison slowly and stealthily undermining the health and happiness of a nation, is effectually checked, and limited a great deal by that measure. In my native country, Bavaria, the legislature, some years ago, tried to prohibit and persecute prostitution in a most rigorous manner, but such a *draconic* law produced only the most contrary and unfavorable consequences, as the venereal diseases were spreading out more and more, in a most alarming degree, so that the practicing physicians would make the most startling reports on the fearful ravages and extent of this scourge, and the supreme medical board of the state found it necessary to revise and abolish that rigorous law, replacing it by the recent one, in force at present.

As long as our human race is endowed with such physical and mental properties as it always has been, from its first origin up to our days, it is nothing but sheer nonsense to look out for laws that might render almost impossible to an individual to trespass against the precepts of morals, especially in regard to sexual intercourse and fermented beverages — two objects of the strongest temptation. For that reason, the best educated jurists and most experienced law-makers in all civilized countries, and particularly in Europe, have long since abandoned the idea of enforcing a perfect abstinence in both these enjoyments, as far as they are immoral, knowing too well human nature and its uncontrollable temptations. Restriction and regulation by a reasonable legislation, as much as possible, is the only proper and salutary course to pursue in that direction.

Why not, therefore, imitate without delay such a manner of legislation, which has proved of immense benefit to the population in Germany, as it does not involve any expense or wearisome mental training and exertion of any account, like the study and practice of Hahnemann's system of cure? In the city of St. Louis this very mode of *prophylactics* has been introduced already, several years ago, and it gave more or less satisfaction, although I am not positively sure that it is in operation now. The only question herein, as with any other law in this country, is principally this, "Is the legal enactment, when passed, also faithfully executed, or partly neglected, after the *I don't care fashion*?" Some opponents of the *hypocritical*

stamp may, perhaps, raise the cry at this juncture, "This is legalizing a most shameful business!" But the majority of open, straightforward, and practical thinkers will respond to these *Phariseans* and *saints*: "If that business be not legalized in this way, is it better than to legalize it in the other way, as it has been all the while in this country, until this very moment? Has not this abominable trade been constantly carried on, just as if it had been well-nigh approved by legislation in these United States? Or is it justifiable at all, by any argument of reason or common sense, to treat it in a still more disgraceful manner than this trade is *per se*?"

During my nineteen years' practice in Chicago, I have heard and read in the papers of the daily press too often that such and such a house of Mrs. So-and-so had been *pulled* by the police at night, and the inmates fined ten, twenty or more dollars apiece. But to what purpose? is the question. Was by that means one single sexual intercourse prevented in future? Nay, quite the contrary seems to be the case. Those degraded and pitiful female creatures are by such an unwarrantable privation all the more provoked to repair their thus sustained damages in living up to their trade by a more industrious application. On the other hand, is not this *mean* and *contemptible* beyond description from public officers giving chase in the midst of the night, to their desired and precious game, in order to have a very welcome chance to fill their pockets with greenbacks, that would spread just as little fetor as the money some Roman emperor collected once, in olden times, from privies and sewers in the city of Rome, when he held it up to his nose, exclaiming, "*Non fetet!*" And how many times has the money obtained under such false pretences by the officers themselves not been employed for gratifying sensual lust, in drinking, gambling, or even sexual enjoyment? Public officers never mean to prevent that private concern by such persecutions, but merely utilize it for the very lowest and most abominable selfishness. Some years ago, a prominent officer in Chicago told me once, in a private conversation, that he was going to *pull* half a dozen houses next time, in order to make a big haul and a few hundred dollars at one stroke for the *last time*, as his term of office was drawing to a close. And the thing was very nicely done by him, pretty soon afterward too.

On the continent of Europe at least, such things never occur, and any public officer there would blush and flush in his face like scarlet rash, if he was to commit such an utterly mean act. What Mr. John Bull does in this matter, I really don't know, although I have seen

him at three different times in his home at London, and found him a rather *queer*, but on the whole, *practical* fellow. However, he does not deserve the name of a *practical* legislator in regard to the spread of *venereal* diseases and *small-pox*, because he has neither adopted the medical control of prostitutes yet to my knowledge, nor the enforcement of general vaccination by law, as in Germany. And so we cannot entitle his *illustrious* offspring on this side the Atlantic as a *practical* legislator either, as long as he walks in the footsteps of his *illustrious* originator on and near the Thames, in that direction. So much about the question, whether syphilis is amenable to legislation.

[To be Continued.]

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## Surgical Department.

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### WIRE SPLINTS.

BY G. M. PEASE, M. D., SAN FRANCISCO, CAL.

Read before the Pacific Homœopathic Medical Society of the State of California.

It is probably well known to you all that after the application of a starched bandage, it becomes necessary for a time to keep the member thus covered in a firm position during the drying or hardening of the bandage. To do this we are obliged to use a splint of some kind, and as all of the common splints come in direct contact with the surface of the damp bandage, they are apt both to flatten it and to hinder the drying process, and thus we find, upon removal, that our bandage is not very smooth and even, and, perhaps, owing to its slow drying, has lost the firmness which the starch should have given it, and which we find in the parts not thus covered by the splint.

To obviate this difficulty I conceived the idea (which, however, may not be a new one, though I do not remember to have known of its use, or seen it mentioned in any of our text-books or journals), of making a splint of copper wire, woven together so as to give it the proper shape, and believing that the combined strength of small wires would equal a solid substance.

This idea I have put into practice, and find that such a splint can be shaped to fit the part to which it is to be applied, and that, too, much

easier than can be done with either pasteboard or gutta percha, and when once confined by a light bandage, it is as firm as any splint, besides having the advantage of not being heavy. With this splint, the evaporation during the process of drying can go on just as well in the part covered by it as at any other portion of the bandage.

Not alone do I find it of advantage in starch-bandage cases, but wherever splints are needed, as it is light and cool, and when padded, as all splints should be, fits the parts exactly, because it can be so easily moulded.

In this age of discussion upon ventilation, we will find in this a *ventilating splint*.

Thus we have a light, firm, cool and easy-fitting splint in place of the cumbrous articles so well known to all who have ever been obliged either to wear, or apply these aids to quiet in the restoration of a broken continuity in the bony framework.

I show you here a rude specimen of the splint, which decidedly bears the mark of being home-made, but any skillful wire-worker could make them of any desired shape, and with greater regularity of mesh than you see in this one. The size of wire I have used is numbered by the trade at 18, and is sufficiently strong.

The size of the mesh, or opening between the wires, I think will, in ordinary cases, be found best if measuring one-quarter to three-eighths of an inch. Lengthwise, it may be necessary to have the strands of wire doubled, with only a single wire crossing them.

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## HOMŒOPATHIC STATISTICS IN SURGERY.

BY WM. TOD HELMUTH, M. D., NEW YORK.

[Continued from page 154].

### CALCULUS.

Calculi, renal; *Citrated Borate of Magnesia*, a knifepointful *ter in die*; temporarily relieved by *Nux. vom.*, *Soda water* and *Wildung water*; renal calculi passed readily away; all traces of disease passed away within seven days; no relapse within five subsequent weeks.—*Ibid.*, vol. xxiv., p. 688, Dr. Beecher.

Calculus, renal and gravel; *Citrated Borate of Magnesia*, about as much as would stand on the point of a knife, every two hours; pain and urgency of micturition completely disappeared; quiet sleep;

·brown, cylindrical stone passed out with urine, one line long by half a line broad; complete cure.

Cephalalgia, from pressure on brain; *Arnica* 3 dil., three times a day; cured in three days without trephining or other instrumental interference.

#### DROPSY.

Dropsy; *Arsenic.* 12 cent., six drops in a wineglass of water, two drops every three hours, afterward changed to 30th cent.; the lower dilutions made not the slightest impression on the disease; rapid improvement, however, resulted on the administration of the higher potency; entire cure resulted within eight weeks.

Dropsy, general; woman, aged twenty-seven; face, abdomen and limbs all involved; unable to lie down for fear of strangulation; death imminent; administered *Arsenic.* 6 one drop every six hours, subsequently every night and morning; after first few doses general improvement apparent; in four weeks a complete cure.

Dropsy, pericardial; X., X., aged forty; first prescribed *Arsenic.* 3 dec. and *Ipecac.* 3, alternated every two hours; subsequently *Apoc. can* tincture, one drop, *Merc.* 3 dec. trit., one grain every three hours; increased to two drops every two hours; but slight relief from first prescription; *Apoc. can.* so improved all symptoms that he is enabled to do light work and sleep comfortably, which he had not done for many years.

Hydrothorax and anasarca; prescribed *Apoc. can.*; patient aged eighty; marked improvement and arrest of symptoms in forty-eight hours.—*Ibid.*, p. 325.

#### GANGRENE.

Gangrene, traumatic; *Lachesis* 6, one dose; process arrested in a few hours; cure complete.

Gangrene, traumatic; *Lachesis* 200, one dose; stopped and healthy action set up in two days, after *Arnica*, *Arsenic* and *Secale* had failed to give relief.—*Hahnemannian Monthly*, vol. ii., p. 29, Dr. Gilchrist.

Gangrene traumatic, from burn; *Lachesis* 6, one dose; process stopped and cure effected without delay.

Gangrene, traumatic, from compound fracture; *Lachesis* 6, one dose; process stopped in six hours; all traces disappeared in two days.

#### GOITRE.

Goitre; congestion of thyroid gland; first gave *Iodium*, *Cal. carb.* and *Rhus*, afterward *Apis mel.* 15, 30, swelling as large as a goose-egg;

*Iodium* and *Cal. carb.* alleviated but did not cure; *Apis mel.* reduced the gland to its normal size within two weeks.

1. Simple goitre; *Iodium* 1 dec.; cured in two months.
2. Goitre, simple and hard; *Iodium*, mother tincture; cured in six weeks.
3. Goitre in girl aged twelve, of weak constitution, *Iodium* 1 dec., six drops *ter in die*; cured in six months completely.
4. Cyst in thyroid; after using *Iodine* internally and externally for two months, and *Spongia tost.* for six months; cured by injection of *Iodine*; entire disappearance of tumor and perfect cure.

5. Goitre, exophthalmic; *Bell.* 1 dec., five drops *ter in die* after failure of both *Iodine* and *Iron*; permanent cure in five or six weeks.

Goitre; under Allopathic treatment at first without improvement; began with *Sulph.*, afterward *Calcarea*, then pil. *Iodine*, externally *Iodine* 1 dec., *Bell.* for headache, *Merc. sol.* for purulent discharge; all symptoms gradually vanished; goitre entirely gone, not to return.

Goitre; *Cal. carb.* 3 trit., one dose daily for ten days; *Cal. carb.* 6 gtt. vi, in aquæ, tablespoonful morning and night; after one month appetite improved, but swelling remained; in nine months was entirely cured.

Goitre, size of hen's-egg; *Cal. carb.* 3 trit., dose every morning for twelve days; three months after *Cal. carb.* 36, later *Cal. carb.* 200; at the time the last medicine was given the tumor was so small as not to be noticeable.

Goitre of size of hen's-egg, which interfered with respiration; *Merc. prot.* 12, one powder every night for two weeks; *Merc. prot.* 3 during day, with 12th at night; *Merc. ointment* grs. j to adepis ounces j locally; very marked improvement during first two weeks; results from this time unknown.

Goitre; *Staphysagria* and *Lycopodium* in alternation, with frequent intercurrent remedies; complete cure.

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#### REMEDY FOR HYDROPHOBIA.

In 1750 Linnæus suggested the use of the common blistering beetle as a remedy for hydrophobia. In 1856 a pamphlet by M. Saint-Hombourg on the treatment of the disease by the administration of a species of *Meloe*, a vesicating beetle, was laid before the Entomological Society of France, and the fact was then recalled that the remedy had been known for a long time in Germany. Recently M. de Chevarrier has sent to the French Entomological Society, from Gabes, in Tunis,

two species of beetles belonging to the Meloidæ (*Meloe tucius* and *Mylabris tenebrosa*), which are employed by the people of Amerna in cases of rabies. The weight of a grain of corn is given to the patient between the twenty-first and twenty-seventh days after the bite. If administered before or after these dates, the efficacy of the cure is supposed to be destroyed. The remedy is mentioned in several ancient Arabic works on medicine.

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## Society Proceedings.

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### ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

#### SECOND DAY—FORENOON SESSION.

Dr. L. Dodge, of Chicago, read the first paper from the Bureau of Hygiene, entitled, "Hygienic Preventive Medicine."

Domestic and professional druggery was a great source of sickness. Brandy was not a vitalizer, as many supposed who administered it. It was a fallacy that change of locality, scene, residence, or diet, or a great variety of food was beneficial, although a change of air was productive of many good results. Sedentary employments were not conducive to longevity: editors were generally short-lived. Gymnastic exercises and calisthenics were to be commended if not overdone. The President announced that Dr. G. D. Beebe had invited the Association to make a tour of the city in carriages provided by him at 4 o'clock, after a short afternoon session. Dr. Beebe would like that all present should accompany him—city and country members, and the representatives of the press who were present. Accepted unanimously.

A congratulatory dispatch was sent to the Michigan Homœopathic Medical Society, then in session in Detroit.

The following answer was received:

J. S. MITCHELL:—*My Dear Doctor*: In behalf of the Michigan Homœopathic State Medical Society, I do hereby acknowledge the fraternal message of the Illinois State Homœopathic Medical Society, and to return the same greetings to the members of that society.

We had just closed our society and departed, when your message reached Detroit, as I have since learned, and it was forwarded to me at Monroe by the kindness of Dr. E. R. Ellis of Detroit.

We had a *glorious* meeting, and departed in *harmony*. Consolidated with the Michigan Homœopathic Institute, nearly or quite doubled our membership. The time and place of semi-annual at Ann Harbor, in November, and next annual at Grand Rapids.

ALFRED J. SAWYER, President.



## DISEASES OF WOMEN.

Dr. G. D. Beebe then commenced his dissertation on "the surgical remedies for prolapse, involving uterous, bladder, vagina, or rectum." with illustrations. The discourse was a most able and interesting one, treating of the diseases and complaints of women, and the dangers of a careless use of the forceps in confinements. Dr. Beebe had proceeded about half way through his lecture, when it was postponed until 9 o'clock to-morrow morning to allow of the paper of Dr. W. Danforth on "Uterine Fibroids" being read, which had been set for 11 o'clock. The paper treated of the formation of tumors in the female uteri. They were divided into three classes, the subserous or extra-mural, the intra-mural, and the submucus or intra-uterine. His experience showed that it was in all cases more dangerous to half remove a tumor than to take it away completely at all risks.

The doctor then gave a report of a case of a woman aged forty-two, the mother of four children, who, some four years ago, became troubled with alarming hæmorrhage and passing of coagulæ. Some of the best known remedies were applied, in the place where she lived, but were of no avail. He succeeded in relieving her of a large tumor some twelve inches in length, five in breadth, and weighing eight pounds.

## INFLAMMATION IN THE MASTOID CELLS.

Dr. W. H. Woodyatt, of Chicago, followed with some remarks on diseases of the ear, illustrated by a temporal bone. The case treated was one of inflammation of the mastoid cells, and notwithstanding the strenuous efforts made to avert the calamity the patient died.

At this point a recess was taken until 2 o'clock, but before the members left the room a boy arrived with a suspicious looking basket, addressed to Secretary Duncan, "with care." An inspection proved the contents to consist of bread, cakes and fancy biscuits of all kinds, from the Attrition Bakery. A free lunch scene ensued, the ladies and gentlemen present constituting themselves a committee on taste.

## AFTERNOON SESSION.

Dr. E. Parsons in the chair. Dr. Eaton, from the committee to whom was referred the president's address, reported in favor of having each bureau elect its own chairman, and that each alternate meeting be held outside of Chicago, such sessions to be two days each in duration. Local societies also were recommended to hold fall meetings, and send and abstract of their reports by their delegates to this society. The committee also recommended the publication at an early day of their proceedings in THE UNITED STATES MEDICAL INVESTIGATOR. Also

that article five of the constitution be amended so as to allow each alternate meeting to be held outside of Chicago, notice of which to be given at the meeting previous.

The report was accepted and adopted.

Dr. E. H. Pratt, of Wheaton, then commenced his lecture on anatomy. Dr. Pratt began by speaking of fractures or injuries to the head, and illustrated his remarks by means of a fine articulated skull, and other subjects. There was also in the collection the tooth of an infant, which it was born with. Two monstrosities were exhibited: one a male child about seven months old, all the intestines of which had grown on the outside; there was also a distortion of the pelvis, which rendered both legs crooked; no abdominal walls were perceptible. This was a remarkable case, and excited marked curiosity. The other was a pig, with a proboscis like that of a rhinoceros, and two eyes run into one in the centre of the forehead, *a la Cyclops*. The remainder of the litter were all normal pigs. A piece of broken neck and two plates of human brain also furnished interesting food for the disciples present.

Dr. H. P. Cole, of Chicago, followed with a verbal report on the use of the laryngoscope, illustrating his remarks by instruments and diagrams.

Dr. G. A. Hall, of Chicago, then proceeded to give his report under the bureau of obstetrics, dwelling chiefly upon the improvement recently made in the process used by surgeons, exhibiting a large number of specimens in support of his statements. Forceps were in use many centuries ago among the Arabs, as shown by records, but the first perfect pair were made and used by Dr. Chamberlain; these were improved upon by Dr. Snelling, who gave to the world what is known as the pelvis curve. Probably the best in use were the Bedford forceps. There was an improvement on this make by a townsmen of theirs, Professor Rowland. Care should be taken not to choose too slender a pair of forceps, as the result would be that on traction being obtained they would spring and come away, probably harming or even killing the fetus. Hunter's forceps were at one time very popular; they were very similar to Professor Hodge's invention, and the only objection to them was there was no means of regulating their pressure. The doctor exhibited and dilated upon a large number of other instruments.

The report of Mrs. Dr. E. Spork, on moto-therapeutics, was then read by Mrs. Dr. Helen J. Underwood, in the absence of the writer. At its conclusion the chairman announced that the hour had come at

which they had agreed to adjourn, and the carriages provided by Dr. Beebe were waiting to be occupied.

#### THIRD DAY'S SESSION.

President Mitchell in the chair. There was a good attendance. Secretary Duncan read several communications from gentlemen, regretting their inability to be present. As arranged, Dr. G. D. Beebe opened the proceedings with the continuation of his lecture under the bureau of the diseases of women. The subject proved a most interesting one, and upon its conclusion discussion ensued.

#### NEW MEMBERS.

The following were elected new members: Thomas H. Trine, M. D., Chicago; C. N. Hazleton, M. D., Morrison; A. L. Van Patten, M. D., Mt. Carroll; A. L. Marcy, M. D., Chicago; M. C. Bragdon, M. D., Evanston; C. H. Vilas, M. D., Sarah E. Wisner, M. D., Mary E. Hughes, M. D., Frank L. Peiro, M. D., H. M. Hobart, M. D., F. H. Foster, M. D., Chicago.

Dr. F. H. Foster, of Chicago, followed with a paper on "Diseases of the Ear," giving a number of examples of the causes and cures in adults and children.

Dr. W. J. Hawkes, of Chicago, followed with a valuable paper on "Characteristics of Materia Medica."

Dr. T. S. Hoyne next read an essay on the "Therapeutic Uses of *Aconite*," giving an exhaustive account of the uses of the remedy.

Dr. A. E. Small moved resolutions expressive of condolence and respect for the memory of the late Dr. Henry Pearce, of Green Bay, and of A. P. Holt, of Lyndon, Ill. The resolutions were unanimously adopted.

Dr. G. D. Beebe also paid a high tribute to the memory of his deceased compeer.

Dr. W. H. Burt, of Chicago, next read a paper on "*Ostrea*," setting forth that this potent remedy was not used to the extent it might be.

On motion of Dr. Eaton, a unanimous vote of thanks was accorded Prof. G. D. Beebe for his kindness in arranging the ride for the Association yesterday.

Dr. G. W. Foote, of Galesburg, being absent, his paper under the "Bureau of Materia Medica" was referred.

Dr. R. N. Tooker, of Chicago, then read a paper on the "Progress of Electricity," advocating its use in Homœopathic treatment.

At this point considerable discussion ensued upon the paper read yesterday by Dr. W. Danforth on "Uterine Fibroids."

## MEDICAL LITERATURE.

Dr. F. Duncan made the following report on Medical Literature :

In this report on Medical Literature, I cannot take the time to give the scope and character of the publications of the past year. That many new books have been issued, you are well aware. Chief of these I would rank the immense work, Allen's Encyclopædia of *Materia Medica*, three volumes of which is issued. Then we have *The Cyclopædia of Medicine*, by Von Zeimssen, an excellent work; six volumes have been published. The two volumes on *New Remedies*, by Dr. E. M. Hale, are worthy of favorable mention. Dalton's new edition of *Physiology* is an excellent work. The volumes of *Transactions of the American Institute*, for 1875; that of the *New York State Homœopathic Medical Society*, and of the *Illinois Homœopathic Medical Association*, are full of valuable reading. Raue's *Record* for 1875, needs no comment. The new translation of *Hahnemann's Organon*, by Dr. Wesselhœft, is well received. Hughes' *Manual of Pharmacodynamics*, new edition, and *Angell on the Eye*, new edition, are both up to date. Burt's *Therapeutics of Tuberculosis and Pulmonary Consumption*, is a valuable addition to our literature. *The Principles and Practice of Surgery*, by Dr. Holmes, is of great value. *The Manual of General Pathology*, by Dr. Wagner, and *Medical Thermometry and Human Temperature*, by Dr. Seguin, are excellent works.

## JOURNALS.

Of Homœopathic Medical Journals we have seven in America, eight in Europe and one in Mexico. That these are well filled in each issue, and are of practical value at all times, we all can testify. That they should be well sustained all will concede.

## THE TREASURER'S REPORT.

Dr. E. M. P. Ludlam, of Chicago, Treasurer of the society, then presented his report.

In making this, my ninth annual report, I am pleased to state the following :

Balance on hand at the close of the session for 1875.....	221.15
Collected during year.. .. .	34.00
Collected during this session.....	81.00
Total.....	<u>\$336.15</u>
Paid Duncan Brothers, Printers.....	36.00
Rent of Hall.....	25.00
Total.....	<u>61.00</u>
Balance on hand.....	<u>\$75.15</u>

Drs. T. S. Hoyne and H. M. Bascom were appointed auditing committee. They reported the accounts correct.

A list of names of members who had belonged to the association for a period of fifteen years and paid their dues, was then read, and such members appointed honorary for the future. The black list was then read, and the names of defaulters ordered struck off the roll. Some had not paid their dues for seventeen years.

#### HONORARY MEMBERS.

The following non-residents were added to the honorary list: B. H. Cheney, New Haven, Conn.; I. S. P. Lord, New York city; Mary J. Safford Blake, Boston, Mass.; F. L. Vincent, Troy, N. Y.; W. H. White, New York city; Chas. Woodhouse, Rutland, Vt.

#### ELECTION OF OFFICERS.

On motion the election of officers was then proceeded with, with the following result:

PRESIDENT—F. H. Van Liew, M. D., Aurora.

FIRST VICE PRESIDENT—M. M. Eaton, M. D., Peoria.

SECOND VICE PRESIDENT—R. N. Tooker, M. D., Chicago.

THIRD VICE PRESIDENT—T. S. Hoyne, M. D., Chicago.

TREASURER—A. G. Beebe, M. D., Chicago.

SECRETARY—T. C. Duncan, M. D., Chicago.

BOARD OF CENSORS—H. M. Bascom, M. D., Ottawa; J. S. Mitchell, M. D., Chicago; G. W. Foote, M. D., Galesburg; J. A. Vincent, M. D., Springfield; M. Troyer, M. D., Peoria.

#### SCIENTIFIC COMMITTEES.

The following members of the various scientific committees were appointed:

CLINICAL MEDICINE—Drs. A. E. Small, Chicago; L. Pratt, Wheaton; F. H. Van Liew, Aurora; A. W. Woodward, Chicago; E. M. McAfee, Mount Carroll; M. M. Eaton, Peoria; M. M. L. Read, Jacksonville; T. J. Merriman, Aledo; R. B. McCleary, Monmouth; E. L. Peiro, Chicago; J. S. Mitchell, Chicago.

OBSTETRICS—Drs. A. Hall, Chicago; G. W. Foote, Galesburg; J. W. Streeter, Chicago; W. C. Barker, Waukegan; Mrs. L. C. Purington, Chicago; L. C. Grosvenor, Chicago; John Moore, Quincy; L. Dodge, Chicago; M. Troyer, Peoria.

DISEASES OF WOMEN—Drs. R. Ludlam, Chicago; J. A. Vincent, Springfield; S. P. Hedges, Chicago; M. B. Campbell, Joliet; Mrs. Helen J. Underwood, Chicago; M. S. Chase, Galesburg.

**DISEASES OF CHILDREN**—Drs. T. C. Duncan, Chicago; J. S. Bell, Napierville; E. M. P. Ludlam, Chicago; W. R. McLaren, Oak Park; D. A. Colton, Chicago; A. H. Potter, Maquon; J. P. Mills, L. H. Holbrook, H. M. Hobart, Chicago.

**SURGERY**—Drs. W. Danforth, G. D. Beebe, A. G. Beebe, Charles Adams, Chicago; E. Parsons, Kewanee; E. H. Pratt, Wheaton.

**OPHTHALMOLOGY**—Drs. W. H. Woodyatt, C. H. Vilas, F. H. Foster, Chicago; G. R. Woolsey, Normal.

**ANATOMY**—Drs. H. P. Cole, Chicago; H. M. Bascom, Ottawa; J. H. Miller, Abingdon; A. L. Marcy, Evanston.

**PHYSIOLOGY**—Drs. R. N. Foster, Chicago; C. B. Gatchell, Milwaukee; J. Keck, Chicago; H. B. Wright, Bloomington.

**PATHOLOGY**—Drs. S. J. Bumstead, Pekin; J. E. Morrison, Hyde Park; S. Bishop, Moline.

**HISTOLOGY**—Drs. M. C. Bragdon, Evanston; J. Dal, Chicago; Mrs. Sarah E. Wisner, Chicago.

**HYGIENE**—Drs. W. S. Johnson, Hyde Park; R. B. Brigham, Cairo; J. C. Burbank, Freeport.

**MATERIA MEDICA**—Drs. T. S. Hoyne, H. B. Fellows, W. H. Burt, W. J. Hawkes, Chicago; T. Bacmeister, Toulon.

**ELECTRICITY**—Drs. N. F. Cooke, R. N. Tooker, N. B. Delamater, Chicago.

**CLIMATOLOGY**—Drs. H. P. Gatchell, Highwood; MCC. Dann, Bloomington; G. A. Corning, Marseilles; O. H. Mann, Evanston; A. Van Patten, Mount Carroll.

**PSYCHOLOGY**—Drs. W. D. McAfee, Rockford; C. N. Dorion, Chicago; C. D. Fairbanks, Englewood; S. E. Trott, Wilmington.

**CHEMISTRY**—Drs. H. M. Hobart, Chicago; J. J. Gasser, Lafayette; H. N. Small, Chicago; Thomas Eccles, Sterling.

**MEDICAL JURISPRUDENCE**—Dr. J. R. Kippax, Wheaton.

**MEDICAL EDUCATION**—Dr. R. Ludlam, Chicago.

**STATISTICS**—Dr. T. S. Hoyne, Chicago.

**NECROLOGY**—Dr. A. E. Small, Chicago.

**MEDICAL LITERATURE**.—Dr. F. Duncan, Chicago.

**PROVINGS**—Drs. E. M. Hale, J. E. Gilman, Thomas H. Trine, Chicago.

**LEGISLATION**—Drs. D. S. Smith, Chicago; J. A. Vincent, Springfield; G. W. Foote, Galesburg.

## DELEGATES.

*Delegates to the American Institute of Homœopathy, and the World's Homœopathic Convention*—Drs. D. S. Smith, W. Danforth, L. Pratt, T. C. Duncan, R. Ludlam, A. E. Small, S. P. Cole, W. H. Wood-yatt, A. G. Beebe, S. P. Hedges, T. S. Hoyne, Chicago; E. M. Mc Affee, Mt. Carroll; M. M. Eaton, Peoria; F. H. Van Liew, Aurora; J. A. Vincent, Springfield; W. C. Barker, Waukegan.

*Delegates to the Western Academy of Homœopathy*—Drs. G. D. Beebe, B. N. Tooker, T. S. Hoyne, T. C. Duncan, Chicago; S. E. Trott, Wilmington; G. W. Foote, Galesburg; E. M. McAfee, Mount Carroll; R. S. Brigham, Cairo; R. B. McCleary, Monmouth; S. Bishop, Bloomington; S. J. Bumstead, Pekin.

*Wisconsin Society*—Dr. W. Danforth, Chicago.

*New York Society*—Dr. T. C. Duncan, Chicago.

*Pennsylvania Society*—Dr. W. J. Hawkes, Chicago.

*Massachusetts Society*—Dr. L. C. Grosvenor, Chicago.

*Ohio Society*—Dr. G. A. Hall, Chicago.

*Michigan Society*—Dr. N. F. Cooke, Chicago.

*Indiana Society*—Dr. E. M. P. Ludlam, Chicago.

*Rhode Island Society*—Dr. D. A. Colton, Chicago.

*Connecticut Society*—Dr. S. P. Cole, Chicago.

*Maine Society*—Dr. W. D. McAfee, Rockford.

*New Hampshire Society*—Dr. T. J. Merriman, Aledo.

*Vermont Society*—Dr. E. Parsons, Kewanee.

*Minnesota Society*—Dr. L. E. Ober, LaCrosse, Wis.

*Missouri Society*—Dr. A. H. Potter, Maquon; Dr. E. M. McAfee, Mount Carroll.

*California Society*—Dr. L. Pratt, Wheaton.

*Canada Society*—Dr. W. H. Woodyatt, Chicago.

*Germany*—Dr. Ernest Knlepeke, Chicago.

*British Congress*—Dr. R. Ludlam, Chicago.

## ADJOURNMENT.

After the discussion and arrangement of some preliminaries for the ensuing year, and the passing of a vote of thanks to the retiring officers, and the representatives of the press, the Association adjourned, to meet in Peoria for the celebration of their twenty-third anniversary, on Tuesday in May, 1877.

## Hospital Department.

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### THE RESONATOR.

BY J. S. MITCHELL, M. D., PROFESSOR OF DISEASES OF THE THROAT AND CHEST, CHICAGO HOMŒOPATHIC COLLEGE.

In the *Medical Record*, Jan. 20, 1877, Dr. Edgar Holden draws the attention of the profession to a new discovery in physical diagnosis. The principle is very simple. If you blow through a soft rubber tube with a little force a rushing noise is produced at its extremity. Reverse the procedure, i. e., make a forced inspiration through the same tube, the rushing sound is transmitted with clear resonant volume into the chest. A singularly modified character is given to the respiratory murmurs, and the stethoscope is unnecessary. Disease, however slight, exaggerates the sounds, alters the pitch or changes it in proportion to the solidity of the conducting tissues. These claims Dr. Holden make. In a subsequent number, February 3, he gives a more accurate description of the instrument, which he has very aptly termed a resonator. The following are the exact dimensions of the tube used: Material, soft rubber, 1-16-inch in thickness, internal diameter,  $\frac{1}{4}$ -inch, length,  $17\frac{1}{2}$ -inches. Distal end piece of thin brass, and  $\frac{1}{4}$ -inch in internal diameter, 1-40-inch in thickness, and  $1\frac{1}{2}$ -inches long. Proximal end piece (mouth piece), of wood or metal, same external diameter, and same internal at extremities, but narrowed at its middle to 5-16-inch. It should be  $1\frac{1}{2}$ -inches long. The mouth-piece of a trumpet would doubtless be better. Dr. Holden gives a synopsis of cases which show the value of this simple device in the early detection of lung disease. Immediately on seeing the article I requested Mr. Sargent, the well known instrument maker, to construct me a resonator, after Dr. Holden's instructions as given above. He did so, and I have since made considerable test of its usefulness. First, I tried the effect upon seven healthy adults, all students. In each case I found a marked increase of the respiratory murmur. In nearly all, this was so decided that it was not necessary to employ the stethoscope to obtain a very well marked murmur like that heard over the chest of



a child. The first objection one would be apt to think of, is the likelihood of transmitting to healthy lung tissue a bronchial (tubular), breathing and indicating solidification where none exists. Such is not the case however. It seems simply to exaggerate. Then I commenced using the resonator in cases of disease. I have now employed it in about twenty cases and find that, with one exception, where the results were negative, it has proved of decided advantage. As my intention in this article is merely to call attention to the instrument, and urge its thorough trial, I will only mention the details of a few of the cases wherein I have used it. I wish to add sufficient confirmatory testimony to Dr. Holden's, to induce physicians of our school, to test the merit of what seems to me a very useful device for adding to our means of physical exploration.

CASE I. Mrs. —, was sent to me by one of my colleagues for careful examination. She was about forty years old, in pretty fair flesh, and general appearance not phthisical. Had been troubled with cough and expectoration for three years. Naso-pharyngeal catarrh present; *thought herself she had bronchitis*. Examination of larynx showed slight tumefaction of capitula santorini; ventricular bands congested and vocal cords slightly pinkish; expectoration yellow, lately greenish yellow; temperature of each side 100. 5. Examination of thorax with stethoscope gave no positive signs. There were no rales, no bronchial respiration, no marked jerking. Over left upper lobe respiratory murmur was slightly diminished; percussion sounds normal. With the resonator a clearly defined bronchial respiration was manifest over upper lobe of left lung. I could not make it out with the stethoscope alone. There was a substernal dull pain extending toward the left lung. Notwithstanding the laryngoscopic appearances and the pain referred to, I felt far more certain that I had to deal with incipient phthisis when the resonator gave the bronchial respiration.

CASE II. Mr. W., a well built fleshy man, came from Kansas City to consult me concerning his case. Had had several hæmorrhages of about two ounces each, five days apart; no appetite, pulse 108; night sweats and slight rigors; hacking cough, *mostly at night on lying down*; larynx normal, also *heart*. Inspection showed full chest, with very slightly diminished expansion on left side; percussion dullness at apex of left, and soreness. Over right lung on auscultation, there was no lengthening of expiratory murmur — without resonator there was slight jerking, with it this was very marked. Over left lung, upper lobe, there was bronchial respiration, with resonator, far more marked and

sibilant rales, which the stethoscope had not detected, were heard. Doubtless these were in fine bronchioles and exaggerated by the resonator. While this case could have been diagnosed without the resonator, it will be seen that its confirmatory evidence was valuable.

CASE III. Miss —, aged twenty-nine, in good flesh, and with healthy complexion, not pale and easily flushing, appetite good; pulse 90, but rather tremulous; family history bad; father and mother and four out of nine children had died of consumption. Larynx normal; voice clear; cough slight (ceased entirely under *Phosphorus*); sometimes felt weak and slight dyspnoea on going up stairs. Right lung, slight transmission of cardiac sounds; dullness on percussion, scarcely perceptible, probably would not have noticed it but for the evident transmission of cardiac sounds; auscultatory sounds very nearly normal. With the resonator however, a well pronounced jerking respiration was manifest over apex of right lung and bronchial respiration was evident just below the clavicle.

These cases were all incipient phthisis. You will note in each the advantage of the assistance given by the resonator. In well marked cases it is valuable because it makes more pronounced the established sounds. I can demonstrate them much better to students with its help. I believe it will be likely to prove of signal service to life insurance companies. Those who, not possessing a stethoscope, have to examine applicants in country towns, will find that with the comparatively inexpensive resonator, they can detect the approach of a disease that may reject an applicant otherwise supposed to be a sound life. In the matter of the successful treatment of phthisis, its early detection is of utmost importance. It is notorious that too many physicians failing to make an accurate diagnosis, send their patients to die away from home, where, surrounded with their accustomed comforts, and under judicious treatment, life might be prolonged many months.

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#### *MEDICAL USES OF SILK.*

New black silk for "Spinal Irritation," is a domestic remedy worth testing, as a local hygienic or protective agent. (Query: Has the dye-stuff any medicinal effect?) In like manner a troublesome night cough has been relieved by tying a silk handkerchief about the throat.

## Book Department.

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### *CYCLOPÆDIA OF THE PRACTICE OF MEDICINE.*

**DISEASES OF THE CIRCULATORY SYSTEM.** Vol. VII. Together with the chapters on diseases of the naso-pharyngeal cavity and pharynx, laryngitis, phlegmonosa, perichondritis, laryngea, ulcerations and tumors, neuroses of the larynx. By Professors Wendt, Leube, Leichtenstern, Haller, Zeimssen and Steffen. Translated by Drs. Macan, Schaffler, Ball, Stimson, Cohen and Hallinger. Edited by A. H. BUCK. Publishers, W. Wood & Co.: New York; pp. 1046; \$5 00.

Another volume of this royal publication. The article on the naso-pharyngeal cavity is an exhaustive one, so, also, is the lengthy one on the stomach and intestines, by Leube. The constrictions, occlusions and displacements of the intestines are more numerous than many suppose, perhaps they are not so common in our ranks where we do not attempt to manage the bowels. The physician who is sceptical on worms should read the chapter on "intestinal parasites," by Haller. Diseases of the larynx are ably treated by Zeimssen himself. Spasm of the glottis, by Steffen, is a valuable contribution. This volume is well illustrated, and is one of the most valuable of the series, which should be in the library of every physician. Mr. Keener is the Chicago agent. ●

**HAVILAND'S GEOGRAPHY OF HEART DISEASE, CANCER AND DROPSY,** with six small and three large colored maps. London: Smith, Elder & Co.; 116 atlas pp.; \$15.00.

Through the kindness of Dr. A. C. Clifton, of Northampton, England, we are favored with this rare work, and we gladly call the attention of our readers to it. Medical geography is, to those interested in the science of etiology, a most interesting study. All are coming to recognize the truth of the words of Dr. Farr, in 1839: "The registration of the diseases of the several districts (and countries) will furnish medical men with a series of valuable remedial agents. It will designate the localities where disease is most rife, and where there is tendency to particular classes of sickness and infirmity. In recom-

mending a residence to patients, the physician will find the registered causes of death an indisputable directory ; and the utility of a *sanitary map of the country*, such as the returns will furnish, cannot fail to be felt in England, where a part of the population is constantly migrating from place to place, in search of health." What is true of England is true of any land, and especially of these United States. Dr. Haviland found Dr. Farr's prophetic opinion true concerning heart disease, and so he pursued his investigations in reference to "dropsy, cancer in females, and phthisis in females in England and Wales."

It may be of interest to know that the mortality from heart disease and dropsy amounts to more than one-seventeenth of the whole mortality of England and Wales. More females died than males from these diseases. There is less of these diseases on the sea-coasts, where prevailing sea winds and tidal currents have free access. It should be remembered, in this connection, that sea winds are heavy *ozone* carriers, i. e., are positive, or dry winds, and give tonicity to the system. "The great majority of heart disease cases in England have their origin in rheumatism." Haviland believes "that it does not require a regular attack of rheumatic fever in order to set up disease in the heart ; my experience extending over nearly a quarter of a century in hospital and private practice, leads me to believe that in certain localities rheumatic disease begins to show itself in early life." Dr. H. is correct, and we should see that the hearts of little folks are not early diseased.

On the topography of cancer localities, Dr. Haviland's researches are very convincing—"that the high, dry sites on the older rocks are the places where cancer does not thrive but in the vales, by the sides of large rivers which overflow their banks, and in the neighborhood of which are to be found the drifts of ages of washings from the inhabited country above." On this general basis we find that the heaviest mortality is in the south-east section of England, the Thames counties with their tertiary soil, and frequently overflow, form a typical cancer field. The least mortality is in the hills of Wales.

With these facts before us, we would expect to find much cancer in the Mississippi Valley, and in some sections of the Atlantic slope. Dr. Andrews found the latter fact to be true. The geography of phthisis in females is in striking contrast with that of both cancer and heart disease. The highest mortality is in those counties having the most elevated chalky ridges. Anglesey, the most exposed of all, has the highest death rate. The high dry chalky sites, exposed to the free

access of the east winds have a high death rate, so also, does the cold, damp, clayey valley which these chalk ranges shelter. The overcrowding, as in the London districts, has the same effect. From this work we learn "that in pervious soils there is less consumption than on impervious; on high-lying pervious soils there is less than on low-lying; there is less in sloping than in flat impervious soils. The artificial removal of subsoil water alone has largely decreased consumption."

It will be seen that this is a most valuable addition to medical literature, and we hope that Dr. H. will continue his studies, and that some one will give us a similar work for the United States. We hope some of our readers will be interested enough in this subject to order copies of this work.

**MOTHERS AND DAUGHTERS.** Practical studies for the conservation of the health of girls. By T. S. VERDI, A. M., M. D., of Washington, D. C. New York: J. B. Ford & Co.; 12mo.; pp. 188; \$1.50.

This dainty volume is divided into three parts. Part I treats of the physiology of women. This is courteously handled. Part II considers the hygiene of women. This most important subject is handled in a way that proves the author worthy of the position he occupies—President of the Board of Health. Here, however, we have looked in vain for the emphasis that should be placed upon the dry air of America, out doors, and especially in doors, upon the health of our people. Dry air and dry food is *the* cause of the degeneracy of Americans. Part III discusses "functional irregularities and their preventive treatment." This is a companion volume to maternity, which delicacy would prevent from putting into the hands of girls.

**THE ART AND SCIENCE OF SURGERY.** By A. J. HOWE, A. M., M. D., Professor of Surgery in the Eclectic Medical Institute. Cincinnati: John M. Scudder. 8 vo., pp. 886; \$7.00.

This is a work on surgery, from an Eclectic standpoint, we suppose, although from some of the prescriptions given, no one could tell the difference from regular Allopathy. This work is a continuation of the excellent Treatise on Fractures and Dislocations, and Manual of Eye Surgery, by the same author. The aim of this work is to give a concise text-book on surgery, and that up to date. There is much practical sense displayed in the management of cases, and "instead of following the old doctrines," he says, "I have, in the majority of instances been able to name a single remedy that will exert a specific

action upon the morbid state." So far, scientific, but he adds, "or a combination of remedies that will make a favorable impression, directly or indirectly, upon the disease under consideration." But why the combination? The explanation is forthcoming: "The therapeutics set forth in this volume are not founded upon any prevailing dogma or preconceived theory, but are chiefly dictated by results attained through a rational empiricism." Exactly. After you have treated a case, you may then know what to give it. "The prevailing dogma," (and thanks for that prophetic appellation for Homœopathy), tells, according to a law, what will be the remedy, if we have the brains to select it from the many tested and tried.

The "preconceived theory" is an attempt to guess the remedy in advance, but this, our author being an Eclectic, also avoids. He is guided by "rational empiricism," i. e., the results of careful guess-work prescribing. He tells us that "the practice of changing medicines often, or of administering them on alternate days, is attended with satisfactory results." But why change? The change is made, we are told, because "the organism soon becomes accustomed to the action of a remedy." Farther on, we are informed that "the value of a remedy depends upon its ability to assist the vital energies in establishing and maintaining a state of health." We always thought that health would maintain itself. Perhaps that is "rational empiricism," but it looks very like "theory."

We supposed that the distinguishing feature of Eclectic practice was its rejection of *Mercury*, *Arsenic*, *Zinc*, and other chemical remedies, but here we find *Citrine ointment*, *Donovan's Solution*, *Chloride of Zinc*, *Fowler's Solution*, *Id. genus omne*. This looks very much as if "Eclecticism is a delusion and a snare," as a friend styles it. Still it is, doubtless, "rational empiricism," and as an exponent of that practice, this work is conservative and valuable.

**TONIC TREATMENT OF SYPHILIS.** by E. L. KEYES, A. M., M. D., beautifully printed and gotten up, like everything else from D. Appleton & Co. Price \$1.00.

The contents of this volume contain a new treatment of syphilis, and is a gradual approach toward Homœopathy, and in so far, is of interest to us. The author sets out with observing that a rational treatment of this disease must rest upon a surer foundation than the mere statement of its value by him who employs it; that the prevailing methods of cure are all absolutely theoretical and empirical,

but utterly fails to discover any *law of cure*. He then proceeds to lay down his physiological theory, remarking that all the theories broached on the subject cannot be correct, and refers to the axiom, "Truth is absolute and unique," and if black is black it cannot be white, nor even grey. Further on is laid down a system of treatment, but before doing so he enquires whether it is advisable to subject all cases to the same treatment, whether, in fact, such a course would not, and does not, do more harm in a mild attack than if left to itself, thus stumbling on a maxim of Hahnemann, we must individualize. Then follow the following observations: "Some cases of syphilis, commencing mildly and treated by the ordinary methods, or not treated at all, go badly, and this, the cases in my paper clearly prove. They were all mild cases, and were examples of an early treatment, by expectation, by cathartics, by diuretics (balsams), by *Mercury*, for a short time in large doses, for a short time in small doses, for a year in fair doses, by Homœopathy, by *Iodide of Potassium* from the first, yet each and all of them commencing mildly, became severe cases of disease." From this he makes the deduction, syphilis is treacherous and always severe, but asserts that *Mercury* has a tonic effect, as he gives it, and is antidotal to the syphilitic poison, in so far as to cause its symptoms to yield, a truth Hahnemann taught and illustrated; but only when given in antidotal doses, a truth which to many professed Homœopaths needs reiteration. But stay, our author had evidently forgotten that on page 11 he had already condemned this treatment of symptoms, as opposed to his pure physiological theory. Then follows the proposition that *Mercury* is tonic, although always claimed to be an alterative, and, strange admission, but no less strange than true, "he could never understand what an alterative was." Could he not have said the same by a tonic? For his definition of the word is, a medicine that increases the number of the red blood cells, so that pure, healthy blood depends not alone upon solid, healthy, nourishing food, well digested, but upon small doses of *Mercury*. But here comes a series of interesting experiments:

1. With large doses of *Mercury*, to establish that they are debilitating, whilst small doses are recuperative, both men and animals gaining weight and strength under the use of the latter, or, as Hahnemann would have phrased it, a disease or drug action, a dynamic or curative action. Then follow a series of experiments with the Hamatrimetre, from which the following conclusions are reached. First 5,000,000 red blood corpuscles in the cubic MM. is a full high average

for the adult male in average health. Anæmia rarely goes below 3,000,000. Fine conditions of physical health sometimes yield 6,000,000, but in ordinary seasons, 4,500,000 would indicate a fair state of health.

2. *Mercury* in excess diminishes the number of the red cells.

3. Syphilis also diminishes the number of red cells.

4. *Mercury*, in small doses alone, or with *Potass. iod.*, increases the number of the red corpuscles. I would say

5. Our author most conclusively establishes the truth of *similia similibus curantur*. Pity he never read the Organon. If he had, it would not have taken two years to cure such cases of syphilis as he here narrates.

On the whole, I heartily recommend this work to my professional brethren, and especially all doubting Homœopaths in our ranks. It is well worth its cost.

S. CARTWRIGHT.

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### A COURSE OF MEDICAL STUDY.

#### WHAT BOOKS SHALL I BUY?

We have had a great deal of talk about graded courses, three years' term, higher education, etc; but as far as we know, none of the colleges have laid the foundation for a more thorough medical education by publishing a *graded course of medical study*. A list of text books are given, but the student who is perhaps totally ignorant of the works designated, is kindly allowed to choose. Now we believe that it is generally, admitted that most of the medical lore may be found in books.

"Read and you will know" is as true in medicine as elsewhere.

We hope our various professors will mark out a course of study, in the various branches, so that those who propose to enter college, as well as those far away from all medical schools, may study to the best advantage. We have received many letters of inquiry on this point, from various parts of the country and even far-off India. The following is one just received, and speaks for itself:

"About four years ago, having considerable sickness in my family and receiving unsatisfactory treatment from Allopathic physicians, I was induced to try Homœopathy and the success which followed, led me to investigate the same, and the result of my inquiries—though *very limited*—is a thorough belief in the law of "similia." My advantages are very limited. No Homœopathic physician within thirty



miles, and surrounded by an atmosphere of Allopathy, and with only Laurey M'Clatchey's Domestic Practice, Johnson's Therapeutic Key, and THE UNITED STATES MEDICAL INVESTIGATOR for books of study. You will readily see that, as a 'matter of course,' I can know but very little of the 'true science.' I have taken my family through the various troubles of the last four years and have effected a cure every time, but I have '*groped too much in the dark.*' What I do, I wish to do understandingly and in accordance with the new law, and for this reason I write to you for advice.

What books shall I buy? I want (I think) a *Materia Medica*, a *Pharmacopia* and one or two other books to commence with. Will you please send me list and price that, in your judgment, will enable me to go to the *bottom* of the matter?

I am not able to buy many books at present, hence wish to buy those that will do me the most good. I read THE UNITED STATES MEDICAL INVESTIGATOR carefully and have derived much good therefrom." S. A. B.

We commend the earnest intention of the writer. It is the true spirit of inquiry that makes skillful practitioners.

We commend this subject of a course of medical study to those familiar with works on the medical sciences. Give us a systematic course of study, please.

## Medical News.

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**Correction.**—The obituary of the late Dr. Skiff was written by Dr. L. H. Norton, of Bridgeport, Ct., instead of the secretary of the society, Dr. B. H. Cheney. Credit to whom credit is due.

**Married.**—At Olathe, Kansas, March 22d 1877, by Rev. L. Bartlett, Dr. John H. Moseley to Miss Clara L. Clark, both formerly of St. Louis, Missouri.—[Accept congratulations].

The Illinois Homœopathic Medical Association will meet this year in Peoria, Ill., May 13th and 16th. The Military Tract Homœopathic Medical society will meet in Peoria, in connection with the Illinois Homœopathic Medical Association.

**Resolutions of Respect.**—The Clinical Society of the Hahnemann Hospital of Chicago, held a special meeting on the evening of March 24th, for the passage of resolutions of respect to the memory of Drs. John T. Temple of St. Louis; W. E. Payne, of Bath, Me.; and Carroll Dunham, of New York.

# 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.

DUNCAN BROS., Publishers.

67 Washington St., Chicago, April 1, 1877.

## FOR SALE.

**FOR SALE**—I will sell my practice, good will, etc., worth in cash, \$3,000 per year, and in a growing city of Central Illinois of 10,000 inhabitants, for (\$500) five hundred dollars. Those desiring a good location may address M. J., this office, at once.

**FOR SALE**—A good house, in a beautiful village, in southern Wisconsin. Price exceedingly low. An excellent practice will be given up to the purchaser. No Homœopathic rival. Address B. this office.

**FOR SALE**—A Hypodermic Syringe. New and in good order. Price, \$5 00. Address X., this office.

**FOR SALE**—Franklin's Surgery, vol. II, bound in sheep, new. Price, \$5, address D 3, this office.

**FOR SALE**—Allen's *Materia Medica*, vols. I, II, III, and IV, bound in cloth (new). Price, \$5 each; also, vol. IV, bound in half morocco, \$8, post paid to any part of the United States. Address M., this office.

**FOR SALE**.—A good practice in a beautiful town, mild climate. The property will be sold at a bargain, and part on time if desired, practice thrown in. Address R., this office.

**WANTED**.—A graduate of a Western Homœopathic college, ten years in practice and considerable experience in surgery, would like to enter into partnership with a physician on or south of the Ohio river, who has more business than he can attend to, and wishes assistance. Object—a warmer climate; capital is limited. Address "Partner," this office.

**TO PHYSICIANS**—When you think of buying any books or subscribing for any journals, write to us and ascertain at what prices we can furnish them to you, before you buy.

**FOR SALE, LEASE OR EXCHANGE.**  
One-third or more interest in the Sanitarium Buildings (furnished), at the White Sulphur and Tar Springs, Ky. Also in the Springs and in the 300 acre farm (stocked). These waters have effected some very remarkable cures of Rheumatism, Bronchial, Lung, Dyspeptic and Nervous diseases. Scenery grand. Send for circulars, etc., to JAMES G. HUNT, M. D., Cincinnati, Ohio.

## WANTED.

**WANTED**—Medical Investigator, vol. I, II, III, IV, *Old Series*. State condition and price. Address, D. A. H., this office.

**WANTED**—February 1st number, 1876 Twenty-five cents will be paid. Send to S I, this office.

**WANTED**—January 1st number, 1876; 25c. will be paid. Send to B., care this office.

## SANITARIUMS.

**OAKGROVE SANITARIUM**—Prof. H. P. and Mrs. A. M. Gatchell, M. D., Physicians—has been transferred from Kenosha to Highwood, Ill., twenty-five miles north of Chicago. Rooms and situation very pleasant, grand lake view from bold bluffs on the shore; fine drives and walks in summer, besides good boating and fishing. Horace Gatchell, Associate Physician and Business Manager.

**SANITARIUM**—The mountainous country of southwestern Texas is now acknowledged to be the most healthy resort in the world. Travelers, tourists and invalids declare the scenery beautiful beyond description. Early in October I will open, near the head of the Guadalupe river, sixty-five miles northwest from San Antonio, a "Sanitarium" for the reception of "Consumptives" and others needing a change of climate. Correspondence solicited. Address, G. R. PARSONS, M. D., Kerrville, Kerr county, Texas.

## RARE OFFERS.

**\$7.** will secure Glichrist's Surgical Diseases (\$3 50), and this journal for one year. (If book is to be sent by mail, 10c should be added for postage.)

**\$8.** will secure Volumes I. and II. (\$5, the year 1875), and Volumes III. and IV. (\$5, the year 1876) of this journal.

**\$8.25** will secure Hoyno's *Materia Medica Cards* (\$5 00), and this journal for one year.

**\$5.75** will secure Hoyno's *Clinical Therapeutics*, Part I. (\$1 00), and this journal for one year.

**\$5.75** will secure Campfield's Physicians' Memorandum and Account Book (\$1 00) and this journal for one year.

THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

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New Series, VOL. V., No. 8. — APRIL 15, 1877. — Whole No. 188.

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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

ELKHART, Ind., March 4.—Intermittents are on hand again, quite plenty. *Natrum mur.* 200 is the oftenest indicated remedy, and it cures.

A. L. FISHER.

GALESBURG, ILL., March 9.—We have had no scarlatina or diphtheria this winter. Very healthy. The only disease an epidemic influenza.

M. S. CARR.

GOSHEN, N. Y., March 12.—We have had measles—any amount of them. Early in the season they were very light, but lately are very severe. Pneumonia, rheumatism, and during a few warm days, chills and fever, seem the prevailing diseases.

A. M. WOODRUFF.

FALL RIVER, Mass., March 30.—Dr. T. D. Stow informs me that he has much of capillary bronchitis among children. *Carbo veg.* and

*Arsenic* are usually indicated, but *Ipecac*, *Stibium*, and *Kali* are also often appropriate. Excessive rains prevail there. H. V. M.

KEOTA, Iowa, March 12.—We have had a great deal of diphtheria in the last five months. I have treated one hundred and twenty-eight cases in that time; lost four. The remedies most generally indicated have been *Liq.*, *Cal.*, *Chlor.*, *Apis.*, *Merc. iod.* *Cantharis Kali bich.*, *Phytolac.*, etc. We are now having an epidemic of influenza and mucous fever. *Apis* seems to be the epidemic remedy.

F. B. HORN.

SOUTH BEND, Ind., April 9.—Scarlet fever has been prevalent here during the past two months or more. Very fatal under "Regular" treatment, but a better record for Homœopathy. *Bell.*, in the simple variety; in the anginose and malignant, *Apis*, *Arum try.* *Bell.*, *Lach.*, *Opium*, and *Stram.*, were the remedies mostly indicated, and in the 3d to the 30th centesimal have served me well.

W. H. HANFORD.

SOMERVILLE, N. J., March 20.—We have had very mild weather since the 10th of February, until the past week. Less sickness, so far this month, than usual. Some pneumonia, bronchitis and "colds." Diphtheria still continues to show itself, but of a mild type—though even such cases seem "too much" for Allopathy to control. Only two days since the 27th of last October that I have had no cases of diphtheria on my list to see, and still have them. No other prevailing disease here at present.

H. CRATER.

PEORIA, Ill., April 7.—Severe pneumonia, bronchitis and laryngitis, have been the prevailing diseases here through March. We have had damp, chilly weather. *Rhus* is the most frequently indicated remedy. Its effects are generally satisfactory. We expect a good meeting in May. Diphtheria has about disappeared in this city. In my article on this disease, February 15th, the word *Chloride* was intended to be *Chlorate*. I supposed it a typographical error, and that all intelligent physicians would at once see it in that light, and that students would ask their preceptors. If I made the blunder, I beg pardon.

M. M. EATON.

JACKSONVILLE, Fla., March 24.—I have very little to report. Visitors have not been as abundant this winter as usual, owing, no doubt, to the hard times. Among them we find predominating, of course, diseases of the respiratory organs. Residents have enjoyed their usual excellent state of health, and while we read of the devastation

wrought in northern cities by diphtheria and scarlet fever, we feel thankful that in this favored clime we are beyond the reach of diseases of that character. A large proportion of children here, arrive at maturity without experiencing any of the troubles incident to childhood in the north. I have lately cured a case of enuresis nocturna, of seven years' standing, and in which the usual remedies had been tried in vain, with *Equisetum* 1x.

H. R. SROUT.

FORT MASON, Texas, Feb. 22.—Very unhealthy here for the past two months, though generally this is a very healthy country. In the month of December last I had three cases for treatment with angina membranacea; none recovered, it proving fatal in every case. Prescribed *Hepar sulph.*, *Spongia*, *Brominium*, *Iodine*, *Phos.*, *Tart. emet.*, in the 3d potencies; *Kaoline* 6, and *Sambucus tinct.*, of the same disease last year in January, 1876, I had five patients, and with the same symptoms, and only one recovered with the aid of *Kaoline* 6. Would it not be better, and advisable, to prescribe the same medicines with higher potencies? Will some one please answer and suggest. I may mention that the Allopathic school were prescribing *Ipecac*, *Cuprum*, *sulphuricum*, and leeches, but they had no better fortune than I did. In January, this year, I was called in to attend a case of hydrocephalus internus acutis; the symptoms were: Vomiting, not after eating, but especially on being raised up, with constipation of the bowels; pulse quick; the head was bent backward into the cushions, and rolled from side to side; with great restlessness at night. When he awoke, I observed that peculiar piercing shriek (*cri hydrencephaligue*), “of which if heard once is scarcely ever forgotten.”—Raue. The boy died after ten days. For this disease I used *Apis* 3, *Argentum nit.*, *Bry.* 3, *Helleborus nig.* 3.

H. A. KOERPPEN.

RICHMOND, Ind., March 29.—We have had no serious zymotic epidemic here this winter whatever. We have had some scarlatina, in a mild form. We have also had several cases iming or assimilating in appearance, diphtheria, but have not been malignant. Angina faucium has been quite prevalent, and still is, involving uvula, tonsils, palatum, glottis, posterior nares, and larynx. The inflammation often ran high, resulting in ulceration, of a more or less amplitude, but as a general thing, quite superficial, and although sometimes mistaken for diphtheria, by certain parties, possessed few, if any of the proper characteristics of diphtheria, indeed, when differentiated properly, was not even *diphtheroid*. *Aconite* controlled the inflammation, and *Mercu-*

*rius vivus* the balance of symptoms. *Bell.*, *Apis*, and *Kali bich.* were occasionally called. Through February our cases partook more of the true type of epidemic inflammation, giving a great deal of pain over the entire organism, more particularly through the back and limbs. In the latter part of December, and throughout January, we were visited by a wave of inflammatory rheumatism, which yielded to *Aconite*, *Bryonia*, *Bell.*, and in two cases, to *Salicylic acid* 3. I also applied wet cloths of the 1st dil. *Salicylic acid*, with the happiest effects. It promoted rest. Ozone, no doubt, wields a powerful influence in promoting disease. I really think it the product of damp, cloudy weather. From Thanksgiving (November 26), to the 22d of January, the sun was constantly obstructed by heavy *stratus* clouds, not over *one-half* mile from the surface of the earth. From January 22d, throughout the entire month of February, we had more or less sunshine, without at any time a perfectly clear sky. Thus far through March, the weather has been cheerless, wet, cloudy and chilly. We have had an unusual amount of dark, cloudy weather, which has had quite a depressing influence on both man and beast. Ozone (we think Dr. B. means antozone — Ed.), predominated over oxygen; depression over vivacity; disease over health. Pure, constant sunshine is the best chemist in the world. It equalizes the proportions of *oxygen* and *nitrogen* in the atmosphere, and drives away ozone and disease. Ozone or *oxyzone*, surely, in its characteristics, is naught else than vitiated *oxygen* as a resultant of damp, cloudy weather, or else oxygen is a compound body, as many have maintained, and ozone is its chief constituent, held in proper obedience until the great universal chemist withdraws his shining, and thus permits the depresser (ozone) to come forth. I verily believe *oxygen* is a compound body, and *nitrogen* also, or that *nitrogen* and *hydrogen* are one and the same. In dissolving water at a comparatively low temperature, you often find *nitrogen* in your receiver, while, if you increase your heat greatly, *hydrogen* is the result. Again, the sun's corona or photosphere is naught but *hydrogen*, which is surely disseminated broadcast through infinite space. It reaches our atmosphere, and becomes *nitrogen*, descends, forms water, and becomes *hydrogen*. I think I hear you say, "Nonsense, doctor!" Well, nonsense or not, I believe it is the truth, and will shortly be so revealed. Chemistry is yet in its infancy, and before it reaches its manhood, many things will be developed which now are not dreamed of.

(O. P. BÆR.

## CONSULTATION CASES.

## WHAT DO YOU CALL IT?

There is at this time, and for the last four weeks, a disease prevailing in this section of country, the name of which I do not know, but I will describe to you the symptoms and my treatment: Patient feels the primary stage of weakness over the whole body; hardly able to walk; appetite weak, and a very strong diarrhœa; after a few days accompanied with swelling of the eyelids, without inflammation, being only of a white color; at this period are confined to their beds, being powerless to sit up. Then a very strong repeating headache sets in, pains in arms and legs, very severe by movement, when at rest pain ceases, then high fever sets in; some patients have it, and some not, profuse sweating, but no relief was obtained from these symptoms. After a few days by using *Carbolic acid* 3, the most of my patients felt a little easier, both the fever and the pains in legs and arms subside; the appetite increased a little, but still are unable to raise themselves without help. The patients described these feelings to me; that the feeling was like an iron band being strapped so tightly around their bowels that it was utterly impossible to move without assistance. After a period of three weeks they were able to sit up; but the arms and legs were still swollen and unable to use them; the patient after four weeks is able to walk on crutches. In this peculiar disease I had twenty-seven patients, out of which only one woman died, the remaining twenty six having entirely recovered. The treatment I used for the relief of the pains was to wash the body with water and vinegar, give them warm baths, and I applied GaiFFE's electro-magnetic battery once a day to the arms and legs. Some of my patients were children who were affected with this disease, and when I received them in the first stage under my hands, I prescribed vomiting powders, they vomited, and in two or three days they recovered without the other symptoms appearing. I will here state that when I used this treatment on a patient who was in the second stage, it had no effect. I used all medicines which according to my discretion were necessary and applicable to these strange symptoms, but am sorry to say they all proved futile. I will mention this fact, that for the last six months we have had no vegetables; the people living entirely upon corn bread, beef and pork, without any change of diet. Would I be justified in imagining, as I did imagine at first, that this disease was, (*trichina spiralis*—Owen)? Now, what do you call it? I would like

particularly to hear from some one. Will some one please answer and suggest further treatment through THE UNITED STATES MEDICAL INVESTIGATOR, and oblige.

FORT MASON, Texas,

H. A. KOERPPEN.

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CASE FOR COUNSEL.

Miss —, aged fifteen and one-half years, medium height, brown hair, light blue eyes, nervous temperament, quite tall, and still growing rapidly. Last January, a year ago, she had an attack of pneumonia, right side. About the first of March another attack, right side, and the last of the month, a third attack, principally of the right lung, though the right lung was slightly affected, too. During this attack she came under my care, and was able to go out of doors in about eighteen days from the time I first saw her. But I found her weak; appetite very poor; dislikes meats except poultry; bowels constipated; menses very irregular (four to seven weeks interval); headache all the time; a dull heavy pain either in the occiput or vertex, and worse Sundays and from excitement; heavy dragging pain in the lumbar and sacral regions, with slight prolapsus. At my second visit I found her having a dry, concussive cough, and also ascertained that she had paroxysms of a nervous, irritable cough, lasting one to one and one-half hours each night. But this disappeared in about ten days. Last August she was caught in a shower, and a slight fever and this nervous cough followed, the fever lasting three days, and the nervous cough about two weeks, when she regained her former condition, except that her back was worse—and could get out of doors very little on that account—the occasional cough continuing all the while. Last January, without any perceptible cause, her strength began to fail—her appetite, too; and this same nervous cough again returned every evening, and has continued ever since, coming on at 8 o'clock P. M., and lasting one to one and one-half hours; but it is a terrible cough—scarcely giving her any chance to breathe during the paroxysms—and her lungs feel very sore from that cause. Absorption seems to be going on in the lungs all the while. But with all the study I can give the case, I cannot succeed in making any impression on that cough, nor get up her strength. The appetite, bowels, menses, headache and backache have not improved under treatment for at least six weeks. Will some good brother kindly detail treatment for this case, for which I shall feel truly thankful. She has had *Bry.* 3 and



30, *Phos.* 3 and 30, *Sulph.* 30, *China* 3 for night sweats, *Hepar* 6, *Sil.* 30 and 200, *Con.* 3, *Ign.* 3, *Lach.* 10, *Lactuca* 1-10, *Senega* tinct., solution of *Hydrocyanic acid*, etc. Also tonics, as beef, *Iron* and *Wine*, wine, egg and milk, and the like, to get up some strength, but have succeeded very poorly.

SOMERVILLE, N. J.

H. CRATER.

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 DR. MOSELEY'S CASES.

CASE I. *Merc. sol.*, and make a topical application of *Cosmoline*.

CASE II. Give *Baryta Carb.*

ROCKFORD.

W. S. MCAFFEE.

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 REPLY TO DR. BUMSTEAD'S INQUIRY.

The evidence upon which I based my diagnosis of Bright's Disease was very good, viz., *urine heavily loaded with albumen*. *Cylindrical casts of uriniferous tubuli in great number*, epithelial cells, and red and white blood corpuscles. Urine very scanty. The whole person enormously bloated. After several remedies had been given in vain, *Kali carb.* 6 cent. (Tafel's), was given for three days, then the potency was changed to the 200th, which was continued for four days, when the bloat was entirely removed. The urine, however, was just as albuminous as before, and the microscope was called into requisition for the first time. This showed the casts, etc., and *Helonias*, a tincture made from the dried root, diluted with two parts of *Alcohol*, was given in one drop doses every four hours, for two days, then the potency was run up gradually to the 200th, as improvement progressed, until after some two weeks, the medicine was discontinued, the microscope showing but one cast in twelve fluids, and the patient appearing perfectly well. The cure I think is permanent, as upward of two and a half years have elapsed since she was pronounced convalescent, and the medicine discontinued. Two months after this she had an acute attack of jaundice, which was quickly relieved by *Aconite*, *China* and *Sulphur*.

The following spring (some eight months later), she passed through an attack of measles, with a few doses of *Gelsemium*. The Bright's Disease was post-scarlatinal. No examination of the urine has been made for over a year, at which time it was normal. She is now as well as ever.

ELKHART, Ind.

A. L. FISHER.

## FOR DR. E. B. GRAHAM'S CASE.

Strange to relate, on entering my office to-day, I found my March 15th UNITED STATES MEDICAL INVESTIGATOR, and in glancing through, just as my eye fell upon your consultation case, a lady (being an old patient), entered, seating herself directly opposite me, but I was so interested in what I was reading that I did not look up until it was finished, when to my surprise, a similar case in almost every particular, was before me. I at once re-read aloud the case to her, when she exclaimed, "That is an exact picture of my case, with the exception that my Allopathic doctors never used solid *Nitrate of Silver*, nor any other substance, through the urethra, or into the bladder, neither had I the feeling of emptiness of bladder, and fear as if it were collapsing, therefore, no use for catheters by myself or physicians."

After exchanging a few words of surprise as to the whole coincidence, I began to question her about her present condition, which she informed me was "quite good;" that my last prescription had so relieved her that she thought it not necessary to come again. In fact, she had now come on an errand for her little nephew — *not for herself*.

I now refer to my note-book, and find that the patient had four prescriptions only: *Artemisia* 3, *Chloride platina*, 6th trit., *Bryonia* 3, *Aranæ tela* 3 (cobweb). Which is all the medicine I gave her — each acting some fifteen days or more (*vide Causticum high*).

SAN FRANCISCO, Cal.

D. A. H.

## FOR W. H. SIBLEY'S CASE,

South Windham, Me., I would suggest *Lycopodium*. The heat and burning between the shoulders; right foot cold, left hot, and seems to be a good way off (thinks he is in two places; hearing); cannot bear to be left alone; bleeding of gums; circumscribed redness of cheeks; constipation; worse after sleep, and on being moved, and after the use of salt — all find their similia in this remedy. The sensation as if hot water were rushing through the veins, may be a relic from the previous use of *Rhus*.

BLOOMINGTON, Ill.

S. BISHOP.

## WHAT IS THE DISEASE AND REMEDY?

The case recorded by Dr. A. F. Randall is of the utmost interest. The diagnosis of such a case is difficult, far more so than the treat-

ment. I am sorry that the patient forgot to mention his previous history, his ailments, and those of his ancestry. From the symptoms given we might suppose the disease to be: (1) *A lesion, limited to the cortical grey matter, or causing pressure upon this substance.* Bastian (*Paralysis from Brain Disease*, 240), gives us the following hints: Headache only present when the meninges are implicated, but much more frequently absent when the lesion is limited to the cortical substance itself. There may be loss of consciousness, but at other times we have merely to do with obtuseness of intellect. Limited tonic and clonic spasms, without loss of consciousness, are frequent accompaniments of such affections, in some part of their course. No definite paralysis exists. There may be merely great general weakness, with a slow, vacillating mode of walking, or actual inability to stand. In other instances we have more or less signs of partial hemiplegia. The loss of sensibility is generally very slight; in some instances there may be even slight hyperæsthesia on parts of the paralyzed limbs. (2) *Thrombosis of cerebral arteries.* Thudichum and Bastian suppose that a leucæmic state may cause, through agglomeration of white blood corpuscles, thrombosis and embolism, but the length of time (eleven years) during which the patient is already ailing, rather speaks against such a supposition. (3) *Brain syphilis may justly be excluded.* Although the patient acknowledges sexual excesses, he does not admit syphilis. Nor does he complain of the headache, aggravated by pressure on certain parts, nor of the sleeplessness which often precedes this disease. In his case we only meet some vertigo, a kind of dullness of the head, general malaise, a weakened mind so that he is unable to follow laborious mental work, some irritability of temper, a weakness rather than a paralysis of the extremities.

We may well ask the question, had this patient never gonorrhœa, which was neglected or driven in, and does he not suffer still from the gonorrhœal poison? And why do our physicians neglect to study, not once but over and over again, Grauvogl's Classical Text-Book on Homœopathy? We read there, Vol. II, § 301, that there is a constitution of the body which in many cases is the product of gonorrhœal contagion. Let Dr. Randall read the chapter on the hydrogenoid constitution of the body, and he will feel astonished at the similarity of his case to those narrated by this eminent writer. *Argent. nit.*, *Strychnia*, and other remedies mentioned by the doctor, rather belong to the carbo-nitrogenous constitution, to which, also, far more, the chancre-dyscrasia belongs, and we do not wonder, therefore, at the

want of success in the treatment. Study out these hydrogenoid polychrests, and even after eleven years' failure, a cure may still be possible, especially if you keep in mind that at first, patients with a hydrogenoid constitution react more favorably on low or middle potencies, whereas the carbo-nitrogenous fare better with high potencies. This constitutional mine needs more laborers to work it out well, but reward is sure to follow.

S. L.

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 DR. SIBLEY'S CASE.

For Dr. Sibley's case, reported on page 325. Please study *Lyc.* 30 or higher.

PITTSBURGH, Pa.

MILLIE J. CHAPMAN.

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 FOR DR. RANDALL'S CASE.

Dr. A. F. Randall, of Lexington, Mich., has got a case that seems to be rather complicated, but no doubt can be entertained that if he takes a pathological view of the case, he will conclude to a certainty that the trouble is in the brain, or rather, in the meningeal membranes investing the brain, and that all of the other symptoms are the mere results of congestion, inflammation and thickening of the meningeal membranes. No other cause could produce those symptoms, except it should be *calcareous* deposits in the body of the brain itself. Having now under treatment a case quite similar, yet not so bad, I have given it an extra study.

Lesion and softening of the brain give very different symptoms and results, and I am sure it is neither of those that afflicts his patient. His patient cannot be suffering from *calcareous* deposits, for it has not the proper diathesis for their formation. He will observe that all the trouble originates in the brain, and of course the origin is there, and that is the part to treat, by relieving the congestion, and taking off the pressure from the brain.

I would advise him to give *Melilotus* every three hours, for five or six days, then every six hours, for as long a time. Then he can manage the case with *Bell.* or *Cuprum acetate*. I would give nothing, save in the centesimal and in the third attenuations; as improvement goes on, go up in the scale.

FORT WAYNE, IND.

G. W. BOWEN.

“CHILL FROM TOUCHING ANYTHING COLD.”

I am gratified that my colleagues have responded so promptly to my question as to the above symptom. There is quite an important matter involved in this question. It can be best stated by asking another question: Is a *symptom* of a medicine always an indication for the use of that medicine?

In answer to this question, let us consider the nature of the remedies which possess the symptom at the head of this letter. We have *Nat. mur.*, *Silicea*, *Zinc*, and possibly *Hepar sulphur*.

The diarrhœa which I was treating, and in which this symptom was prominent, was *pyæmic*, occurring during the puerperal state. Do any of the above remedies correspond to that condition? I think not. *Pyæmia* is a condition controlled by the direct absorption of a septic poison into the blood. In order to cure *pyæmia* we must destroy this poison in the blood, prevent further absorption, and assist its elimination out of the body. Neither of these remedies possess this power. *Silicea* and *Hepar sulph.* approach the nearest to the possession of such power. They correspond to the process of suppuration, which may arise from a deposit of septic poison in the tissues, causing abscesses, etc. They are also remedies for boils, carbuncles, etc. They are useful for those conditions after the suppurative process begins, but not for this condition of the blood previous to that time.

*Natrum mur.* is not a remedy for *pyæmia*. It has no relation to such a condition—although it is of service in scurvy—a very different condition.

*Natrum mur.* is generally indicated when this symptom occurs during an attack of ague. Ague is due to a parasitic fungi in the blood, and the chill and fever is an effort of nature to throw off the poison. *Natrum mur.* assists nature's efforts, but it does not, like *Quinine*, enter the blood and destroy the fungi.

*Zincum* has this symptom, but *Zinc* is a purely *neurotic* remedy. It is rarely useful in disorders of any other than the nervous system. This “sensation of chilliness when touching cold things,” is a common symptom in diseases of the brain and nerves. When it thus occurs, *Zinc* is the remedy, but it has no influence over *pyæmic* blood, while it may for some of the nervous symptoms which may occur *after pyæmic* poisoning.

My patient had another symptom, equally significant. “Chill after drinking cold drinks.” The remedies for this symptom are, *Arsenic*.

*China*, *Nux* and *Verat*. Of these, *Arsenic* is the grand antidote against septic poisoning. It will be remembered that I gave *Arsenic* and *Salicylic acid*. This latter remedy is to septic poison what *Quinine* is to *cryptogamic* poisoning. It destroyed the vitality of the septic corpuscles in the blood, and prevented their deposition, while *Arsenic* prevented the morbid process of suppuration, inflammation, and nerve poisoning.

If these remedies had not arrested the pyæmic blood poisoning, numerous sequelæ would have resulted—*then* the above remedies, possessing the symptoms in question, “Chill on touching cold things,” would come in play, and doubtless prove useful and curative.

In the treatment of rheumatism, both schools admit that it is rarely that the duration of the disease can be made shorter than natural. The natural history of inflammatory rheumatism shows that its average duration is *nine days*. Until the discovery of the nature of *Salicylic acid*, we had no remedy that would arrest it short of that time. Now, in topical, uncomplicated cases, we know that a certain quantity of the *Acid* will arrest it within *three days*. This quantity appears to range between *one grain* an hour to *ten grains* every hour or two. I have succeeded best with three to five grains every two hours. I believe it cures rheumatism by destroying the still *unknown* poison in the blood of the rheumatic patient.

CHICAGO.

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E. M. HALE.

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#### EXPERIENCE WITH TAPE WORM.

Noticing Dr. Perkin's experience with tape worm, prompts me to relate my experience with these beasts. I am of the opinion that the segments do not grow fast enough to be thrown off as often as every six weeks, and that Dr. Perkins has another worm to deal with. I have taken three distinct worms from one patient at intervals of three months apart, and two from another. It is very easy to determine whether you have the entire worm, or only a portion, as the two extremities are very unlike—the segments near the head being very small and thread-like, and closely connected, while those of the middle portion or body are much larger and broader (some in my possession are a half inch in width), and the pores or mouths on either side of the segments are very plainly seen. While, as you approach the posterior extremity, the segments become very much elongated,

resembling gourd seeds, and do not adhere to each other with the tenacity characteristic of the anterior or middle portions. These are the segments that make their appearance in the stools, and are the only positive signs of the existence of a tape worm.

Though I have never found a head, I am satisfied that the worms have come away entire, and that they were separate and distinct worms. My opinion is, reasoning from the fact that there has been no return of the worm, or any of the symptoms, after from two to five years, that the head in many instances passes away with the water, and other discharges from the bowels, the end near the head being so very slender, and so delicate as to admit of very little resistance.

Do any of the readers of THE UNITED STATES MEDICAL INVESTIGATOR know where the head of a tape worm can be seen? In all the specimens I have there is not one, and a friend of mine who makes microscopy a study has been unable to obtain one from any of the cabinets in this country. My belief is that the worm can be taken in every instance without any preparatory treatment, with the *Kameela*. It has not failed me in a single instance, while the *Koussou*, Pumpkin seeds, aromatic *Sulph. ether*, and many other things, have failed repeatedly. My prescription is, *Kameela*, four drachms; *Syrupus simplex*. Q S. To be taken at bed-time, and you will surely have the worm before morning. It never fails.

This treatment, repeated at every reappearance of the segments from the rectum, will bring a worm, and can be continued until they are all removed, without any injurious effect upon the system. If any one has any better mode of procedure than this, I should like to hear from them.

MILWAUKEE, Wis.

O. W. CARLSON.

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#### MORE TAPE WORM.

CASE I. The remarks about tape worm in a former number of this journal, recall to mind a case which was under my treatment some years ago. An examination of the stool, after the first dose of medicine I gave him, justified me in the belief of the expulsion of the entire worm, therefore I thought it not necessary to repeat the remedy. In two months, however, from that time, symptoms which were familiar to him reminded the patient of the presence of his old companion. In two or three days he passed several pieces of the worm. The second dose of medicine produced an effect and result similar to-

the first one. Feeling again satisfied that it was the last of the parasite, I gave no more medicine. In this conclusion, however, I was again mistaken, as the sequel will show. After the lapse of two months, he experienced the usual characteristic symptoms, which were followed by the passage of a few short pieces of it. The third dose of medicine I gave cured him, as it is now four years since the last attack, and he has not had any return of the symptoms. His health is entirely restored, and is now strong and vigorous.

In the last stool there was also a small worm, about five inches in length. I gave three remedies and three doses, one dose of each, not small ones. They were *Kousso sem.*, *Cucurbita pepo* (Pumpkin), and *Rottlera* (*Kameela*), and were taken in the order they are named.

#### CROTON OIL—SKIN DISEASE.

CASE II. I was called to see a colored servant. I found her suffering from a skin disease, which had spread over the whole body, but was more matured and marked on the anterior wall of the chest. Nearly the entire surface of the front chest was a sheet of ulceration, while other parts of the body, the arms and legs, were covered with it, in every stage of development, pimples, vesicles and pustules. Otherwise, she felt wretchedly bad and sick. I asked the family what medicine had been given to her. The reply was, *Croton oil*, one drop daily, for three weeks, for constipation of the bowels. It did not purge her, but produced the effect described. I prescribed *Tart. em.* In ten days it faded and passed away. The *oil* was given by an eminent Allopath.

NEW YORK.

MEDICUS.

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#### ON ACUTE NEPHRITIS.

Nephritis may be either acute or chronic. Some authors deny the occurrence of chronic nephritis only as it exists in connection with some other urinary disease, as organic disease of the urethra, bladder or prostrate gland. We are convinced, however, that there may be a state of the kidneys rightly termed chronic nephritis, ensuing from a succession of exposures to cold. Acute nephritis is caused, in the majority of cases, by exposure. It may and does follow acute rheumatism, a blow, or other mechanical injury, or may result from the presence of calculus. It is ushered in by a chill, followed by intense, burning, febrile action. The skin is



harsh and dry. There is a disagreeable taste, even amounting to nausea, often diarrhœa and difficulty of urination. Hæmaturia to a greater or less degree, may also be present. We have pain in the renal region, increased by motion or pressure, beating and throbbing sensation in the same region, pain extending along the spermatic cord, up the back, down the thigh and into the pelvis. We notice also retraction of the testicle, scanty high colored urine, frequent desire to micturate, great thirst and restlessness. The disease rarely ever attacks more than one kidney.

The trouble generally ends in resolution, but in unfavorable cases the suppurative process takes place. In such a case we would expect swelling in the renal region, extending downward, blood and pus in the urine, and sometimes tube casts covered with pus corpuscles. The pus may be opaque, thick and yellowish like healthy pus, or may be intermixed with various ingredients as lymph, blood, sabulous matter, renal casts or calculous matter. In case of abscess of the kidney, the most common place for its discharge is into the pelvis of the kidney and thence by the urine. More rarely it seeks the external surface or the intestinal canal for a vent.

In bad cases of nephritis, when the urine is suppressed for a considerable period, we may be called on to encounter uræmia. In such cases we would have vertigo, drowsiness, pupils dilated and not responsive to the stimulus of light, impaired hearing and finally coma. Now uræmic coma differs from that seen in apoplexy and in low types of fevers. Where the suppression of urine is consequent on an attack of acute nephritis and coma quickly follows, the physician on first seeing the patient might suspect apoplexy. In both cases we have the dusky countenance and stertorous breathing, but we should recollect the breathing is of a higher, shriller pitch than the low guttural sounds of apoplexy.

Following this one symptom we might be led to a right interpretation of the case.

The disorder with which acute nephritis may be most readily confounded is acute Bright's disease. But in Bright's disease we have both kidneys affected, general œdema of the sub-cutaneous areolar tissue and albumen in the urine to distinguish it from nephritis.

Particular stress should be laid on the nausea and diarrhœa, which often accompany kidney affections and which, if not rightly interpreted, may throw us off our guard as to the foundation of the trouble. Another particular to be observed is to keep the feet warm. Untold

mischievous arises from a want of this precaution. The old proverb "keep the head cool and the feet warm" holds good in this day of thin soled shoes, and if only regarded would preserve many lives that are sacrificed to the god of fashion.

The remedies we have found applicable and useful are as follows :

To quell the fever evinced in the hot, dry skin, rapid pulse and thirst, we use the proverbial and good old stand by, *Aconite*. *Cantharis*. Shooting, burning pains in the region of the kidney, with dragging, or shooting, along the ureters to the groin; burning, cutting pain in the hypogastric region; constant desire to urinate; sometimes hæmaturia. Vomiting. *Hepar*, where suppuration has either taken place, or where the symptoms point strongly to formation of abscess. Throbbing sensation, feeling of weight in the loins. *Lyc.*, red sediment in the urine, cutting pain across the hypogastrium from right to left. Pain previous to urination, with relief as soon as the urine begins to flow.

*Merc. Sol.* Where the urine smells badly and strong smelling perspiration. Renal abscess. *Nux vom.* Fearful pain in the small of the back. Painful urination, with scanty flow. Where hæmorrhoids exist. *Opium*. Uræmic symptoms, face bloated and dusky, pupils dilated and insensible, coma. *Terebinth.* Hæmaturia. Pressing pain in the bladder on sitting down, but relieved by walking about. Difficulty of urination, with burning in the bladder. *Apis mel.* Stinging, pricking pain in the parts affected. *Strangury*. Urine dark when passed.

SOUTHAMPTON, Pa.

J. C. LEWIS.

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#### EXPERIENCE WITH MEMBRANOUS CROUP.

I send you an account of a trying case of membranous croup. I would like to compare treatment with other readers of THE UNITED STATES MEDICAL INVESTIGATOR.

Girl aged four and one half, light complexion, eyes and hair. Brain very large and exceedingly active. Has no predisposition to throat difficulties, and is usually recognized as a healthy child. Was called at 3 P. M., about February 2d, (do not remember the exact date), and, upon inquiry, found that on the night of February 1st, the child awakened the nurse by coughing "a very hoarse, hard cough—a terrible cough, with such a ring." Nothing was done, and at intervals during the night the cough was repeated. In the morning there was nothing

in the child's appearance to indicate any disturbance, except a languid, dreamy look in the eyes, or a slight hoarseness, also an unusual paleness. About 10 o'clock A. M., had coughed croupy once or twice and since 12 o'clock had coughed very frequently, each attack seemed more severe, and with the attack the dyspnoea seemed to increase. Upon examining the patient I found, head cold (at first from cold perspiration), then in ten minutes very hot; eyes *wild, staring*; an expression of extreme suffering, a mute appeal for assistance. Face pale, waxy looking, and at times very red, but for a short time. Waxy look seemed to predominate, nose pinched and very sharp; mouth corners drawn down and in, forming deep furrows from the nose to the corners of the lips; tongue coated white for one-half its length. Upon examining the throat found a *thick whitish membrane covering the entire throat and extending about one-half the distance over the roof of the mouth, and covering half of the tongue.* This membrane seemed to be semi-transparent in places. Pulse 190; severe dyspnoea, amounting to suffocation almost, at times; during these spasmodic attacks the child would grasp at the clothing around her neck and strive to free her throat. The breathing was accompanied by a wheezing, which amounted almost to a whistling. The cough was, in fact, a *terrible cough, possessing the metallic ring* described by our authors.

## TREATMENT.

*Aconite nap.* 3d centesimal, ten globules, No. 20, in ten teaspoonfuls of water; teaspoonful every five minutes for three doses. Wait one half hour, then gave *Kali bich.* 3d decimal, one grain in twelve teaspoonfuls every one quarter hour, until further directions.

At 5:45 P. M. found the child moist; skin quite natural; pulse 170; expression changed for the better, although not free from the excited look altogether, breathing very much better; *whistling* entirely gone; considerable wheezing yet. Membrane *gone from the mouth*, but still visible in the throat, although much thinner and more transparent. Cough a little loose. Continue *Kali bich*, every hour.

Child sleeping. 12 P. M. Much wheezing in respiration. Had coughed several times, but it was growing more loose. Skin moist. Pulse 170; did not awaken her to examine throat.

February 3d, 9:45 A. M. Membrane all gone; tongue clean but rather dry; pulse 160; skin very natural; hoarse a little; cough hoarse. *Phos.* 30th, two doses, four globules (No. 20), an hour apart. *Kali bich* 30th, prepared same as *Kali bich.* 3d, and given after the *Phos.*, one teaspoonful every five hours. Case improved steadily,

saw it only once after February 3d. Has any reader experience which will corroborate this testimony as regards the efficacy of *Kali bich.* in membranous croup?

GOSHEN, N. Y.

A. M. WOODRUFF.

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### *A N A L A R M I N G E P I D E M I C !*

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

The following paper was read at a meeting of the Onondaga Homœopathic Medical Society:

An alarming epidemic (or hypodermic) disease extensively prevails in central New York, yet strange as it may appear, no mention of the fact has been made in any of the public journals. In medical circles, however, the disease is often noted and privately discussed.

Thus far no fatal cases have been known to occur in Homœopathic practice. But in the old practice such cases are very liable to occur. One enterprising physician of the Old School is known to have had, in recent practice, three such cases, another two, and several, one each.

One of the most alarming features of the complaint is that the diagnosis is not yet satisfactorily settled, though the prognosis is always unfavorable. The disease is usually rather sudden in its onset, and remarkably insidious in its progress, until the terrible climax is reached. And however complicated the disease may ultimately become, in the early stages there is but *one symptom*. This shows the propriety of obtaining medical aid at the very onset of the disease.

The patient, previously well to all appearance, suddenly complains of an uncomfortable pain somewhere in the animal economy. A mere layman might imagine that the case was nothing but colic, pleurisy, or neuralgia. Never was a more serious blunder committed. A physician is quickly summoned, and if he happen to belong to the Old School he seems at once to appreciate the gravity of the situation. He may not be of a lively or loquacious turn of mind, but he evidently means business, for he promptly and scientifically (?) administers a full dose of *Morphine* internally, repeating the dose according to the violence of the pain.

It is no great matter where the pain may be located, nor what may be its cause and nature. The scientific (?) treatment for a pain is to quiet the pain, though a Homœopathic physician would undertake to remove the cause.

The old theory is a plausible and profitable one, that the doctor who can succeed in temporarily quieting the pain earns his bread and butter, and in due time the disease will take care of itself, nature in the meantime being expected to perform a spontaneous cure. If the pain proves obstinate a dose of *Morphine* is skillfully injected subcutaneously.

This modern expedient is sure to hush the pain, no matter what the diagnosis may be, thus constituting the perfection of treatment. But after the pain is hushed the patient is sometimes found to relapse into a comatose state. This is the second state of the disease. There is profound stupor; the pupils are contracted; the face bloated and dark red, and the breathing stertorous.

Vainly trying to awaken such a slumbering lady patient, one doctor pressed his knee upon her chest, slapped her face, pulled her hair violently, shook her body and applied to the surface a curry-comb and broomstick, but the patient "slept the sleep that knows no earthly wakeing."

During the second stage the diagnosis is often apoplexy. If the friends are influential and appear dissatisfied, a post-mortem examination is made, and this reveals startling pathological conditions abundantly sufficient to account for the fatal termination.

In some cases the cause of death is said to be apoplexy; in others pleuritic adhesions; pulmonary consumption; liver complaint; cancer of the stomach or ulceration and perforation of the intestines. And in one recent case, though the patient appeared well and able to attend to business as usual, only a few hours before the fatal termination of the disease, all these various pathological conditions are said to have been present.

#### DISCUSSION.

Dr. Brewster enquired if it were possible for patients to be able to attend to business, and appear to be as well as usual, not knowing that they are sick, and in a very few hours die of such terrible complications of disease?

Dr. Hawley replied that the cause of death in all such cases was an *overdose of Morphine!*

## Ophthalmic Department.

### MYOPIA AND ITS THERAPEUTICS.

BY W. H. WOODYATT, M. D., CHICAGO.

In the November, 1875 and June 1876 number of this journal, are articles by myself upon the medical treatment of the complications of myopia. In the November article these words appear: "For myopia as such there is no therapeutic treatment. Myopia consists of an anomaly of form capable of no improvement, and of which only hygienic measures must if possible prevent further development. *But it is not unfrequently complicated with symptoms of irritation and inflammation, and with other pathological deviations of different kinds which partly proceed from it, partly promote its further development;* and with respect to these it is the duty of the therapist to the best of his ability to interfere." This quotation is from Donders, and the italics were put in to render clear beyond misapprehension the sentence immediately following, containing the whole text of the paper, which paper by the way is same as was read before the Western Academy of Homœopathy at Davenport in October. That sentence is "the remarks to follow will be confined within this boundary, but to make them intelligible it will be necessary to clearly define myopia proper, and describe the pathological changes which appear either as cause or consequence, and are fully and properly in the domain of the therapist." The paper then states that the complication to be especially considered at that time from the therapeutic stand point, was spasm of the ciliary muscle, which might act as a positive agent in producing change of form of the globe of the eye. It was further observed that this spasm might be present in cases of myopia without any external evidence of its presence, or without the occurrence of any symptoms which would lead us to suspect it. It was very distinctly stated, that the action of the ciliary muscle in the accommodative act was to be regarded as but *one* cause of the elongation of the eyeball which takes place in myopia, and three other causes quoted from Donders, namely, "(a) pressure of

the muscles on the eyeball in strong convergence of the visual axes; (b) increased pressure of the fluids resulting from accumulation of blood in the eyes in the stooping position, (c) congestive processes in the fundus oculi which lead to softening in the normal eye, but still more under the increased pressure of the fluid, it gives rise to extension of the membranes." Then follow a number of cases treated by the internal administration of *Physostigma*, the results of which treatment simply confirm the opinion that spasm of the ciliary muscle is present in many cases where it is never suspected, and would never be detected except by the use of this drug in potency or *Atropine* applied locally.

The cases were presented "that the attention of the profession might be directed into this channel of thought and a sufficient number of trials made to lead us to a full knowledge of the truth." In this Journal for March 1, 1877, appears a paper, by Dr. Campbell, of St. Louis, the stated object of which is "to present to you briefly the views of the best authority on this subject (treatment other than glasses of myopia) and in this light, *together with the light of some personal experience*, (the italics are ours) and recent observations to examine some views to the contrary which have been offered." This means an examination of views entertained that there is other treatment than glasses "remedial in its effects and curative in its nature." Myotomy, paracentesis, pressure, and removal of the lens are all quickly disposed of, and the writer turns his attention to *Atropine* and *Calabar bean*.

In speaking of the views entertained by myself as to the action of *Calabar bean*, I am represented as claiming that drug as the "long sought for specific" for myopia. This statement is incorrect, and that position with regard to the action of the drug has never been assumed. The following words appearing in the November article, hardly seem ambiguous enough to warrant such a loose statement. "A summing up of the results to be obtained from the remedies would be, that sight in some cases of *apparent* myopia can be made emmetropic without the use of glasses; in others the strength of the glass required can be diminished; and in others possibly the disease arrested at the point it has reached when first brought under treatment." In the June number, in which spasm of the ciliary muscle alone as a cause of myopia is considered, the following occurs: "The results to be expected from this, and doubtless other remedies, are (a) cure of the myopia \* \* \*; (b) diminution of the refraction \* \* \*; (c) a more exten-

sive range of accommodative power; (*d*) an improved vision even when the refraction remains unchanged, (*e*) arrest of organic changes." After reading the above but very few would be inclined to expect *Physostigma* to act as a specific in every case of myopia.

Between quotation marks I am made to say: "And since this (spasm of the accommodation) is *the* cause of myopia, it (*Physostigma*) will cure myopia." Neither the words nor the italics are mine. A little farther along the writer says "one extraordinary case was reported where 'the choroid was torn off,' but under *Physostigma* 3x, it 'perfectly recovered.'" A careful search for these quotations (?) has resulted in failure. The superfluous generosity displayed in this free use of quotation marks introduces an element of inaccuracy, which detracts materially from the trustworthiness of the paper. It might be sufficient reply to the criticism on the *Calabar bean* treatment to say that the writer of it has made a man of straw and proceeded to tear it to pieces. He repeats "for the safety of this theory (just how the report of fifteen cases treated by *Physostigma* can be regarded as theory may need explanation) it was necessary to assume in the beginning that *the* cause of myopia was over-use and consequent spasm of the muscles of accommodation." Now since this was not assumed by anyone except the critic, any argument on the subject is unnecessary. But a few points may be observed which are worth consideration. *Calabar bean* in potency was recommended for myopia because it was believed (and still is) that spasm of the ciliary muscle often exists in connection with myopia, and masks that trouble without its existence being manifested by external symptoms. Ciliary spasm being unrecognized, too strong glasses are prescribed, the result of which is that another powerful cause of progressive myopia is added to the one already operating, and the consequences are doubly disastrous. The diseased condition of the fundus is increased, and the always threatening blindness hurried forward. The *Calabar bean* treatment reveals the presence of spasm, prevents the error in prescribing glasses, and preserves the eye; or at least has the promise of this in it. After dealing entirely with the theory of myopia, which it will be remembered is one of this critic's own manufacture, he settles the question of treatment by *Physostigma* in this laconic style: "I will further state that in my hands, embracing several cases extending over the past year, the treatment of uncomplicated myopia by *Physostigma* has proved an entire failure." Lest anyone less inclined than myself to read the paper carefully should be beguiled into regarding this statement as proof of the inefficiency of



*Calabar bean* to do what is hoped for it, attention is called to its real sentiment. The remedy has been used by one who failed to comprehend the condition for which it was recommended, and who administered it in *several* cases. *Several* is a somewhat vague term. It would be *possible* to give the remedy to fifteen consecutive myopes without getting the least return from it, and yet the value of the remedy be as great as ever in appropriate cases. If this is the "personal experience" spoken of which is to "help" in the examination of "some views to the contrary" we claim that it ought to be more extended and definite. We are told that "the myope would derive the same benefit by looking through a pin hole in a card, which would produce the same temporary effect," as the *Physostigma*; that *Physostigma* contracts the pupil, lessens the circles of diffusion, and produces a temporary improvement in the vision of the myope, even where no spasm of the accommodation was present. If by this is meant that the third potency of the drug produces this temporary effect, the statement is contradicted by the facts in the following cases. Here the pin hole improved vision, but the remedy did so still more, and the pupil was not contracted. There were no evidences of ciliary spasm present, nor was the least inconvenience experienced in using the eyes for near work.

CASE I. Miss S., aged thirty-seven, right eye vision 20-200, with pin hole 20-50; left eye vision 20-50, with pin hole 20-40. Took *Physostigma* thirty days, when right eye vision 20-100, pin hole 20-40, left eye vision 20-30, pin hole 20-20 appeared as the result.

CASE II. Miss A., aged twenty-six. In each eye, vision 20-200, and with pin hole 20-50. After twenty days use of *Physostigma* 3x, vision 20-40! and with pin hole 20-30. Myopia at the same time diminished from 1-24 to 1-40.

Bearing upon this particular part of the subject, for the treatment is rejected because of the supposed theory on which it was based, and not on the results following its application, is another statement which may easily be disposed of. "It may be further stated that in myopia proper, *the accommodation is very little used, while in hypermetropia it is constantly and universally employed at every distance and in every visual act.* Hence if it was true that over-use of the muscles of accommodation produced a myopic condition of the eye, we should expect that every hypermetropic eye would become eventually a myopic eye. But unfortunately for this theory it is not so, the reverse being usually the case."

Passing by the question of "the reverse being usually the case," let it be understood that the process of positive accommodation taxes two sets of muscles, the ciliary and internal recti; that in hypermetropia the ciliary muscles and in myopia the internal recti muscles are taxed to the greatest extent. It is a well known fact that 75 per cent of the cases of internal squint are due to hypermetropia, which means that the efforts of the ciliary muscles to maintain the proper amount of tension has induced spasm of the internal rectus. Adopting the reasoning of the writer quoted, it might be asked, how can hypermetropia cause internal squint, when the internal recti are called upon much less than the ciliary muscles? But it is equally well known that "in myopia the *convergence* which is necessary for near vision brings in its train an unnecessary and disturbing element of accommodation. \* \* \* We often find persistent spasm of the accommodation which is precisely analagous to the persistent spasm of the internal recti which forms the basis of ordinary squint." (Carter.) In the year 1859, the possibility of such spasm of the ciliary muscle being caused by the tax on the internal recti muscles, was suggested by Donders.

The whole question of treatment in myopia by either *Atropine* or *Physostigma* hinges upon the presence or absence of spasm of the ciliary muscle, and upon the possibility of myopia being acquired. If acquired myopia is characterized by accommodative spasm antedating organic change as is believed by Schiess, Dobrowolski, Derby, and many others; and if both low and high grades of myopia, even when inherited, may be accompanied by spasm of the ciliary muscle, and this is very generally admitted, the question of treatment becomes one of the greatest importance.

There is abundant evidence to prove that myopia is acquired; indeed it is to-day a question whether more cases are not acquired than are inherited. There seems to be no difference of opinion on the possibility of accommodative spasm accompanying myopia.

There is good ground for believing that its presence is often overlooked. Have we then a remedy? When change of form in the eyeball has taken place this cannot be corrected by *Atropine* or *Physostigma*, and so far as I know, no such claim has been made. If by "uncomplicated myopia" is meant change of form alone, it is somewhat singular that "treatment by *Atropine* has been thoroughly tried, not only in this country but all over Europe," but not at all strange that "it has been discarded by those most competent to judge." A small work recently issued by Professor Arlt, of Vienna, on the causes

and origin of near sight, contains the following: "That myopia may be *acquired* by individuals who have no hereditary proclivities in this direction, we have distinct evidence."

In acquired and increasing myopia, he advises entire rest from use on near objects, a course of *Atropine* treatment, and if possible a sea-voyage, or a prolonged journey, during which the eyes should be exercised on distant objects.

## Hospital Department.

### HAHNEMANN HOSPITAL CLINICS.

#### A CLINICAL LECTURE.

DELIVERED BY W. J. HAWKES, M. D., PROFESSOR OF PHYSIOLOGY  
AND CLINICAL MEDICINE IN THE HAHNEMANN MEDICAL  
COLLEGE AND HOSPITAL, CHICAGO.

CASE 1785. *October 7.* Man, aged fifty; large, well-developed frame. The symptoms most striking and apparent in this case are intense difficulty in breathing, with a blue and cyanotic appearance of the countenance, and an expression of intense anxiety. These indications you can all see and hear. The sound of his labored breathing can be heard distinctly at the remotest corner of the lecture-room.

A closer inspection shows us a remarkably full and well-developed chest, the walls of which do not show motion proportionate to the great effort made; and we observe, also, labored action of the muscles of the neck. As we proceed with our examination with the aid of touch or "palpation," as it is technically termed, we find the chest remarkably full, rounded and well developed; but with all his laborious efforts for breath, we discover a very small degree of motion, altogether disproportionate in fact. In normal breathing there is a regular and quite perceptible rise and fall of the walls of the chest, which is almost totally absent in this case.

Percussion, the next step in our examination, reveals a total absence of the normal resonance, or lung sound, especially over the right lung, and in its stead we find a dull sound, similar to what we should expect to find over a hepatized lung. The sounds over the left lung are vague, confused and unsatisfactory. Auscultation, generally the most satisfactory mode of exploring the thorax, in this case, as we

now find it, yields little to help us to a correct diagnosis. There seems to be a total absence of all sound in the region over the right lung, while the sounds from the left are confusing and unsatisfactory.

We learn from the patient that he has been suffering from this dyspnoea during a period of nine months; that it appeared soon after an operation for piles, and the "curing" of the difficulty by external applications. He informs us also that he has been a soldier in the British army, and in the American army during the Southern rebellion; that he has had syphilis three times during his soldier life; and that each time the disease was "cured" by external applications, such as "black ointment," cauterization, etc. That the piles appeared after the "cure" of the last case of syphilis, and had been troubling him ever since, until they were "cured" by a similar process—lopping off a branch to uproot the tree. We find, also, that he has great difficulty in swallowing; has, in fact, been unable to swallow solid food for days; and has been unable to lie down for two days and nights, because of the dyspnoea. There is also a dry, fatiguing, unproductive cough, and altogether a condition imperatively demanding aid, and that speedily.

The history and present condition of the case would seem to warrant the diagnosis of partial and threatened total paralysis of the nerves governing respiration and deglutition. The nerves supplying these parts with motory stimulus arise from the same locality, namely, the medulla oblongata, and the probability is that this nerve center is attacked by the repeatedly suppressed syphilitic poison. In regard to the remedy, I think we should be governed in this case by the undoubted specific cause of the manifest condition, namely, suppressed syphilis. We will consequently prescribe *Nitric acid*, in a dilute form. The probability is, however, that he is beyond hope; as, if the threatened paralysis be averted, there is, no doubt, syphilitic degeneration of the lungs.

Oct. 14. Reports great relief in breathing, so that since the first day after commencing the remedy he has been able to lie down and sleep several hours at a time. Deglutition has also been greatly improved; he says he can now swallow nearly as well as he ever could. Without further physical examination we will allow the remedy to act one week longer. That is to say, we will not repeat the remedy, but give *placebo*. We must remember that it is not the medicine that builds up a broken-down body, or repairs a shattered constitution. Nature does that. I take it that disease and the indi-

cations of it which we are able to observe in the external symptoms, are the results of a derangement of function of the nerve centers and currents; the results of the vital forces working in a wrong direction, and set wrong by some morbid influence, we know not always what. As I understand it, the proper and only function of medicine is to correct that morbid influence, and set nature, in the form of the nervous system, to working in the right direction. The same force which in a locomotive *on the track* carries passengers and freight smoothly, safely and swiftly along to their destination, when *off the track*, tears, mangles and destroys. When the engine is off the track, levers, jacks and bars are used to replace it on the rails. But the engineer never resorts to these slow appliances to keep his engine going after she has been safely placed upon the track.

What is medicine? How does it work? It is neither food nor drink. It does not make tissue. It is even inimical to all animal life. It is a poison, and the system hastens to get rid of it. What power has a dose, or a hundred doses of the 6th attenuation of a drug, of itself, unaided, to combat a case of pneumonia or of typhus? In effect, absolutely none. But the administration of the remedy in this quantity is followed by marked and unmistakable mitigation of the disease. How is it accomplished? What is the only inference? Simply this, that the sensitive, delicate nervous system which governs all animal life, and which requires no sledge-hammer nor "heroic" blow to impress, has been acted upon in such a way as to turn it from a wrong to the right working, and it then so governs the various parts and organs under its control that they perform their various functions in the proper manner; and Nature being a great conservator, creating nothing in vain, has no force nor material to waste in morbid growths; consequently, when she is working properly, the morbid surplus material or force supplying diseased conditions in the shape of excrescences, is withdrawn, and carried over to supply diseased conditions of deficiency. And as all disease is the result of art, and contrary to Nature, just so long as we ward off these artificial morbid influences, or just so soon as we counteract them after they have crept in in spite of us, just so long and so soon will Nature go on in her own perfect way, and medicine will be of as little use as the bar and jack to the locomotive on the track.

- It is said by some that it is unphilosophical to cease giving the medicine until all symptoms of disease have been totally removed; that such a course is like lifting an individual half-way out of a pit, and

then loosing your hold, and allowing him to drop back again. If the medicine—the drug, attenuated or crude—is to be regarded as the power in the case, this would be a parallel, and true. But, as was said before, the medicine is *not* the force which makes the tissue, nor the material of which the tissue is made. Medicines—drugs—are never assimilated, are never incorporated into the tissues. Even if they were, how much tissue or physical strength could be gained from a month's ordinary medication? There is not material enough to amount to anything considerable, even if it was taken up and assimilated as food.

When a patient who has taken a violent cold, and is suffering a true synochal fever, as a result of suppressed perspiration, takes a few doses of the 3d dilution of *Aconite*, and is soon bathed in a profuse and saving perspiration, what opens the pores, and forces the water from the skin? Was it the *Aconite*? If it was the *Aconite*, then you or I or any healthy person can at any time be thrown into a similar perspiration by the same means; that is, if it was the direct and unaided power of the medicinal substance, acting upon the skin and the water. But if we make the experiment, we will find that no such effect follows. The *Aconite* alone in such minute quantity has not the power to open the pores of the skin and control the bounding pulse. But it has the power to so impress and affect the morbidly acting nerve centers governing these tissues and organs as to remove and correct the morbid impression which deranges their action, and then these forces go to work in the best way to relieve the system, and it—the nervous system—so acts on the tissues under its control that their functions are properly performed.

When a patient is suffering with acute pain from neuralgia or sciatic rheumatism, for instance, and electricity is applied, and relieves the pain instantly, almost, what does it? There was no material taken into the system. But an impression was made upon the nervous system, which so affected it as to enable it to remove the cause of the pain.

When a healthy mother sees the mangled and lifeless body of her beloved son, who left her in happy health and spirits an hour before, suddenly placed, without warning, before her, she falls into convulsions, and becomes a maniac, or dies. What kills her? When, on the other hand, sorrow and disappointment have brought their subject to the verge of the grave, good tidings come, the cause of sorrow is removed, and the invalid rapidly recovers health and spirits, what

does it? Is it necessary to keep on bringing her repeated doses of good news? She gets but one dose, which corrects the morbid influence at work, and Nature, freed from the incubus, furnishes the smile on her lip, the light in her eye, and the joy in her heart.

When a gun is fired, it is not the percussion cap that drives the ball.

I dwell thus at length on this point because I am well satisfied that many a good cure of chronic disease has been and may be spoiled or prevented by too much medication, and because I am fully persuaded that it is poor practice to repeat the dose after we are satisfied improvement has set in, especially in chronic conditions. When improvement ceases, examine the case carefully, once more, and if the same remedy be indicated, then repeat, in a higher dilution, and if another remedy be indicated, prescribe that, and go on as in the first case.

Another very important lesson we may learn from the case before us; a lesson, the importance of which can hardly be exaggerated, and which the melancholy circumstances of this should indelibly impress upon your mind, and that is, *never suppress an eruption*; never use external applications of a suppressive nature; and especially in diseases of this class. The shallowness which allows a physician to look upon such external expressions of the disease as the disease itself, is incomprehensible. Yet to what a lamentable extent such wretched practice is carried, and even by members of our own school, notwithstanding Hahnemann's wonderful teachings.

In this case the worst of all poisons which do not cause immediate death, has been suppressed—has been shut in from its natural avenues of escape—three successive times. What a constitution he must have had to carry such a load so far! After the first suppression, the disease shows itself in the rectum. Nature, shut in from the most external avenue of escape, the skin, seeks the next, in the mucous membrane. She is here again headed off, and flies to the lungs, and thence to the still more inner plane, the nerve centers, which, being so much more sensitive to, and intolerant of, the poison, are paralyzed. Nature's effort is always to remove morbid influences as far as possible from the centers, and toward the periphery. In this case, as in all others so treated, the efforts of the physicians (?) have been in direct opposition to, instead of coincident with, Nature, and the deplorable result is before us.

The only reason that can be given for thus treating such conditions is, that they are local. But they are the result of inoculation. The

victim is inoculated with the virus, and the spot where the poison enters heals up, and for a number of days, or weeks, as the case may be, there is no sign. But at the end of a certain time, a sore appears. Where has the poison been in the mean while? When you vaccinate a child, is the sore on the arm all there is of it? When you are exposed to and contract the itch, is the spot where the poison enters the only part affected? When a victim is bitten by a rabid dog, and the wound heals over and remains so for months, is he safe from hydrophobia? Inoculation always results in the inoculated substance being disseminated through the whole system, and if it be a specific poison, the whole system is tainted with it; and when Nature furnishes an avenue to rid herself of it, always do everything in your power to keep the gate open, and drive the pest out as effectually as possible.

This, the only rational mode of treatment, will doubtless be the means of keeping many a dollar out of your own and the undertaker's pocket. But it will also be the means of keeping many a patient out of the grave, and in a condition of comparative comfort. And to do this should be the first and greatest consideration governing the physician in the practice of his profession.

While on this subject, allow me to say a few words in regard to prescribing for the sick, having especially in view the questions of *dose*, the *single remedy*, and the *characteristic indications* for the remedy.

As to the dose, I have no theory; the important thing is to find the right remedy, and in a majority of cases, it will cure in any attenuation. I think I have observed cases, however, in which, where a "high" attenuation failed, a "low" attenuation cured, and *vice versa*. I am satisfied of this in my own mind, and consequently it has for some time been my habit, where I have been anxious, and uncertain which would be best, to give *both*, and am better satisfied with the success following this mode of prescribing than with that following an exclusive use of either of the two extremes.

In regard to the *single remedy*, it seems to me to be more accurate and scientific to prescribe but one remedy at a time. If we are guided by a law as we claim to be, and as I think we are, the more accurately we know and the more closely we follow that law the more successful we must be. And our ability to apply it depends upon our observation of the effects of drugs upon the healthy, or, more accurately, the non-sick. But we have no record of the effect of two or more drugs together, or alternated at intervals of one, two, or three hours, upon the healthy.



What, then, is the guide directing us to so administer them to the sick?

While it is true that a very large proportion of the cases we are ordinarily called upon to prescribe for would recover without our medicine, and in which it is unnecessary to consume valuable time in seeking the exact similitum; and where it is perfectly safe to give the two remedies which in a hasty consideration seem to most nearly fit the case; still it is a bad habit to get into. I believe there is no case of disease, and especially chronic disease, in which one remedy will not do as well or better than two or more, *if the right remedy be found.*

A more accurate knowledge of the materia medica is necessary to prescribe the single remedy. And a thorough knowledge of the materia medica should be the chief end of the general practitioner's study. All other branches of a physician's education are only auxiliary to this. They are useful to the physician, as such, only in so far as they enable him the better to prescribe for the sick. A study of pathology or physiology, or diagnosis, or of any other of the collateral branches, will be useful to you, as physicians, only in so far as they throw light on your pathway toward healing the sick. And it is through your materia medica that all your curing must be done. All cure must come from within. Cure is like growth. Cure is growth. And let me say here that ointment or other external application never cures, except in cases where the drug in the ointment is Homœopathic to the case, and is absorbed into the circulation, and has its characteristic action on the nerve centres, and thus cures according to the law. The "healing" qualities of all such applications depend upon and are measured by their capacity for excluding the air and other irritating influences from the wound. Remember this: *healing always comes from within* in the natural course in which the body is built up and renovated by the blood acting as a builder and scavenger.

The physician who most thoroughly knows his materia medica, and who most closely prescribes in accordance therewith, the single remedy, will, other things being equal, be the most successful. One remembers best those facts which he has himself observed; and the once or twice curing of a certain set of symptoms by a certain remedy under one's own treatment, will more thoroughly impress the fact upon the mind than a thousand times reading of it. But the physician who prescribes a single remedy for a given case, will be more likely to remember the symptoms and the remedy for use again than the one who prescribes two or more; and he will have more confidence than the other to prescribe again; and he will have learned more and will have learned

it more thoroughly. The prescribing of two or more remedies alternately tends inevitably to looseness and generalization; while prescribing one remedy at a time tends to exactly the opposite—closeness and individualization. So that, while it may be and no doubt is easier, and even safer, *at first*, to prescribe two or more remedies at the same time; and the young practitioner who does so may, *at first*, be more successful than his equal who sticks to the law, and who acquires the habit of closely individualizing, and prescribing the single remedy; yet, at the end of ten years the latter will, other things being equal, be head and shoulders above the former in his ability to prescribe for and cure difficult cases. The habit of the one tends necessarily toward progress; while that of the other tends to keep him at a stand-still, if it does not absolutely drive him backward.

It is easier to trust in a measure to luck and give two or more remedies to do the work of one. It is easier to hit the mark with a shot-gun than with a rifle, *within a certain range*, and it requires but little skill; but beyond the easy range,—in the difficult case,—the skill, the rifle and the practice are needed. It is easier, I say; and all mankind is naturally lazy; but the incessant struggle for existence, and the law of the survival of the fittest, drives him on per force; and he who is most energetic and industrious in whatever calling he may have chosen, will lead his fellows. Our profession is no exception. The lazy, easy practitioner will always be behind his more studious colleague. While in general practice, and in nine of ten cases, he may do as well, yet the tenth and complicated case will come along, and he will be unable to meet its requirements, and he will fail. But his individualizing neighbor will here reap the benefit of his greater industry and closer study: and he will be just so far in advance of his lazier colleague.

The third and last point to be considered in this connection, is the paramount importance of the characteristic or key-note system; that is to say, a differential study of the materia medica. It is not, as is too often sneeringly asserted, a prescribing for one symptom. We are often puzzled as to which of two remedies to prescribe in a difficult case—a case which will not “get well of itself.” Then one prominent and characteristic symptom will often decide the question and determine the selection; and that is as near as we should ever come to “prescribing for one symptom.” In the same case the looser prescriber would avoid the difficulty by giving the two alternately, or mixed. Now which of these two practitioners is the more deserving of ridicule or of respect?

My conviction is that what we all, as family physicians, most need, and which will be of most benefit to our patients and profit to ourselves, is a more thorough and intimate knowledge of the *materia medica*; a more thorough acquaintance with the peculiar indications each remedy is capable of meeting, both as learned by proving and at the bedside.

When we consider the infinite number and variety of ailments and individuals ailing, and the varied circumstances under which they suffer; and the great and ever increasing number of substances presented as curative agents, we cannot but feel the utter inadequacy of the Old School *materia medica* and practice to successfully cope with the former or apply the latter, nor can we escape the conviction that even our own infinitely better means cannot be made to meet the requirements except we *continually study and observe*; study and compare the numerous remedies of our *materia medica* and observe their action when prescribed according to their characteristic indications. This strict and conscientious application of the law is only second in importance to the truth of the law itself; and the nearer to perfection we make ourselves in such application, the further we go beyond the lame and unsatisfactory empiricism of the Old School. No two remedies have precisely the same sphere of action. Each has some distinguishing peculiarity—its characteristic. And in order to know just how to meet every case of sickness we should know all these peculiarities as near as possible.

We too often read in the journals of the day open and covert sneers at symptomatology, so-called, as “prescribing for one symptom.” One writer in *THE UNITED STATES MEDICAL INVESTIGATOR* says in his “opinion it strikes to the ground the fundamental canons of Homœopathy, encourages looseness in the study of physiology, anatomy and pathology, *which will ruin us in the eyes of all intelligent physicians.*” Mark the last clause—“which will ruin us in the eyes of all intelligent physicians!” This fear of the criticism and ridicule of Allopathic physicians is a very Rubicon to such half-way Homœopaths. The fact really is that the *neglect* of the characteristics tends to looseness in prescribing, to stay progress in the knowledge of *materia medica*, and to destroy the prescriber’s confidence in the law, the remedy, and himself, and thus impairs his usefulness. But what is the value of the law? Is it not that it points out accurately the curative sphere of all drugs brought under its test? And if it is a law, and part of what it teaches is true, then *all* it teaches is equally

true. But if it tells us in unmistakable language that two given substances have one hundred symptoms in common, and also that each has ten, five, or even only one which the other has not, and *vice versa*, should we note the one hundred symptoms in common, and forget the ten, five, or one characteristic? Is it not more important, in a difficult case, to remember the distinguishing few which constitute the real finger-post to guide us out of the woods? It is easy to remember the general sphere of action of a group of twenty drugs; but it is more important to know the few symptoms which distinguish each from all the others. It is this knowledge that enables us to distinguish a *Sulphur* headache from a *Bryonia* headache, which are generally quite similar, both have terrible headache in the frontal region, with pressure as if it would burst, with many other symptoms in common, but only the *Sulphur* has that peculiar heat in the vertex; or, as the patient says, "that burning heat on top of the head." And even in pneumonia, where *Bryonia* is considered such a specific, but in which *Sulphur* is so wonderfully useful when indicated, that vertex headache is the only, or chief, distinguishing characteristic. A knowledge of, and attention to this fact, have, in my hands, I am morally sure, saved lives from that insidious disease, where the neglect of it lost a life in a similar case at the same time.

It is this knowledge that tells us in diphtheria, if we find the tonsils covered in *isolated patches*, with a yellowish, dirty-looking membrane, the patient hawking up a substance so tough that it sticks to the teeth, and hangs in strings to the ground; with pain running up into the left ear, or both, to give *Kali bich.*, and not *Bell.*, nor *Merc.* in any of its preparations or combinations, nor *Lachesis*, nor any thing else but only *Kali*.

Or if we find a dark, purplish-red throat and tonsils, without peculiarity of patch, but with a peculiar sensitiveness to external pressure, especially worse on left side, and much worse after sleep, teaches that *Lach.* is the remedy we want, and so on.

If we disregard characteristics, what have we better than the Allopaths? Where our correlated remedies have such a mass of symptoms in common, what hope have we outside of characteristics? If in such a disease as dysentery, for instance, we prescribe without carefully individualizing, *Ars.* or *Colocynth*, or *Nux.*, or *Merc.*, or *Merc.* and *Nux.*, one of which is the ordinary routine prescription, while *Aloes*

is the indicated remedy, and, as I have several times found it, the *only* remedy that would relieve, how much mischief may we not do?

I will give a case in illustration: A lady, aged fifty consulted me for a condition which she called dysentery, characterized by a necessity to hurry to stool immediately after each meal. The stools were jelly-like, lumpy, with much straining, and the most terrible, indescribable pain in the abdomen, immediately before and during stool, after which the pain ceased, but a most complete prostration and weakness followed, with profuse clammy perspiration. She lived in the suburbs, and had been "doctoring" for some time for this particular attack, but was continually getting worse, and was having as many as a dozen stools daily. *Ars.* seemed to be most clearly indicated, as she had to hasten to stool after taking food or drink, especially water, for which she was thirsty, and which did not agree. *Ars.* failed utterly, as did *Colocynth* and *Merc.* A more careful study of the case showed me that *Aloes* most perfectly covered the totality of the symptoms. Its action was prompt and unmistakable, and a complete cure was the result. I had occasion soon afterwards to prescribe the same remedy in another similar case with equally good results.

Another case to the same point: a young woman had procured a miscarriage upon herself with some kind of "herb tea." I was called and found her in most violent pain and distress, having been in labor over twelve hours. The os was tightly closed, hard and rigid. No progress whatever had been made, apparently. By means of *Aconite* internally, and warm water applied freely to the os-uteri by means of a syringe the mouth of the womb was relieved of its rigidity and the contents expelled. She was discharged apparently doing well. In a few days I was called again, when I found her suffering as much almost as when first called. Manual examination discovered nothing wrong, but the remedies I prescribed failed to relieve. I had found no satisfactory indications for any particular remedy. After this unsatisfactory state of things had gone on for an aggravating length of time, she said she had "such an unpleasant sensation in her abdomen as if something was loose, like a great lump bouncing around in there," so that she dreaded to move. On closer inquiry I found her sensations corresponded very closely to the characteristics of *Crocus*, and I prescribed that remedy. The relief was prompt, unmistakable and permanent.

A third case — one that I have previously reported, but which I take the liberty of reproducing here, as it was a very remarkable one, and

illustrates not only the beauty of the key-note system, but also the length of time a derangement of function may exist without producing organic change: A widow, aged thirty-five, with a child ten years old, consulted me in regard to a terrible dysmenorrhœa which had afflicted her from the time of her first menstruation. She said she had never had an easy or natural menstruation; that she suffered intensely during a whole week at each menstrual crisis, so that she has spent whole nights with her hands locked over her knees, rocking to and fro in agony. On questioning her I learned that she had a distressing and uncontrollable urging to stool, without the ability to pass anything, all through the menstrual period. She said it had been so as far back as she could recollect. This was the only prominent characteristic indication apparent. And as we have so many remedies with just such a general set of symptoms, but without this particular one, and many of them much more frequently called for in dysmenorrhœa than *Nux vom.*, I was glad of such an index. *Nux vom.* 3d and 200, was prescribed, one at night and the other in the morning. The result was a complete and perfect cure inside of two months. Her second menstruation after commencing the *Nux* was natural and painless, and lasted only four days. All succeeding ones were so for a period of seven months, after which I lost sight of her.

The greatest use of these idiosyncratic symptoms, if I may be allowed the use of the word, is to call our attention to a particular remedy. We are often in great doubt, and unable utterly to hit on a remedy for the case. But the instant the patient sounds one of these key-notes, our mind reverts to the remedy to which it pre-eminently belongs, and the result generally is that it is the remedy we want. They simply serve as finger-boards to guide us on the too often trackless field of symptoms, and as such are extremely valuable. I urge you, then, to employ your spare time in learning these key-notes, and when you prescribe with their aid and cures follow, you will have learned something which will be of great value to you, and something you will not easily forget.

In regard to what is the true simillimum of a remedy, I find great diversity of opinion, and much ignorance of Homeopathic theory and practice. An article read before the Illinois State Homeopathic Medical Society last year, and published in *THE UNITED STATES MEDICAL INVESTIGATOR* of October 15, 1876, written by a former (and at that time) teacher in this college, furnishes an example of the latter condition.

The following quotation from the article in question will answer for a text. He says, speaking of uterine fibroid tumors :

“ You ask if our potencies will not remove them from the system. I answer, *No! Inasmuch as we know of no medicine that will produce such a tumor, by so much, I answer, that no medicine will cure!* ”

Considering the position of the author of these words, and the occasion on which they were uttered, we cannot consistently be impatient with the ignorant prejudice of the adverse laity, nor the misrepresentations of avowed Allopathic professionals. When a teacher in one of our honored colleges so misrepresents our most fundamental law, what can we expect from our enemies ?

The assertion that because there is “ no drug which can *produce* a tumor,” or other diseased condition, therefore there is no medicine which can cure it, is the old and shallow opposition argument against, and exposition of, the Homœopathic law, that “ in order to raise a stricken man, strike him another blow.” This is the *same* curing the *same*, and not “ *like* curing *like*,” a distinction with a wide difference. If the author’s reason for his belief that there is no medical remedy for the cure of tumors be true, then is the fruitful *materia medica* barren of help in a majority of the worst diseases with which the physician has to contend. Scarlet fever, with all its terrors, must be allowed its course unchecked, unmitigated, even ; because, according to this exposition of Homœopathy, there is no drug which can produce a genuine scarlatina ! Nothing can be done to allay the sufferings of the fever patient, nor shorten the time, nor modify the burning of the fever, because, forsooth, there is no drug which produces a well-marked typhus on the healthy ! The cramped, twisted, contorted victim of cerebro-spinal meningitis can hope for no aid from us to allay his terrible agony, or ward off the apparently inevitable death, because there is no drug able to produce a clear case of spotted fever ! Cholera and cholera infantum must be allowed without hindrance from us, to sweep its victims prematurely into the grave, because the drug doses of the remedies which have, or which we had fondly hoped had, so often helped us, cannot produce a clear case of Asiatic cholera ? What remedy, as a drug, produces membranous croup ? Not one. But we have remedies which, without doubt, often prevent a fatal termination of that disease. Can we do nothing with diphtheria ? Must we stand by “ expectantly,” and see the patient die ? Or shall we “ enucleate ” the disease by scraping off its product from the fauces ? Have we drugs which produce scrofulous ulcers, or

glandular swellings, or epilepsy from scrofulous origin? We certainly have not. But what physician at all conversant with true Homœopathic practice will deny that our materia medica furnishes medicines which radically cure a majority of all the diseases of which these abnormal symptoms are but the expression, and especially in childhood and youth?

Diseased conditions as we find them being the perceivable results of deranged action of the nervous system, the true simillimum of a drug includes chiefly the evidences of its impression upon the nervous system, as shown in *mental, sensational, and motory irregularities*. It does not necessarily include the physical results of this or a similar morbid action, continued indefinitely. The morbid action of drugs, and of psoric, or other like irritants, are essentially different, in that the one is transient, while the other may be and often is, permanent, constantly keeping up the irritation, until it finally results in abnormal growths, or in defective nutrition, with some of its many consequences. If the drug irritation were kept up indefinitely, and as persistently as the psoric or like irritation, the results might be similar. The true simillimum, then, it seems clear, is to be found in the kind of nervous irritation which produces these results, and not in the results themselves. In short, in the symptoms indicating the condition of the nervous system.

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## Obituary.

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DRS. JOHN T. TEMPLE, WILLIAM E. PAYNE, CARROLL  
DUNHAM, AND G. D. BEEBE.

DR. JOHN T. TEMPLE.

Another Nestor of Homœopathy has passed away. Dr. Temple was the pioneer of Homœopathy in St. Louis. He was born in Virginia in the year 1803; graduated in Philadelphia in 1824, and, after practicing in Philadelphia and Washington, he removed to Chicago in 1833, where his attention was called to Homœopathy by Dr. D. S. Smith. In 1842 he began the practice of Homœopathy in St. Louis in the face of much opposition. During the cholera of 1849 he and a partner treated 1560 cases, with a loss of 3½ per cent.

In 1857 he obtained a charter for the Homœopathic Medical College of Missouri, and was Dean of the St. Louis College at his death.



Dr. Temple was a kind hearted man and labored earnestly to advance Homœopathy. His memory will be cherished by all who knew him.

At a special meeting of the Clinical Society of the Hahnemann Hospital of Chicago, held on the evening of March 24th, 1877, proper resolutions of respect to the memory of the first three physicians were passed and ordered to be spread upon the records of the society. Dr. D. S. Smith made a brief address concerning his life-long friend Professor Temple; and Dr. A. E. Small gave a brief but very interesting sketch of the life and labors of

DR. WILLIAM E. PAYNE.

Dr. Payne was born in the town of Unity, Me., Nov. 25, 1815, and died on the ninth of the present month, aged sixty-one years three and one-half months. His early education was sufficiently liberal to admit of his admission into the medical department of Bowdoin College, in which he held the post of Demonstrator of Anatomy during the years of 1837 and 1838, and for which he received honorable testimonials. He commenced the practice of his profession soon after, in the city of Bath, Me., and gradually rose to distinction in his chosen profession.

In 1840, a copy of Hahneman's Organon came into his hands, which he read and re-read with increasing interest, until he was induced to make a practical test in the sick room, of the principles set forth therein. His first trial was in a case of pneumonia, so desperate in its character, as seemingly to defy all treatment. The prompt response to the remedy which he affiliated on the Homœopathic principle, and the rapid recovery of his patient inspired him with courage to make further experiments, which were crowned with equal success.

He then compared the results with his former experience and was led to embrace the doctrines of Hahnemann. He was the first resident physician of the state who became a convert to Homœopathy, and among the first in the New England states. His skill and intelligence soon made him widely known and secured for him a national reputation. Cicero was not more rejoiced when he discovered the tomb of Archimides, than was Dr. Payne when he saw the mists of Allopathy totally eclipsed by the radiant light of *similia similibus*. For many years he enjoyed the reputation of being a representative man in our national society. His writings have been a valuable addition to our literature. He was present and became a member of the American Institute of Homœopathy, at its first session in 1844. Since then he

was once honored by being elected president of this body, and for some time he held the office of Corresponding Secretary. The profession is indebted to Dr. Payne for his indefatigable labors as a member of the Bureau of *Materia Medica*, and for his introduction into our *materia medica* of the *Lilium tigrinum* and other remedies.

He was one of the editors of the *North American Journal of Homœopathy* for a period of seven years, and was honored by being selected to deliver the oration at the celebration of the centennial birth-day of Hahnemann, April 10th, 1855. He was invited to professorships in different colleges, which he was obliged to decline.

He made two trips to Europe, and visited the principal cities and hospitals in Great Britain, France, Germany, Italy and Switzerland. He held several civil offices: he was a member and President of the Board of Aldermen of the city of Bath; was appointed by the state, physician of the Soldiers' Orphans' Home, and for several successive years was city physician.

Dr. Payne was an honorable, honest and upright man, social and genial, a true friend, and an exemplary Christian gentleman. He has been long and favorably known as a member of the New Church (Swedenborgian.) He was married in 1843 to Mrs. B. A. Hatch, who is now living, and by whom he had ten children,—the eldest of which is the present Dr. Frederick W. Payne, of Boston.

Having enjoyed an uninterrupted friendship with the deceased for more than thirty years, I have thus recounted a few of the particulars of his valuable life, hoping that the resolutions which I have offered will meet with a unanimous approval.

DR. CARROLL DUNHAM.

J. T. Temple

After reading a biographical sketch of Dr. Dunham, the main facts of which were given to THE UNITED STATES MEDICAL INVESTIGATOR in January, 1876, by Dr. Alfred K. Hills, of New York, Dr. Ludlam said:

This, then, is the briefest possible sketch of the professional career of our friend. His life was not full of incident, but of excellence. His traits were those of a *true* man. At the meeting of our national society he was the one who moved about the most quietly; who came and went with the least parade; and who, while he spoke very seldom in debate, always talked to the purpose. He was the member whose committee *never* failed to report, and whose papers were *always* well-digested, clear, concise, practical, and ready for the printer. He was the source of appeal for men on both sides of mooted questions; and

his counsel was sure to be clarified with good sense and judgment. No matter what the circumstances, in reading his writings, or in hearing him speak, one never felt like discounting the treasures which his ship would bring into port.

Dr. Dunham was a singularly modest man. There was nothing meretricious about him. His attainments were of a very superior order, but only his best friends knew what a student he had always been, and what was the pattern, and finish, and worth of his intellectual furniture.

His influence was almost unbounded. He had the skill and the tact of a great diplomatist, but these were never used for his own personal purposes. His pen was his sword,—the sword of Melanchthon, and not of Luther—bright, keen, *trenchant*, but it can truly be said that it never “carried a heart-stain away on its blade.”

He was not fond of controversy; but whoever supposed that he could not defend his views most gallantly, would be very much mistaken when the next magazine brought his rejoinder. You will find one of the most forcible of these papers in Vol. IV. of the *United States Medical and Surgical Journal*. It is a great deal to say of one who wrote so much as he that he has not left an untruthful, an ill-tempered, or a silly word on record. Nor was he ever guilty of the trick of putting forth opinions which are, and which must always be, incontrovertible, merely because they are unintelligible.

His lot was cast in a country, and in a period in which the greatest possible differences of medical belief and practice prevailed. In the Homeopathic school, the interests of which were so dear to his heart, there were opposing factions. The germs of illiberality had been carried into our own field, and dropped there, as the passing trains sometimes carry the seeds of plants for hundreds of miles across our prairies and drop them in a congenial soil. Our literature was in danger of being overrun by the ill-weeds of prejudice,—which were never “designed for the healing of the nations.” We were likely to become as bigoted as the school from which Hahnemann and his early disciples first colonized. If Homeopathy was to survive, these threatening conditions must be overcome. In America, at least, we must have a leader who could harmonize our forces, and turn our guns the other way. No mere dogmatist could do this; and no man whose attainments and experience failed to command the confidence and the respect of all parties could hope to achieve such a result. If he were noisy and pretentious, puffed up, or pugilistic, unjust, or biassed in favor of

the one or the other, he would not be the man for the place. He must be learned and liberal, earnest in his convictions, but of an elastic and charitable spirit. His influence must operate silently, like the rays of light, which come so far and fall so softly; and it must be grateful, or it would do but very little good.

It was because our friend had precisely these qualities that his address before the American Institute, in 1870, upon *Freedom of Medical Opinion and Action*, had such a wonderful effect. The building in which that oration was delivered became a smouldering ruin in our great fire; but the principles enunciated by him there, and the very words by which they were set forth, will survive, and continue to exert their influence until the final conflagration of all things.

Throughout the civilized world, wherever Dr. Dunham was known, there was scarcely a member of our school of medical belief who would question the results of his experience, and nobody doubted his word. He had faith in the ædium and higher potencies, because he had tested their efficacy, and we had confidence in his conclusions, because we trusted the man himself. Surely, it is no reflection on his friends and ours, who yet remain faithful, and who continue to carry weight in their professional relations, to say that his following was a very large and influential one, and that, in this sorrowful emergency, there is no one to fill his place.

Although Dr. Dunham's writings were chiefly upon materia medica, they are more largely clinical and therapeutical than speculative. They are characterized by a remarkable discernment of the cardinal peculiarities of the drug in question, and by a perspicuity of statement concerning them, which, while it does him infinite credit, is quite exceptional in that department of our literature. You will find a remarkable illustration of this gift in his hints upon the nervous prostration which is characteristic of *Silicea*, and also in his lecture upon the *Rhus toxicodendron*.

There are no broken rainbows in his phraseology, and no arbitrary or illusory promises for those who take his counsel, and who test his conclusions. Given the conditions, what he says of the sphere and of the capacity of a remedy may be depended upon implicitly. And his statements will continue to be verified while physicians continue to prescribe *Platina*, *Sepia*, the *Lilium tigrinum*, and the other remedies of which he has written so carefully and so well. All of these writings merit a separate publication, in order that they may be accessible to us in our daily work.

There is one phase of Dr. Dunham's character which cannot fail to interest us, as members of a clinical society, the design of which is to collect, to compare, and to record the results of our combined experience in the various departments of medicine and surgery. I allude to his tact in perceiving that in kind as well as in quality, our professional gifts are not all alike; and to his readiness to give every man credit for the good that was in him — whether he worked in the field of *materia medica*, or in some other specialty. This rare and generous trait made him a source of inspiration to his brethren, and gave a peculiar emphasis to his words of encouragement for them. Some of us can never forget what we owe to his memory for this remarkable catholicity.

Dr. Dunham was the originator of the project for holding the World's Homœopathic Convention in Philadelphia in June last. The confidence in his ability to manage this scheme was so great that our National Society gave him full power to arrange its details, to associate with himself such members as he might select, and agreeably to his own idea, to call the ends of the earth together for mutual confidence and encouragement. In 1875 the Institute honored itself by electing him president for the year 1876, when the fruit of his special labor should be fully ripe. How thoroughly he performed the duties of that office, and how he dignified his profession at the desk of that great convention, who that was present can ever forget?

A detailed history of that convention, of which he was the sun and the center, would show that, in carrying out his plans, he performed a task of which very few men are capable. Under date of April 27, 1876, he wrote me :

"The responses of our friends from abroad are gratifying. Two years ago I had not much confidence, but when I found the thing *was to be*, I determined it *should be a success*."

And then follows a list of foreign communications in hand, in half a dozen languages, which aggregated 1456 pages of manuscript! These communications, and all others of a similar kind, were either translated by himself, or their conversion, when necessary, into our vernacular, was superintended by him in the minutest particular. They were first collected by him, through a voluminous correspondence, then translated, and finally printed under his personal supervision. His careful eye scanned the "proofs," which were thick as autumn leaves blown into the vestibule of our last place of meeting, but alas! it was never to look upon the published volumes. For,

before they could issue from the press, he himself had passed away!

How characteristic, and how prophetic is a passage which I find in another of his letters: "The fraternal feeling which grows out of this convention-business is one of its pleasantest features. Of course I have convention on the brain—I sleep, eat, and live it; and have put some of my best blood and life into it; *but hope to have some left when it is over.*"

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### In Memoriam.

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Called from earth to his home above,  
 Angels greeted him with love—  
 Rest he'll have now his work is o'er,  
 Rest on the beautiful evergreen shore.  
 Over for him all the sorrows of life;  
 Lulled into quiet, all noise and strife;  
 Labors are ended, Reward—endless life.

*Doctors*, remember his last great speech,  
 Unceasingly aim his wisdom to reach;  
 Never forget the Centennial meeting,  
 How kind, how pleasant to all, his greeting.  
 Around him were friends of different age,  
 May they all imitate Dr. Dunham, the Sage.

MRS. S. A. N. KIMBALL.

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#### DR. G. D. BEEBE.

Another prominent physician from our ranks with heart disease. Dr. Beebe died April 11. Dr. B. like Dr. Dunham, carried a hypertrophied heart for years which seems to have impelled them both to greater usefulness. While Dr. Dunham stood in the front rank of materia medica men, and was soothing and gentle as the Homœopathic remedy, Dr. Beebe was a bright star in the surgical firmament, and was incisive and radical in character.

Born in the east and laboring in the west his professional life of twenty short years is well known to all. He was a bold, brilliant and successful operator. At a meeting of the Homœopathic physicians of Chicago, held at the Tremont House April 12th, Dr. D. S. Smith presiding, the following resolutions were adopted, after many earnest tributes to his memory by a large number of his colleagues:

WHEREAS, Our distinguished colleague, Dr. Gaylord D. Beebe, has been summoned from among us at the noontide of life and in the fullness of his power, therefore,

*Resolved*, That in his death the Homœopathic profession has lost one of its ablest advocates, and the surgical galaxy one of its brightest stars.

*Resolved,* That we present his record of loyalty to principle, and his ever-abiding professional courtesy, as well as his unceasing zeal, in promoting the interests of a higher medical and surgical education as examples worthy of emulation.

*Resolved,* That, as his professional brethren, we are called upon to mourn his loss not only as a surgeon eminently skillful, but as a citizen highly endowed with moral and social attributes.

*Resolved,* That we tender to his family our individual and united sympathy.

*Resolved,* That these resolutions be furnished the daily papers of this city, and the medical journals of the country, and that a copy be presented to the family of the deceased.

Dr. Cooke stated that a week ago, when Dr. Beebe came home from the south, a letter came to him saying, "I have returned to hold an autopsy on this aching heart," words that have been sadly prophetic. He said to his wife afterward that he was sorry that he could not hold it himself.

The Committee on Arrangements reported the selection of the following pall-bearers: Drs. Smith, Shipman, Small, Cooke, Fellows, and Eldridge.

On motion it was resolved that the Homœopathic physicians attend the funeral in a body, meeting at the late residence at 1:30 o'clock on Sunday. A large assemblage attended the services at Plymouth Church, on Sunday afternoon, April 15.

Dr. Beebe's contributions to our literature were many, and a committee was appointed to prepare a suitable memoir.

A full report of the autopsy will be given subsequently.

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## Pharmaceutical Department.

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### *THE CHEMISTRY OF OUR MATERIA MEDICA.*

BY T. D. WILLIAMS, M. D., CHICAGO.

Presented to the Illinois Homœopathic Medical Association.

That condition which is recognized and by man termed life, in origin, depends upon inorganic chemistry. Every bone, sinew and muscle, every tissue entering into the formation of structural growth represented in animal life, or cognizant to man in the vegetable kingdom, is from the inorganic world; in them there is a constant transition or transposition of inorganic matter to form organic structure, and *vice versa*. All organisms are constructed by a process of compilation;

by the absorption, assimilation, and subsequent deposition of matter derived directly or indirectly from the inorganic, to construct the organic world; the gases, the fluids, the solids; in fact, all substances entering thereinto, either collectively or individually, are from this one great source, via inorganic chemistry.

The great Author or Creator of worlds created these thousands of living genera from the antediluvian animalcule's infusoria, upward and onward in progressive series to the form of man created He them, that all should be subservient to Him. He has given to them three gases and one solid; three gases that enter into the composition of the air we breathe; two of which form the water we drink; and all, through chemical affinity, producing the food we eat.

Plant life is an intermediate creation between the inorganic world and the animal kingdom. It is said that in all ages and under all circumstances and varied conditions of his existence upon the earth, man has been dependent, more or less directly, for his support upon the plants growing upon its surface. The first great service that the Creator did for man was began in the carboniferous period of the earth's formation. At a period when the earth's temperature was not only too great for man to live, but when the atmosphere was surcharged with carbonic acid gas. Mons. A. Brongniart estimates the quantity of carbonic acid gas during this period to have been from seven to eight parts in a hundred, while now there is only one thousandth part in every hundred. It is obvious that the creation of vegetable growth was therefore necessary, that this large proportion of carbonic acid gas should be dissipated before the era of man; and it is *prima facie* evidence, therefore, that God created vegetation for the life of man. We, as physicians, do not understand the anatomy and physiology of plant life; we, as physicians, are not botanists; but, as physicians, we are supposed to be qualified in relation to the anatomy and physiology of man. That we may more thoroughly understand vital phenomena, it is essential that we should understand the physio-chemistry of plants; as in the physio-chemistry of animal growth we trace many substances down through plant life to their inorganic origin. We know that there is a constant interchange of gases, of fluids, and of solids, which entering into the various tissues, we recognize a chemical phenomena.

It is said that the Homœopathic Pharmacist is in no way governed by the laws of chemistry, but by pharmacodynamics (the medicinal power of drugs). This assertion I am personally able to refute. If



the law of similia depends upon the medicinal power of drugs, it also depends for that power upon the purity of the drug. It is a well authenticated fact that a perfect chemical preparation cannot be otherwise than pure, and it is positively understood, and every practitioner of Homœopathy strives to impress upon the mind of not only his student, but of his colleague, the necessity of absolute purity in each and every preparation. Nature's laboratory furnishes to us the most perfect of chemical combinations.

As we have said, the atmosphere we breathe, the water we drink, and the food we eat, when used in accordance with hygienic law, will positively support or sustain life, and, we will add, if neglected, will as surely induce disease. Every substance entering into structural growth is composed of one or more of the four elementary substances, oxygen, hydrogen, nitrogen, and carbon. These, symbolized and systematically arranged, represent every substance of either an acid, alkali or of neutral base, entering into the construction of the tement—Man.

As we have remarked, plant life is an intermediate—a stepping-stone in the progression of an all-wise Creator—the link which binds man to earth.

Many of our remedies are inorganic substances—chemical products. To these, the following, I especially refer, because of an analysis already made :

Acidum Acetic	Formula.	C4 H3, O3,
“ Nitric	“	NO5,
“ Hydrochloric	“	HCE,
“ Sulphuric	“	SO3,
“ Arsenious	“	AsO3,
“ Phosphoric	“	PO5,
“ Oxalic	“	C2O3,

are direct chemical combinations of oxygen (acid) with metallic bases. These, with the exception of the acetic, nitric, and hydrochloric acids, (oxalic acid being an oxygenized carbon, derived from plant life )

Alcohol.	C4 H5 O×HO.
Brucia.	C46 H26 N2 O3.
Caffeine	} C16 H10 N4 O4.
Theine	
Camphor.	C20 H16 O2.
Cinchonia sulph.	C40 H24 N2 O2 SO3.
Codeia.	C36 H21 NO6.
Conia.	C16 H15 N.

Creasote. C14 H8 O2.

Glucose. C12 H14 O14. (Grape Sugar.)

Cane Sugar } C 12 H11 O11.  
Sugar of Milk }

Starch. C12 H10 O10.

*Morphia sulph.* C34 H 19 NO6 SO3.

*Strychnia sulph.* C44 H23 N2 O4 SO3×7 HO.

The above ethers, alkaloids, and salts, are the result of chemical manipulations, and are from plant growths. They are distinguishable one from another by their different chemical combinations; (formulas) or—the relative position of their equivalents of oxygen, hydrogen, nitrogen and carbon. Their effect upon the human body, either as curative or toxic, depends upon these equivalents and their changes; that is, the effect of one differs from another, because of a difference in the arrangement of their formulas.

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## Medical News.

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**The Illinois Valley Homœopathic Medical Society**, to be held in Mendota, Ill., Thursday, May 3d, 1877.

**The Illinois Homœopathic Medical Association** meets in Peoria May 15 and 16.

**Minnesota State Homœopathic Institute.**—The eleventh annual session will be held in the city of Minneapolis, Minnesota, May 15th and 16th, A. D. 1877.

**The Homœopathic Medical Institute of the State of Missouri**, will meet at Boonville, Mo., May 9, 1877.

W. H. JENNY, M D., Sec'y.

**Honor.**—Dr. H. N. Baldwin was the valedictorian at the Hahnemann Medical College Commencement, and not Dr. Robey, as published.

**Joint Conventions.**—The Western Academy of Homœopathy will meet in Indianapolis, May 29th, 30th, and 31st. The Indiana Institute of Homœopathy will meet in connection with the Western Academy.

**Dr. Hoyne's work**, Part II, will be out in a few days, for sale at this office. Price \$1.00

**New York Ophthalmic Hospital.**—Report for the month ending March 31, 1877: Number of prescriptions, 3,235; number new patients, 399; number of patients resident in hospital, 27; average daily attendance, 120; largest daily attendance, 177.

ALFRED WANSTALL, Resident Surgeon.

**Prof. Ludlam's work on the Diseases of Women**, of which Mr. C. S. Halsey, has just issued a third edition, has been translated and is now being printed in Paris, France, in the French language.

**Night Work.**—An old physician, who was formerly an Allopath, said he did not have one night call now, as a Homœopath, where he had five before as an Allopath. It is one of our rules never to disturb the patient's sleep with drugs, so they do not disturb our slumber.

**Western Academy of Homœopathy.**—The next regular meeting of this Society will be held (together with the Indiana Institute), at Indianapolis, Indiana, May 29, 30, and 31, 1877. Members will please forward titles of papers at once, that they may be published with the programme to be issued shortly. This is very important—send at once. Some sterling papers are promised, yet it is desired that every bureau do its work, that each special branch of medicine may be fully discussed.

J. MARTIN KERSHAW, St. Louis, Gen'l Secy.

**Testimonials to Dr. Dunham.**—I wish you to thank J. K. C. for me for his kind words in memory of Dr. Dunham. They express just what we all feel, but so few of us can say. I knew Dr. Dunham, and am overwhelmed by the loss. It seems to me he has done more for Homeopathy than any other man except its discoverer, Who but Dr. Dunham could have evolved order out of chaos, as he did in the *American Homœopathic Review*?

C. W. BOYCE.

**The Kansas and Missouri Valley Society** will meet at Topeka, Kansas, on May 2d, 1877.

#### BUREAUX.

**Surgery**, W. H. Jenney, M. D., chairman. Geo. Dick, M. D. **Obstetrics**, A. B. Stockton, M. D. chairman. E. C. Morgan, M. D. **Physiology**, H. F. Klemp, M. D., chairman. W. H. Gilley. **Officers**, Dr. L. Davis, president; Dr. A. B. Stockton, vice-president; Dr. W. H. Jenney, general secretary and treasurer; Dr. W. H. Riley, corresponding secretary. **Censors**, Dr. Hall, Dr. Hudson, Dr. McAllister, Dr. Dick. **Directors**, Dr. Edie, Dr. Johnson.

**Ophthalmology.**—The following "bill of fare" has thus far been provided by the Bureau of Ophthalmology, Otology, and Laryngology, of the American Institute, to be served at Chataqua Lake, in June: Irido Cyclitis, T. P. Wilson, M. D., Cincinnati, Ohio; Plastic Iritis, W. A. Phillips, M. D., Cleveland, Ohio; Serous Iritis, Geo. S. Norton, M. D., New York; Cheroiditis, C. Th. Liebold, M. D., New York; Glaucoma, W. H. Woodyatt, M. D., Chicago; Consequences of Suppurative inflammation of the Middle Ear, H. C. Houghton, M. D., New York; External Otitis, F. H. Foster, M. D., Chicago. **Tonsillar Hypertrophy**, its influence on the mental and physical development of children, E. J. Whitney, M. D., Brooklyn. Volunteer papers have also been solicited, and promised by a number of the members throughout the country. Others are yet to be heard from, and an exceedingly interesting time may be expected. W. H. WOODYATT,  
Chairman.

# 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.

DUNCAN BROS., Publishers.

67 Washington St., Chicago, April 15, 1877.

## FOR SALE.

**FOR SALE.**—Grauvogel's Text Book. Price \$6.00. Address L. 3, this office.

**FOR SALE.**—A Hypodermic Syringe. New and in good order. Price, \$5 00. Address X., this office.

**FOR SALE.**—Franklin's Surgery, vol. II, bound in sheep, new. Price, \$5, address D 3, this office.

**FOR SALE.**—A good house, in a beautiful village, in southern Wisconsin. Price exceedingly low. An excellent practice will be given up to the purchaser. No Homeopathic rival. Address B. this office.

**FOR SALE.**—Allen's Materia Medica, vols. I, II, III, and IV, bound in cloth (new). Price, \$5 each; also, vol. IV, bound in half morocco, \$8, post paid to any part of the United States. Address M., this office.

**FOR SALE, LEASE OR EXCHANGE.**—One-third or more interest in the Sanitarium Buildings (furnished), at the White Sulphur and Tar Springs, Ky. Also in the Springs and in the 300 acre farm (stocked). These waters have effected some very remarkable cures of Rheumatism, Bronchial, Lung, Dyspeptic and Nervous diseases. Scenery grand. Send for circulars, etc., to JAMES G. HUNT, M. D., Cincinnati, Ohio.

**WANTED.**—A physician with cash capital of \$1,500 to \$3,000 to help enlarge my Sanitarium, and take a half interest in the same. Reasons for wanting a partner is the fact that I am but just recovering from consumption and do not wish to make the frequent examinations that they require. Address, G. R. PARSONS, M. D., Kerrville, Texas.

**WANTED.**—A graduate of a Western Homeopathic college, ten years in practice and considerable experience in surgery, would like to enter into partnership with a physician on or south of the Ohio river, who has more business than he can attend to, and wishes assistance. Object—a warmer climate; capital is limited. Address "Partner," this office.

**WANTED.**—A student to devote one year to Pharmacology, prior to and in unison with the Lecture Course of the winter 1877-8. Address, DR. T. D. WILLIAMS, No. 9 Aberdeen St., Chicago.

## WANTED.

**WANTED.**—Medical Investigator, vol. I, II, III, IV, *Old Series*. State condition and price. Address, D. A. H., this office.

**WANTED.**—February 1st number, 1876. Twenty-five cents will be paid. Send to S 1, this office.

**WANTED.**—January 1st number, 1876; 25c. will be paid. Send to B., care this office.

## SANITARIUMS.

**OAKGROVE SANITARIUM.**—Prof. H. P. and Mrs. A. M. Gatchell, M. D., Physicians—has been transferred from Kenosha to Highwood, Ill., twenty-five miles north of Chicago. Rooms and situation very pleasant, grand lake view from bold bluffs on the shore; fine drives and walks in summer, besides good boating and fishing. Horace Gatchell, Associate Physician and Business Manager.

**THE KERRVILLE SANITARIUM.**—The mountainous country of southwestern Texas is now acknowledged to be the most healthy resort in the world. Travelers, tourists and invalids declare the scenery beautiful beyond description. I have opened near the head of the Guadalupe river, sixty-five miles northwest from San Antonio, a "Sanitarium" for the reception of "Consumptives" and others needing a change of climate. Correspondence solicited. Address, G. R. PARSONS, M. D., Kerrville, Kerr county, Texas.

## RARE OFFERS.

**\$7.** will secure Gilchrist's Surgical Diseases (\$3 50), and this journal for one year. (If book is to be sent by mail, 16c should be added for postage.)

**\$8.** will secure Volumes I. and II. (\$5, the year 1875), and Volumes III. and IV. (\$5, the year 1876) of this journal.

**\$8.25** will secure Hoyme's Materia Medica Cards (\$5 00), and this journal for one year.

**\$5.75** will secure Hoyme's Clinical Therapeutics, Part I. (\$1 00), and this journal for one year.

**\$5.75** will secure Campbell's Physicians' Memorandum and Account Book (\$1 00) and this journal for one year.

THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

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*New Series*, VOL. V., No. 9.—MAY 1, 1877.—*Whole No.* 189.

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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

VIRGINIA, Nev., April 15.—It is very healthy here just now. No epidemics of any kind. Scarlet fever and diphtheria entirely disappeared.

H. KNAPP.

BAY CITY, Mich., April 15.—Our city has been alarmingly healthy this winter. There are at present some cases of small-pox. Scarlatina is prevailing to some extent. Last week I confined a lady with her seventh child, weighing twenty-one pounds. "How is that for high?"

C. A. WALSH.

PHOENIXVILLE, Pa., April 18.—Nothing special from the "field." About the usual quota of pneumonias. Some quite severe, but all, so far, have yielded to careful treatment. The old stand-bys, *Bry.*, *Phos.*, *Tart. em.*, *Lyc.*, and *Sulph.*, never but one at a time, being chiefly employed.

L. B. HAWLEY.

MILWAUKEE, April 12.—Have had a great deal of small-pox and scarlet fever of a severe type here during the winter. The former was especially fatal among the Polish exiles who occupy the southern portion of the city, who for the most part, religiously refuse to be contaminated by vaccination, or contact with water, air, sunlight or doctors, when they are sick.

J. LEWIS.

NEW YORK, April 15.—The city is healthy, but bronchial catarrhs, thanks to not cleaning the streets, the rule. Everybody suffers more or less. Our board of health deserves a leather medallion, for, were it otherwise, our city would be very healthy. You know we have always a little of everything, and people, even children, will die. Remedies? Study your materia medica, and go to old headquarters for it.

S. L.

SANTA BARBARA, Cal., April 5.—I think THE UNITED STATES MEDICAL INVESTIGATOR improves every year, and should be taken by every Homœopathic physician. Those clinical observations are a great help to the profession, and would be much better if the contributors would give the potency, as well as the remedy they use. Of course we have had our share of diphtheria, but it has been very light to what it used to be in the states. I think all diseases are milder, and yield more promptly here than in the states.

A. D. RISDON.

CALCUTTA, April 23.—“A serious outbreak of cholera has occurred in Akyab. Twenty-five per cent. of all the European population died in thirty houses.” Akyab has over 15,000 population, and is situated at the mouth of the Aracan river in British Burmah, which is on the east shore of the Bay of Bengal, a very sickly section. As cholera was reported in the lower Euphrates 350 miles west of this point, we may expect to hear more of this, and possibly see some of it. It will likely take a hand in the Russia-Turkey war.

STAFFORD SPRINGS, Ct., April 16.—We are having very little sickness here at present. In fact, it has been a very healthy year. Are having a little scarlet fever scare just at present. Cases, so far, of a very mild type, but cannot tell what may develop from it. *Gels.* and *Bell.* have been the prominent remedies so far, although I had one case that called for *Rhus*. I think a great deal of *Rhus* in those cases that incline to a dingy, brownish-red. Pneumonia has been the prevailing disease this spring, and latter part of the winter. *Bry.* and *Phos.* have been the principal remedies.

C. S. SPRAGUE.

LYONS FARMS, April 9.—The diseases prevalent here since the opening of the year, have been confined pretty much to throat complaints, bronchitis and rheumatism. Bronchitis especially prevailed the last two months, but there were only two cases of pneumonia, so far as I can learn, one of which fell to my lot. In one case of bronchitis calling for *Rhus* 7, there was a severe frontal headache, coming on early in the morning, and lasting till 10 or 11 A. M. He would feel much better the *latter part* of the day. In the pneumonia case referred to, I found the patient (a colored woman), three or four days along with the disease, which in *this* case affected the right lower lobes, with pain extending into the axilla, and a severe headache on the corresponding side (the right). Vomiting of everything eaten and drank, as soon as it *became warm* in the stomach, furnished me the indication I was in search of, and remembering Dr. Pearson's suggestion, I left her *Phosphorus* 200 (Dr. Dunham's). The headache was shortly greatly lessened; her temperature 99 on the morning of the second day following, and the urine, at first "diarrhœic colored" (probably from the admixture of blood), shortly afterward cleared, and with the aid of "fried onion" poultices, she was dismissed on the fifth day after the first administration of *Phosphorus*.

J. E. WINANS.

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### CONSULTATION CASES.

#### COUNSEL WANTED.

I see many difficult cases are given, and advice asked, through the columns of your excellent journal. I too, have a case which I wish to present, and sincerely hope any one able to advise me in relation to its treatment, will do so.

Mrs. M., aged forty-eight years last September, light complexion, blue eyes, weighs about one hundred and twenty pounds. Always enjoyed good health up to the spring of 1870, when, after some time of general lassitude, for a few days, she was troubled with double vision. This was followed by an acute pain, shooting from the tip of the left elbow, down the little finger, making it and the third finger numb. An unwieldiness of the lower limbs soon began to appear. There was vertigo; some confusion of speech, and for a short time, a very acute sense of hearing. Difficulty of locomotion increased, accompanied by great prostration, and for a short time, an utter inability to direct

either hand, at the first attempt, to any particular point. Soon an intense pain commenced coming on, after irregular intervals, behind the left scapula, involving the whole arm, and sometimes even the whole of the left side. During this time there was no pain in the back or head, but at different times, when she bent the head forward, she felt what she described as a creaking sensation, running down the thighs. After about three years she lost the power to walk altogether, and about the same time there began to be a tremulous motion of the feet and legs, after being moved from chair to chair, and she began also to exhibit a singular sensitiveness to touch. The touch of the elbow or foot of a companion in bed, or even the moving of the bed-clothes, touching the face, producing a momentary, spasmodic extension and rigidity of the lower limbs, soon to be relaxed again, by remaining quietly at rest. Present condition, seven years after commencement of illness. Sight, hearing, smell, taste, and memory, perfect. When assisted upon her feet, can stand for a moment, by holding fast to something with her hands. Sometimes can get her heels to the floor, and sometimes, owing to contraction of the muscles of the legs, she cannot. Inability to move or use the feet. Sensation to touch in feet and legs she declares to be nearly normal. Feet and ankles inclined to swell during the day. Swelling some in the morning. Feet and legs *very much* inclined to be cold. Will get *very* cold, sometimes, in a warm bed, during the night. Again, at times, will be very hot and burning. A touch, by the movement of a person in bed, or taking hold of her, to help her, or taking hold of a foot, to put on a stocking, producing a stretching sensation, or a momentary spasmodic extension and rigidity of the lower limbs, the upper limbs not being involved. When lifted from the bed to a chair, a tremulous motion of the feet and legs will frequently come on, which may be easily controlled by placing the hand upon the knee, and pressing the foot firmly to the floor. Never has had any pain in the lower limbs or spinal column. Has at times considerable aching pain in arms and shoulders, but not nearly so much as formerly. The fingers and hands feel numb, and with the arms, are weak.

Can feed herself if the food is so prepared as to require very little strength. Can wheel herself in a wheel chair over a smooth floor. Catamenia, which had always been regular, ceased about eighteen months ago. Laying the hand upon the bowels, and pressing firmly, she says produces a sensation as if there was a large stone in the bowels. Never have been able to discover any uterine disease.



Spasm of the sphincters, making evacuation of both bowels and bladder difficult. Occasional incontinence of urine. Quite a predisposition to have colicky pains in the night, producing, if not soon relieved, one or more diarrhœic evacuations. I had almost forgotten to say that for the last few months, and for a few months only, there has been a tendency to an occasional violent flexing of the lower limbs, at the knee, requiring, in a second person, a considerable degree of strength to overcome. The appetite is fair, and the sleep at night, if undisturbed by the pain spoken of, is good.

Having been brought up in the faith of Allopathy, after failing to obtain help from any of that school in the vicinity of her home, and hoping to receive it from some one of, perhaps, larger experience in that form of disease, in the fall of 1873, she visited the city of New York, where her case was pronounced upon by several of the so-called best physicians, among them, Dr. E. C. Seguin, Dr. A. Jacobi, Dr. Meredith Clymer, and in the spring 'of 1874, she was seen and prescribed for by Dr. E. Brown Sequard, and remained under treatment prescribed by him — in frictions to the spine, and *Argent. nit.*, with ext. *Hyos.* internally — for four months, but failing to receive any benefit from it; and Dr. Sequard, after the death of his wife, having returned again to Europe, she returned again to her home in the west, where, by the help of such Homeœopathic assistance as I have been able to afford, she has been much more comfortable than she ever had been under Allopathic treatment; whilst her ability to help herself continues *slowly, very slowly*, to fail. Sitting in her chair, judging from her appearance, a stranger would hardly take her to be an invalid. Who can help? Advice gratefully received.

ROCKFORD, Iowa.

N. T. McEWEN.

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#### CASE FOR COUNSEL.

Any information through the columns of THE UNITED STATES MEDICAL INVESTIGATOR as to what shall be done for the following case, will be gratefully received, and due credit given :

T. W. S., aged forty-three, five feet, ten inches in height; weight, in health, about one hundred and seventy pounds; dark hair, blue eyes; sanguine nervous temperament. He has three brothers, one of whom died of phthisis pulmonalis at about forty years of age; six sisters, four of whom died of the same disease. One of his living sisters is troubled with pulmonary hæmorrhage now. Father died of

ossification of the valves of the heart. Does not know what his mother died of. When a boy, was injured by wrestling, near the region of the right kidney. Felt as though a warm fluid was escaping. Partially recovered from that. Injured same place once, six months after, and again, four months from that time. Health began to fail, and thought he would die. Removed from Canada, where he then lived, to Wisconsin, where his health began to improve. Noticed at that time a sediment in the urine, of a milky color and a starchy consistency. In 1870 went to Georgia, and entirely recovered, as he thought. Returned to Cresco in 1872. Health good until May, 1876. Coming home one night, with about twenty-five pounds of flour on his shoulder, caught his foot in sidewalk and fell, striking his head on the right parietal bone, and injuring left side, nearly opposite, but a little above former injury. Does not think he was much shocked at the time. Was able to walk three blocks away, by the aid of one man. No apparent fracture of the bones of the head. Partially recovered, and since then, his health has gradually failed. I first saw him March 3d and found him about as follows: Lungs, perfectly normal; heart, to all appearances, normal, or could detect nothing abnormal. Complaints of the following symptoms: During the day, while walking about, with mind free from care, his head pains him some, but any sudden jar or sound, makes the pains<sup>o</sup> excruciating. Consists of shocks similar to that produced by galvanism. Head feels much worse after a full meal. Principal pains confined to the occiput, near the vicinity of mastoid process, which at times extends down spinal column, as far as tenth dorsal vertebra. As soon as he lies down at night the pains in the head increase, until morning, are of a pulsating, roaring nature. Does not ordinarily fall asleep until 12:30 or 1 o'clock at night, and wakes again at 3 o'clock, and lies awake the rest of the night. Sleep filled with dreams of murder, robbery, and of being near or on the water, about to be drowned, etc. Continuous pain in small of the back, near two and three lumbar vertebra, of a burning nature. Pain sometimes extends into the testicles, sometimes in the bladder, and again in the hips. No symptoms of paralysis of the extremities. By pressing with a good degree of force upon the abdomen, about an inch above the umbilicus, a violent beating or throbbing can be plainly felt, which is much more than natural pulsation of descending aorta, accompanied with a sort of thrill. No tumor can be detected. Abdomen is enlarged to a full degree, which has appeared since the injury. Not much vomiting, but continual nausea. Bowels are regu-

lar; appetite fair; tongue coated whitish-yellow; less thirst than during health. Complexion pale, with prominence of the veins.

Now *what* shall we call it, and what the treatment? Have given *Arnica*, *Bell.*, *Verat. vir.*, *Cimicifuga*, and *Sulphur*. This is a case that has come before nearly every physician in town, and has been in the courts.

CRESKO, Iowa.

S. W. RUTLEDGE.

#### WHAT IS THE DISEASE AND REMEDY?

The following case has perplexed me a great deal:

W. B., aged eighteen, blue eyes, sanguine temperament; weighs one hundred and fifty pounds. Father and mother in good health. Father is a house painter. W. B. is a printer by trade. Has been at the business about two years. Last summer engaged extensively in running, jumping, sommersaults, turning on a pole, etc. Never had rheumatism, pneumonia, pleurisy, or any lung difficulties. In the month of February was attacked by a violent oppressive and painful feeling in the region of the heart, accompanied with a peculiar snapping sound on taking a full inspiration, but it could not be produced at will. This sound could be heard ten or twelve feet away, distinctly. It gave no pain. The pain in the cardiac region was removed by *Arsenic* and *Aconite*. His present symptoms are: Cracking sound continues about as at first, except more distinct and frequent. At first, not oftener than three or four times a day, but now can be heard as often as twenty or thirty. It calls the attention of the patient every time it occurs. It consists of two or three distinct sounds. A pain continues under the left scapula. Patient in good health except this. What is the cause of the snapping? I can detect nothing abnormal except what I have mentioned.

Patient feels worse from 4 to 6 P. M.

What is the treatment?

CRESKO, Iowa.

S. W. RUTLEDGE.

#### DR. W. H. SIBLEY'S CASE,

On page 325, April 1st number of UNITED STATES MEDICAL INVESTIGATOR. I would suggest *Lycopodium* 6, every three hours. I think he will find that this will benefit his patient.

WARRENSBURG, Mo.

W. L. HEDGES.

## ELECTRICITY AND SPERMATORRHEA.

I would like to enquire concerning the merits of the Pulnermacher Galvanic Chain or belt, as a remedy for spermatorrhœa, sexual debility, impotency, etc. Will readers of THE UNITED STATES MEDICAL INVESTIGATOR who have used these belts, please report their experience.

BURLINGTON, Iowa.

G. A. PATCHEN.

## ADVICE WANTED.

Mrs. F. aged fifty, nervo-sanguinous temperament, of compact muscular fibre; menses ceased at forty-five, has had scirrhus of uterus. for two years manifested principally by attacks of hæmorrhage, especially on the slightest touch of the os; for two months past no hæmorrhage of account. Appetite and digestion good, bowels normal. None of the organs or tissues surrounding uterus, nor does any other part of the body appear to be affected by the disease. No tenderness of abdomen over uterus. Can walk about the room, but cannot sit on account of tenderness of the os. With such symptoms, will any surgeon recommend extirpation of the organ?

W.

## THERAPEUTIC HINTS.

From England comes the following interesting letter:

Apropos of THE UNITED STATES MEDICAL INVESTIGATOR. Lymphatic glandular enlargements. *Calc. carb.* and *Calc. iodat.*, 3 cent. trit., are the medicines I find most useful. *Calc. carb.* if there is thirst, constant, even after drinking; sweat on scalp at night; tardy development of bony tissue. *Calc. iodat.* in cases where there is no thirst; tendency to alternate diarrhœa and constipation.

## FOR SALT RHEUM AND CRUSTA LACTEA.

"A. C. C.," January number, page 16, is not "A. C. Clifton," certainly, [no — ED.], who asks questions about "salt rheum. Of course it is curable — has been. "How?" By the practitioner studying his materia medica — and not prescribing for the name of a disease.

"Crusta lactea," how long will it take to cure it? This depends on the nature of the case, and skill of the practitioner. One of the best

remedies is *Croton tiglium*, 3x, three drops *ter die* for a child under two years old, and leave off *washing* the face frequently. Very dirty it will be. Very well. If so, when it requires washing, put a little *thin* starch in the water. Apropos of *nearly all* skin affections, especially impetigo of the scalp and eczema, avoid water, and washing the parts. Let them scab over—even for a month. The scab is nature's protection—if left on till the parts underneath are healed the scab will then fall off, and the parts will heal much quicker by such protection, and by proper medicines. What medicines? Study *materia medica*. In eczema, I allow a wash of thin starch as most soothing.

#### TONGUE HALF CLEAN AND FURRED.

In another number of your journal somebody asks a question as to what medicines for tongue, clean one-half and furred on the other. That is not how the question is worded, but I cannot refer to it now. Where there is that condition I have generally found that it is due to the teeth. On one side there are diseased teeth, consequently patient does not chew on that side, and his tongue is furred, and cleaned on the other side by chewing on that side.

I'll try and keep track of inquiries in your journal—dot down some answers for you.

#### SOME CHARACTERISTICS.

I intend to give an article on characteristics of medicines for one of the journals.

*Carbolic acid* for basilar meningitis—splendid remedy. *Drosera villosa*, windy colic. *Bismuth* in cardialgia, but not lower than the 4th or 5th centesimal. But this I cannot do now.

Have had two cases within the last nine months, of progressive locomotor ataxy, cured by *Conium*, *Causticum*, *Calabar bean*, and *Phosphide of Zinc*. May give history of, some day, when I know that they have remained well two or three years.

Whooping cough, when cough worst on first waking, *Coccus cacti*; if with thick, ropy, mucus-like expectoration, *Kali bich.*; but *Kali bich.* is of no use in *whooping* cough with such expectoration. *Kali carb.* for cough on first waking—without much expectoration.

How strange the coincidence that one of the most frequent Allopathic prescriptions, twenty years ago, for whooping cough, was a combination of *Coccus cacti* with *Kali carb.* NORTHAMPTON.

## CASES FROM PRACTICE.

BY C. PEARSON, M. D., WASHINGTON, D. C.

About one year ago I promised to report at a future time some cases treated with *Tarantula*. On the subject of new remedies I am somewhat conservative, preferring, in general, to rely on those well-tried rather than to "fly to others that we know not of;" but upon reading, some five years ago, the extensive proving of the *Tarantula*, published in the *North American Journal*, and the clinical cases reported, I was fully impressed with the idea that it was destined to become one of the most important medicines ever introduced into our materia medica.

Perhaps it is an error to speak of this as a new remedy, since Dr. Nunez, of Spain, first commenced the proving of it over thirty years ago, and we can only account for its not having come into general use from the fact of the original provings having been printed in the Spanish language. Centuries ago, in Italy, the sting or bite of this spider was thought to be capable of producing a nervous condition, similar to chorea, and yielding only to music and dancing. It is not to be presumed, however, that all, or even a small proportion of the hundreds of victims to this mania during the sixteenth and seventeenth centuries, had been stung by this insect, but that it was to some extent a mental contagion, similar to that of the dancers of St. Guy, in Germany, or to the Tigretier of Abyssinia. It is indeed a powerful poison, that should not be administered below the 200th attenuation. It would appear from the provings that there is scarcely an organ below the diaphragm that escapes its action, and in fact, very few above, but it seems to act more specifically on the bowels, urinary and genital organs, and in inflammation of these parts, particularly the former, when accompanied, as it often is, with painful diarrhoea, will, I predict, when its therapeutic properties are more extensively known, hold the first rank in chorea, from its history, provings, and clinical results, it bids fair to supersede, as far as any one medicine can do, all others.

CASE I. Young man, aged twenty-one, dark complexion, large and strong, had been using *Nitrate of Silver* in solution, as an injection for gonorrhoea, was taken with fainting, sinking chill; great nervousness; vomiting; purging; severe cramps in the bowels, and pain in the bladder; pulse weak, 100; no thirst; tongue dark, as if stained with *Arg. nit.* *Verat. alb.* 200 relieved the vomiting, but for four days

and nights neither *Arsenic*, *Colocynth*, *Cantharides*, or *Apis*, afforded much relief to the excruciating pain in the bowels, worse at night; evacuations frequent, eight to ten every night, and four or five by day. There was frequent and painful micturition, and the patient seemed unable to locate the pain, or to distinguish whether it was worse in the bladder or bowels. The stools were thin and brown, with very little odor; urine not far from normal in color or quantity. There was great restlessness; desire to change position, or to get out of bed and walk the floor; face pale and haggard, with perceptible diminution of flesh and strength from day to day. *Tarantula* 200, in water, cured this case very promptly, when it had progressed to a stage that almost appeared hopeless.

CASE II. Young man, aged nineteen, from exposure, loss of sleep, irregular meals, and indigestible food, had chill; vomiting of bile; diarrhœa and tenderness over the region of the bowels; no appetite; wanted ice; tongue red; position, on the back, limbs drawn up; pulse 90; after five days' treatment with *Arsenic*, *Verat.*, *Colocynth* and *Nux.*, *Tarantula*, as in case first soon removed the whole trouble.

CASE III. Lady, aged forty. Blonde. Courses regular. Suffered with recent attack of pain in region of the bladder. Urination frequent, and very painful; extremely nervous, could get no relief in any position; bowels not much relaxed; no fever; pulse somewhat quickened from pain; tongue only slightly coated; all symptoms worse at night; sleep disturbed. *Bell.*, *Apis*, and *Canth.*, failed to give more than temporary relief, while the action of *Tarantula* 200 was prompt, and the relief permanent.

CASE IV. Young lady, aged eighteen. Dark complexion, slender, delicate, consumptive; menstruation retarded and slight. Attacked with nausea and vomiting; diarrhœa; pain and tenderness in bowels; constant thirst; tongue red; pulse 140; position on the back; limbs flexed; sleepless and restless; inflammation of the bowels, probably caused from eating baked beans. None of the medicines usually recommended in the books for this disease, after three days' treatment, removed any of the symptoms except the vomiting. *Tarantula* 10,000 (Swan), in solution, two teaspoonfuls every two hours. Improvement set in after the third or fourth dose. The medicine was then repeated at longer intervals, and recovery soon followed.

CASE V. Little girl, aged eight years. Bright, healthy, and intelligent looking. Had been troubled for weeks with what appeared to be a weakness of the sphincter ani, to such an extent that the contents

of the bowels passed out as fast as it accumulated. not as a diarrhœa, for the feces appeared to be natural in every respect. No cause could be assigned for this condition, and for a long time the mother supposed it to be the result of carelessness, and resorted to punishment, but the child protested she could not help it, and when urged to use the chamber, it was found that little or nothing passed. The mother assured me that there had been no natural action of the bowels for more than a month. *Sulph.*, 100,000, and *Aloes* 50,000, both failed. *Tarantula* 10,000, one powder every night, till five were taken, cured in ten days.

CASE VI. Gentleman, aged fifty. Dark complexion. Had been for a number of days complaining of headache; pain in the back and limbs; tenderness in the region of the liver and bowels. When called, found all these symptoms very much increased. Confined to bed, pulse 96; tongue, brownish coating, and dry; bilious diarrhœa; fifteen evacuations, not painful, in twenty-four hours, over half of these at night; stools dark-brown and thin, with some lumps of feces of the same color; abdomen sore; no nausea, but disgust of food. For two days neither *Pod.* nor *Merc.* 200, made any perceptible improvement, and for twelve hours, particles of blood resembling the pulp of red pepper, passed with every stool, when *Tarantula* 200 removed all danger. In twenty-four hours, in fact, the relief was so perceptible that the patient could with difficulty be restrained from repeating the dose much oftener than he had been directed.

In addition to numerous cases of chorea, this medicine at the 200th, has been used successfully in spinal irritation, by E. A. Farrington; in coccidynia, by A. A. Gonzales; in somnambulism, by M. Jardien; in pruritis, at the 2000th, by S. Swan; in epilepsy and hysteria, by A. G. Lopez, and in gonorrhœa, intermittent fever, and rheumatism, by other physicians. As widely different as the pathology of these diseases may seem to be, the provings indicate for this medicine an unusually wide sphere of action, and it is greatly to be regretted that a remedy of such vast importance should have so long escaped the observation of our book-makers. I was much disappointed in finding that Dr. Hering makes no mention of it in his new work on *materia medica*, and hope it will not be overlooked by Dr. Allen; for, while it cannot be regarded as a panacea for all diseases, it will soon be found to be unsurpassed, if not unequalled, by any medicine brought to our notice within the past twenty years.



CASE VII. Mr. A., whose name appears on all the United States Treasury notes, aged sixty-three, large and fleshy, weight two hundred pounds, had not been well for two or three days, was exposed to a cold November wind, and taken, at 1 o'clock at night, with chill; great oppression of the chest; difficulty of breathing; pain in the lungs; fast-falling strength. Saw him one hour later, in a sitting position in bed, supported by pillows; pulse 120; quite weak; breathing very labored; constant desire to cough; large quantities of a frothy expectoration of a light-pink color were raised; the face was pale, pinched, and covered with cold, clammy perspiration, having that sour, sickly smell that so often presages death; extremities cold; voice faint and weak, and altogether, the most fearful attack of congestion of the lungs I ever saw. There was no time to lose. *Arsenic* 200 was given, and in thirty minutes the breathing was easier; the cough less; the pulse had fallen to 100, and the perspiration had ceased. In one hour the cough and expectoration had disappeared; pulse 90; breathing freer; one pillow removed, and patient reclined on right side. In one hour more, and just two hours from the time of taking the medicine, I left him in a sound and natural sleep; pulse 80. Next day, sat up a short time. The cough confined him to the house for one week, during which time, other remedies were given, for gastric derangement and nervous prostration.

CASE VIII. Lady, aged thirty-eight. Married, mother of ten children. Had had six chills, tertian type, for which she had received Homœopathic treatment for nearly two weeks, with little or no relief. Chill usually came about 12 o'clock, m., and lasted two hours, then fever till in the night, going off with perspiration, toward morning. Next day, weak; no appetite; coated tongue; confined to bed all the time. Violent dry cough before and during chill. Rheumatic subject. Left four powders of *Rhus tox.* 50,000 (Swan), one to be taken every three hours, commencing with the perspiration. No return of chill or fever since, now ten months.

It has been said that primary agues would not yield to the high attenuations. This lady had never had the disease before. That the high potencies are only suited to children, and persons of delicate nervous temperaments. This patient was not very delicate, weighed two hundred and twenty-five pounds. Theories are very well till found to be fallacious.

*MOSCHUS IN COLIC.*

Spasmodic, cutting, twisting, colicky pains, with "palpitation of the heart."

The lady was under treatment for acute gastric catarrh. Was taken with colic when convalescing. The pains were spasmodic, cutting and twisting, relieved by heat and strong pressure. *Calc.*, *Bell.*, *China*, *Nux.*, *Ars.*, *Ign.*, *Cham.*, were given, without any relief. I had to give as much as one-half grain of *Morphine* to relieve the pain. The above treatment extended over four days, at which time I learned that the paroxysms were accompanied with palpitation of the heart. I recollected that I prescribed *Moschus* for hysteria with palpitation of the heart, with good results, and concluded to try it here. To my joy, it relieved almost immediately. Four days afterward she had another attack, which yielded immediately to the same remedy. I used the 3x in water. I noticed no hysterical manifestations, and unless the whole train of symptoms were hysterical, I cannot account for the result.

A. P. MACDONALD.

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*GALVANO-CAUSTIC TREATMENT OF CHRONIC  
CATARRH OF THE FAUCES.*

Michel was the first physician who employed galvano-caustic in the treatment of this affection. Though some may think lightly of it, many patients desire to get rid of it by all means, as it may, in time, cause digestive troubles, affections of the respiratory organs, anomalies in hearing, etc. Local therapeutics have hardly ever done much good.

We find the mucous membrane of the fauces, either in its entirety, or in some places changed; it may be the lateral part of pars oralis, which is swollen and livid, the arcus palato-pharynges, usually lost in the lateral wall of the pharynx, now protruding, or it is a general hypertrophy of the tonsils, velum palatinum, uvula, the mucous membrane of the posterior wall, or the superior wall with the tonsils. The tonsils and the uvula are sometimes enormously enlarged. The velum and the uvula are frequently exquisitely œdematous, and the blood-vessels strongly dilated. The same vascular ecstacy we meet at the posterior wall of the fauces, where œdema is more rare on account of the rather tense adhesion of the mucous membrane to the bone.

Hyperplasia of the follicles is frequent, and too often they degenerate into follicular ulcers.

The subjective symptoms are often in no relation to the intensity of the objective symptoms. In some cases of high-graded catarrhs of the fauces the patient calls on his physician for some other ailment, and is astonished when he hears of the abnormal state of his fauces; whereas, in other cases, the patients complain a great deal, and still the most minute examination reveals only a very moderate affection. An apparently mild catarrh may cause deleterious effects, or act injuriously on the mobility of the faucial muscles by their œdematous condition, and thus become a cause of deafness. •

Time and patience are necessary for a cure, and Wendt (Zeimssen's Pathology vii. 1), truly remarks: "We must find out what caused and keeps up the disease, and local treatment will be of no avail as long as constitutional dyscrasia is not removed. But even where this is impossible, local treatment will bring amelioration. In fifty cases Dr. Riesenfeld has applied galvano-caustic with decided success. Whereas Michel only used in follicular hypertrophy the glowing wire, Riesenfeld applies it in every chronic catarrh of the fauces. His cauterium is in the form of a knife, and he scarifies with it the posterior wall of the fauces, up to the fornix pharyngis. Uvula and tonsils are cauterized with a pointed wire. Those recurring inflammations of the tonsils, with formation of abscesses, are frequently the cause of these catarrhs. The number of scarifications are in proportion to the severity of the case. In some cases the cauterization must be deeper, and over larger spaces, whereas in light cases, the wire is only carried lightly over the surface, and the interstices may be wider. It is well to immerse from time to time, the instrument in cold water, so that the tongue may not be burned. Immediately after the operation the patient may gargle with cold water, which may also relieve the troubles of deglutition which may appear for the next few days, during which the patient ought only to take bland and fluid nourishment.

An eschar is seen for four to five days, and after the falling-off there is no loss of substance. The whole mucous membrane looks paler and more normal. There may be slight suppuration in the tonsils, where the wire penetrated more deeply, but this also passes off.

It is advisable to make the operation with artificial light, as the operation in some cases can only be performed with the aid of the rhinoscope. (*Zeiterheft Pract. Med.*, 10, 1877). S. L.

[To those familiar with the use of *Bell.*, *Kali bich.*, *Hydras.*, *Sepia*, *Nux*, how crude, nay, barbarous, does such treatment seem. Morse's work on Catarrh, Mayhoffer on Chronic Throat Affections, and Goullon on Scrofulous Diseases, will give light on these cases, so clear that caustics will rarely if ever be needed. Gargling with hot water will lessen the hyperæmia wonderfully.—ED].

### THERAPEUTICS OF THE UTERINE DISCHARGES.

BY HENRY MINTON, A. M., M. D.

SANGUINARIA CANADENSIS.

**Menstruation.**—Too early and too profuse, with discharge of black blood; menses regular as to time, but profuse; suppression of the menses.

**Before Menstruation.**—Abdominal pains, especially at night, as if the menses were about to appear; pain in the loins, extending through the hypogastric region, and down the thighs, followed by the appearance of the menstrual discharge—in cases of suppressed menses.

**During Menstruation.**—Pain in the sacrum; pain in the loin extending through the left hypogastrium and down the thighs; sick headache, usually right side, with a sensation as if the eyes were being pushed out; headache pain starting from occiput, extends up over the right eye and into the forehead. Painful menstruation, dysmenorrhœa, especially in feeble, torbid subjects, with tendency to congestion of lungs, liver, or head.

**Leucorrhœa.**—Especially after the climacteric; it continues after the menses have entirely ceased. Corrosive, fetid leucorrhœa, from ulceration of the os uteri; distension of the abdomen in the evening and flatulent discharges per vaginam; burning of the palms of the hands and soles of the feet.

**Concomitants.**—Anxiety, irritability; she cannot bear to hear persons walk across the room. Headache from occiput to forehead, over right eye; periodical headache; sick headache with vomiting, beginning in the morning, increasing during the day; worse from motion, stooping, noise and light—better from lying still, and after sleep. Frequent obscuration of vision; ears hot, oversensitive to noises. Burning redness of the face; supra-orbital right-sided neuralgia; relieved only by holding the head tight to the floor. Dryness of the lips; tongue as if scalded; coated

white. Loss of appetite; extreme nausea, with salivation and constant spitting; *sensation of a hot stream from the breast to the liver.* Vomiting preceded by anxiety; flatulent distention of the abdomen in the evening, with escape of flatus from the vagina.

Stools thin, undigested, frequent discharge of offensive flatus. Pain in the left hypochondrium, with copious, pale urine; nocturnal urination.

Climacteric changes; flushes of heat; burning in the hands and feet, compelling her to remove their covering to cool them. Discharge of flatus from the vagina, with dilatation of the os uteri. Amenorrhœa in consequence of pulmonary diseases; dysmenorrhœa in feeble, torpid subjects, with tendency to congestion of the lungs, liver and head. Ulceration of the os uteri. *Polyypi of the uterus.* Stitches in the breasts; nipples burn, are sore and painful; tickling in the throat in the evening, with slight cough and headache; dry cough, which ceases when flatus is passed up or down. Aphonia with swollen larynx. Palpitation of the heart; pains in the sacrum from lifting.

#### SARSAPARILLA.

Menstruation.—*Retarded,* with frequent desire to urinate. *Menses* too late and too scanty, with acrid burning blood, excoriating the insides of the thighs.

Before the menses.—*Itching and humid eruption on the forehead,* burning and becoming moist on rubbing; soreness in the right groin, and of the *right hip.* *Frequent* desire to urinate, on the appearance of the menses urging to urinate.

During the menses.—Colic, with griping or pinching in the abdomen; *pain extending from the pit of the stomach down to the sacrum.* Smarting and burning on the inside of the thighs; frequent and urgent desire to urinate; *great pain at the conclusion of passing urine.*

Leucorrhœa.—Mucous leucorrhœa on walking, particularly in those women who have a *sharp pain in the urethra at the close of urination.*

Concomitants.—Great depression of spirits from pain; changeable disposition. Giddiness in the head, when looking at an object; headache, with nausea and sour vomiting. *Obscuratio before the eyes, as from a fog;* the white paper looks red in the evening. Itching eruption on the forehead, with burning, and becoming humid on scratching.

Gulping up of a sour, bitter liquid, during and after eating; aching pain in the pit of the stomach. Obstinate constipation, with desire to urinate; *frequent desire to urinate, with scanty emission;* frequent dis-

charge of pale, copious urine; urinary deposit, looking like gray sand; great pain just as the urine ceases to flow; urine red, fiery, turbid, containing long flakes. Pain in the tips of the fingers on pressure as if ulcerated; great emaciation, the skin becomes shriveled or it lies in folds.

*Sarsapilla acts best in the spring.*

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## Medical Education.

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### CHICAGO HOMŒOPATHIC COLLEGE.

EDITOR INVESTIGATOR.—*Dear Sir:* In view of the agitation, in the public press, of the subject of medical education and the wide spread interest manifested in a higher standard of requirements for graduation, in the place of legalized diploma selling, it has been thought that the profession would be interested to see what kind of examinations are required in, at least, one of our colleges.

I have therefore been directed by the faculty of the Chicago Homœopathic College, to transmit to you for publication, the list of questions to which written answers were required of the class which has lately graduated. Each candidate was required to answer at least 50 per cent of every examination and to attain an *average* in all of at least 70 per cent. As a matter of fact each candidate did this and *much better*, not one having fallen below 75 per cent on the general average. The papers containing these written answers are preserved in the college archives, and can be shown in evidence of the above statements.

ALBERT BEEBE, Business Manager

#### FINAL EXAMINATIONS IN DISEASES OF THE THROAT AND CHEST, AND CLINICAL MEDICINE.—PROFESSOR J. S. MITCHELL.

1. Describe ozæna.
2. Give the special pathology of follicular pharyngitis.
3. Why does ulceration occur so frequently on the posterior ends of the vocal cords and why on the posterior wall of the larynx?
4. State the reason for the severe paroxysmal character of the laryngeal cough and prominent remedies for its relief.
5. What is the difference between aphasia and aphonia?
6. State the condition of the lung in the second stage of pneumonitis. (Hepatization).

7. Give the treatment for pneumonitis.
8. Give a summary of the physical signs in pleuritis with effusion.
9. At what portion of the chest would you listen for a mitral murmur and at what for an aortic ?
10. What morbid fluids may be found in an inflamed pericardium ?
11. Give the remedies most prominently indicated in hæmoptysis.
12. Mention the different characteristics of the sputa in the different stages of phthisis.
13. What are the symptoms of endocarditis ?
14. What are the symptoms present in mitral lesion ?
15. Give the prominent remedies for acute cystitis.
16. In case of hæmaturia, how would you diagnose whether the blood came from the urethra, bladder, or kidney ?
17. How can you diagnose Bright's disease by examination of the urine ?
18. What are the four prominent varieties of rheumatism ?

ONE OF THE FINAL EXAMINATIONS IN SURGERY.—PROFESSOR  
ALBERT BEEBE.

1. Define osteo-myelitis, its symptoms, dangers and results.
2. How is rachitis produced, how prevented or cured ?
3. What is the difference between caries and necrosis; how are they produced ?
4. Define the stages of repair in fractures, and their average duration.
5. What are the general signs of fracture ?
6. What is "Barton's fracture," and how should it be dressed ?
7. What are the indications for treatment in fractures of the clavicle, and how are they best fulfilled ?
8. What are the general indications for treatment in inflammation of joints ?
9. Give the principle causes of chronic synovitis, and the results which are liable to follow it.
10. What is the condition of the joint, and position of the limb in the second stage of morbus coxarius ?
11. What luxation would produce a similar position of the limb ?
12. What are the principal dislocations of the head of the humerus, and how are they to be reduced ?
13. Under what circumstances would it be proper to trephine the skull ?
14. Name and define the different forms of spinal curvatures.
15. What is the principal cause of acquired talipes, and how is it to be removed ?
16. Describe talipes varus. What tendons and fascia may require division ?
17. Define the periods for amputations. Which is the most favorable, which second best, and which most unfavorable ?
18. What general rules should be followed in closing the stump after amputations ?

19. What locations are especially favorable for the circular operation?
20. Describe Pirogoff's amputation.

ONE OF THE FINAL EXAMINATIONS IN SURGERY.—PROFESSOR  
CHARLES ADAMS.

1. Define hypertrophy and atrophy, and give causes of each.
2. Define degeneration and give its principal forms.
3. Define inflammation and give its terminations.
4. How should you treat suppuration?
5. How should you treat gangrene?
6. State characteristics of *chancre* and *chancroid*.
7. What constitutes malignancy in new growths?
8. On what conditions should you advise operating upon malignant growths?
9. Describe the operation of tracheotomy in detail.
10. Give mechanical methods of arresting hæmorrhage, stating which you would prefer, and why?

FINAL EXAMINATION IN GYNÆCOLOGICAL SURGERY.—PROFESSOR  
W. DANFORTH.

1. What do you understand by the term gynæcology?
2. Give the principal varieties of ovarian cystomas—their pathological and diagnostic peculiarities.
3. What conditions of the system are ovarian cystomas most likely to be confounded with?
4. State the stages of growth (recognized by authors) in ovarian cystomas, with boundaries of same.
5. Would you advise against tapping in any case of ovarian cyst; and if so, in what case and for what reason?
6. How would you *determine* the presence of an ovarian cystoma in the third stage?
7. What surgical-treatment would you advise in case of uterine prolapsus.
8. Give principal varieties of uterine fibroids; their location, and best treatment for same.
9. Diagnosis and treatment of pelvic hæmatocele.
10. State what speculum you would prefer for uterine examinations, and reasons for such preferment.

EXAMINATION IN MEDICAL DISEASES OF WOMEN.—PROFESSOR J. W.  
STREETER.

1. What is coccygodynia?
2. Describe and treat caruncle of the urethra.
3. What is the treatment for labial adhesions in infancy and childhood?
4. At what period of life and under what constitutional condition is the corrodng ulcer of the vulva most likely to appear?
5. What is menstruation?



6. What is the difference between menorrhagia and metrorrhagia?
7. How would you treat a severe case of flooding?
8. Mention some of the causes of amenorrhœa.
9. What is procidentia uteri?
10. How would you diagnosticate a case of retroversion?
11. What are the uterine supports?
12. What is leucorrhœa?
13. What is the menopause?
14. What is anteflexion?
15. What are some of the causes for abdominal enlargement so common at the change of life?

EXAMINATION IN OBSTETRICS.—PROFESSOR R. N. FOSTER.

1. Name the bones, planes and diameters of the female pelvis, and give the length of the diameters.
2. What are the signs of pregnancy, probable and positive?
3. Define natural or normal labor; also, abnormal labor.
4. Describe the different stages of labor.
5. Enumerate and describe the presentations.
6. How do we operate in presentations of the arm and shoulder?
7. Name the sutures and fontanelles of the foetal head, and give its diameters.
8. Define the hæmorrhage, "accidental" and "unavoidable;" also, "flooding."
9. How do we proceed in cases of "flooding"?
10. What are the normal temperature and pulse of the newly-delivered woman?
11. Define conception, impregnation, menstruation and ovulation.
12. Describe the ovum and sketch its development from impregnation to full term.

EXAMINATION ON OPHTHALMOLOGY AND OTOLOGY.—PROFESSOR W. H. WOODYATT.

1. Name the tunics and contents of the globe.
2. Name the muscles of the globe, and the parts which hold it in position.
3. Give the distribution of the conjunctiva, and the name of each division.
4. Name the layers of the cornea, and explain its connection with the iris.
5. Of what is the lachrymal apparatus composed?
6. How long is the external auditory canal, and how divided?
7. Name the layers of the drumhead.
8. What is to be seen with the ear mirror on the surface of a healthy drumhead?
9. Describe a well-marked case of purulent ophthalmia in an infant.
10. Give its treatment.
11. Give subjective and objective symptoms of simple plastic iritis.
12. What complications may arise?

13. Describe a case of irido-choroiditis.
14. What is sympathetic ophthalmia, and how produced?
15. How is it to be treated when caused by a foreign body in the globe of the opposite eye.
16. Describe acute glaucoma, and give treatment.
17. Give the objective symptoms of blepharitis.
18. Give subjective and objective symptoms of acute aural catarrh.
19. How is it to be treated, and how may it terminate?
20. Describe a case of non-suppurative inflammation of the middle ear, catarrhal variety.

FINAL EXAMINATION IN MATERIA MEDICA.—PROFESSOR E. M. HALE.

1. Give the leading indications for the use of the following fever group, namely, *Aconite*, *Gelsemium*, *Veratrum vir.*
2. In what type of febrile affections is *Baptisia*, *Rhus* and *Bryonia* indicated?
3. What is the primary and secondary action of the hepatic group?
4. Which of the remedies of the pulmonary group specifically affect the right lung?
5. Which affects the left lung?
6. Describe the primary effects of the group of which *Cantharides* is the type.
7. Give a remedy and the dose for a case of passive hæmaturia.
8. In what cerebral disease is *Belladonna* primarily indicated? Give the dose.
9. Describe the double action, on the brain and blood-vessels, of the bromides; primary and secondary.
10. What remedy is primarily Homœopathic to tetanus and tonic spasms?
11. Give the remedies secondarily indicated in tetanus?
12. In fatal cases of poisoning by *Digitalis*, what is the condition of the heart?
13. In what states of the circulation are *Digitalis* and its analogues most useful?
14. Which of the anti-periodic group corresponds to quotidian ague?
15. Which are indicated in tertian ague?
16. Give leading indication for *China*.
17. For *Arsenicum*.
18. For *Arnica* and *Sulphur*.
19. Which are the most appropriate remedies for tænia?
20. Give the names of the medicines most used against *ascaris lumbricoides*.

FINAL EXAMINATION ON MATERIA MEDICA.—PROFESSOR A. W. WOODWARD.

1. (a.) Give the general indications that call for *Aconite* in fever.  
(b.) Give the different indications for *Gelsemium* in the same.
2. (a.) Give the primary condition of the tissues to which *Apis mel.* is curative.

- (b.) Differentiate the appearance of an erysipelas calling for *Aptis*, and the same requiring *Cantharis*.
3. (a.) Give the two essential general indications calling for *Arsenicum*.  
(b.) How would you decide between *Arsenicum* and *China* in intermittents?
4. (a.) Give the characteristic fever and cerebral symptoms of *Belladonna*.  
(b.) How would you distinguish a case demanding *Hyoscyamus*?
5. (a.) What is the condition of the blood and tissues calling for *Calcarea*?  
(b.) How would you choose between *Calcarea* and *Ferrum*?
6. (a.) Give the general symptoms calling for *Camphor* in collapse.  
(b.) Give the differences requiring *Ammonia* in a similar condition.
7. (a.) What is the tendency of the inflammation to which *Lachesis* is Homœopathic?  
(b.) How would you discriminate between *Lachesis* and *Arsenicum* in these cases?
8. (a.) Give the primary conditions to which *Mercurius* is adapted, sthenic or asthenic.  
(b.) In what other way would you determine between *Mercurius* and *Kali bich.*?
9. (a.) What are the two nervous phenomena that illustrate the action of *Nux vomica*?  
(b.) How would you determine between *Nux vomica* and *Ignatia*?
10. (a.) What are the products of inflammation caused by *Phosphorus*?  
(b.) How would you determine between *Phosphorus* and *Tartar emetic* in pneumonia?

FINAL EXAMINATION IN ANATOMY.—PROFESSOR E. H. PRATT.

1. Define descriptive, general and regional anatomy.
2. Describe the modus operandi of injecting a cadaver.
3. How would you make a post-mortem examination of the chest?
4. Aureolar tissue—what is it? Where is it found? What are its uses? By what other name is it known?
5. What is the termination of the lymphatic system in the direction of lymph current?
6. Explain how the medullary canal in long bones is formed, and mention the chief constituent of its marrow.
7. How are bones nourished?
8. Enumerate the bones of the skull.
9. Give the divisions and articulations of the temporal bone.
10. The humerus—with what bones does it articulate? What is the direction of its nutrient artery, and what muscles are attached to it?
11. What muscles tend to prevent dislocation of the shoulder joint?
12. What is the origin and insertion of the quadriceps extensor cruris?

13. Name the depressors of the hyoid bone, and the nerves that supply them.

14. What is the office of the dura mater of the brain, and of the pia mater, and what are the principal blood-vessels of each ?

15. What are the branches of the common carotid artery, and of the internal carotid, before it enters the temporal bone ?

16. Of what veins are the renal veins tributaries ?

17. By means of what arteries is there anastomotic communication between the subclavian and external iliac arteries ?

18. Give the origin, course, distribution and function of the facial nerve.

19. Describe the contents of the spinal canal.

20. What nerves control the heart's action ?

21. Bound the abdominal cavity, and enumerate its contents, giving in general terms, the relative position of each organ.

22. Describe the pharynx, and mention its various openings.

23. What serous sacs come in contact with the diaphragm ?

24. What are the peculiarities of fœtal circulation ?

25. Name the cartilages, ligaments, muscles, nerves and arteries of the larynx.

#### EXAMINATION ON DERMATOLOGY AND MEDICAL JURISPRUDENCE.—

PROFESSOR JOHN R. KIPPAX.

1. Define eczema, and name its three clinical varieties.

2. Describe a case of the impetiginoid variety.

3. Give the general and local treatment of eczema.

4. State the clinical history and diagnostic features of impetigo-contagiosa.

5. What is psoriasis, and how does its pathology differ from that of pityriasis rubra ?

6. Describe acne punctata, and give its treatment.

7. Write the life of the acarus scabiei.

8. Give the diagnosis and treatment of scabies.

9. Mention the general characters of tinea favosa.

10. State the pathology of herpes.

11. Define the terms — malpractice ; ordinary skill ; a poison.

12. Of what is a medical diploma evidence ?

13. Who are experts, and what are their privileges ?

14. What is moral insanity ?

15. State the ethics of consultation.

#### EXAMINATION IN PHYSIOLOGY.—PROFESSOR R. N. TOOKER.

1. What is life ?

2. Essential differences between organic and inorganic bodies ?

3. Describe the action of the pancreatic juice in digestion.

4. Describe stomach digestion and absorption.

5. Composition of the blood ?

6. Give the causes of the circulation of the blood.

7. Mention three proximate principles — one from each class.

8. Give daily quantity, specific gravity and reaction of normal urine.
9. Give the tests for albumen.
10. Describe the sounds of the heart, and give their cause.
11. Mention three secretions, and give their source.
12. Causes of coagulation of the blood?
13. How are oxygen and carbonic acid carried in the blood?
14. What are the physical properties of the red corpuscles?
15. What is the function of the tuber anulare?
16. What is the special instrument of the excito-motor division of the nervous system?
17. Give source and circulation of chyle and lymph.
18. What is the pulse?
19. What organs constitute the vegetative system of man?
20. Mention the chief characteristics of the sympathetic system of nerves.

EXAMINATION IN CHEMISTRY.—PROFESSOR R. HITCHCOCK.

1. What is the specific gravity of a substance?
2. How is hydrogen prepared? Give reaction.
3. How is oxygen prepared? Give reaction.
4. What is laughing gas, and how is it prepared?
5. What is the quantitative composition of the atmosphere?
6. What is the composition of *Sulphuric acid*, and how is it obtained?
7. What is the composition of *Nitre*?
8. How is *Phosphorus* obtained, and what are its properties?
9. Give three tests for *Arsenic*.
10. Work out the following equations:  

$$\text{BaCl}_2 \times \text{KHSO}_4, \text{ and } \text{HgNO}_3 \times \text{NaCl}.$$
11. What is meant by atomicity?
12. Give properties and mode of preparing *Sodium*.
13. How is *Ammonic hydrate* obtained, and what is its composition?
14. What is the formula of *Calomel*? Of *Corrosive sublimate*?
15. Define an acid, a base, and a salt.

ARTICULAR TUBERCLES.—M. Laveran lately brought before the Societe Medicales des Hopitaux some remarkable specimens from a case of acute tuberculosis. The granulations were generally diffused throughout the body, being found in the lungs, pleuræ, peritoneum, intestine, spleen, liver, kidneys, and also in certain synovial membranes, especially in the right knee-joint. The membrane was injected, and upon the red surface there projected many whitish granulations the size of pins' heads. They existed also, although less conspicuous, in the other knee-joint. The other articulations were not opened. The articular disease had occasioned an error of diagnosis, the malady being regarded as acute rheumatism, the knees having been painful, tender, and distended with fluid. Articular tubercles, have been described by Cornil and by Roux.—*Lancet*.

## Obituary.

### THE LATE G. D. BEEBE, M. D.

Read before the Chicago Academy of Homœopathic Physicians.

The announcement of Dr. Gaylord D. Beebe's death, which occurred at his residence in Chicago, April 11th, will mantle the Homœopathic profession everywhere, with sadness and universal gloom. It resulted from a long existing cardiac affection, which was made to assume a fatal aspect, by his over-work during the terrible epidemic of scarlet fever last winter. At the instance of an editor of a leading daily newspaper he prepared and had published an article extolling the virtues of *Sulpho-carbolate of Sodium* as a prophylactic in epidemics of scarlatina. He pronounced it the remedy *par excellence*, not only as a preventive, but as a curative agent. The force and clearness with which he conducted the discussion, was recognized everywhere both by the profession and laity. From the various quarters of the country came communications asking for his remedy, and his advice, and in his endeavors to serve the masses, the strain became too great and his physical powers failed. He went south to recuperate his flagging energies, but, alas! it was too late, and he summoned all his strength, that he might be enabled to get home and die surrounded by a loving family, and receive comforts and attentions from his professional brethren, citizens and friends. In his death a loss has occurred, that will amplify its proportions, as time goes on. A light has gone out that shone brilliantly for many years in the great surgical arena.

How sad is the change, from the activities and ever varying responsibilities of a successful professional life, to the utter stillness of death. The hand that so often carried the knife with such steadiness and skill through to victory, at last rests upon a motionless breast. Why such a gifted man should be taken in the midst of a career becoming daily more grand and brilliant in the plenitude of his professional vigor and power, human reasoning cannot divine. We can only say, sorrowfully and submissively, "The Lord gave; the Lord hath taken away, blessed be the name of the Lord." Dr. Beebe was born in Palmyra, N. Y., May 28, 1835, thus making him at the time of his death, near forty-two years of age. His father was by occupation a farmer, and at that

time his financial status was such that he could not give his children the educational advantages they sought.

Dr. Beebe's desire for an education was however irresistible, and under the circumstances, he did as many a man before him had done, resolved to leave home and embark in life for himself. He received encouragement but not assistance from friends, and soon entered Genesee Wesleyan Seminary, there commencing, and not ending, his academic studies. While at this institution the characteristics of the man began to crop out. He received no money from any one, save what he earned by doing manual labor at odd times for small remuneration, and by teaching during vacations, yet he managed his affairs so carefully and capably during his stay at the seminary, that when he left he had sufficient funds saved, to defray a considerable portion of his expenses while studying medicine one year at Rochester. Dr. Beebe attended a full course of lectures after leaving Rochester, at the Albany Medical College, an institution then prominent in the country, and graduated from it with high honor. It was during his attendance upon lectures at the Albany college that his attention was directed to Homœopathy by Dr. Pratt, a leading Homœopathic physician, in whose office he studied sufficient to receive his diploma. As he investigated and still further investigated the truths of Homœopathy, his zeal increased *pari passu* with the knowledge he acquired until he absolutely became an enthusiast upon the subject of reform in medicine, and this he remained to the day of his death. Before entering upon general practice he determined to graduate from some Homœopathic college, and selected "The Homœopathic School of Medicine" at Philadelphia, where he matriculated, attended a full course of lectures and graduated. Having been honored with a license to practice by both schools, he felt himself competent to commence the study of medicine at the bed side, and selected Chicago as his future field of labor. Upon the breaking out of the rebellion, he left a large and increasing surgical practice, a practice to which he found his qualifications and natural tastes led him, and entered the service of his country as Brigade Surgeon. Many will remember how bitterly he was opposed by the Allopathic fraternity, and what a pressure was brought to bear in opposition to his appointment. He went directly to President Lincoln backed up by a monster petition, asked for an appointment, and demanded an examination as to his qualifications at the hands of a medical board composed exclusively of Allopathic physicians strongly prejudiced against him. The result was satisfactory to Dr. Beebe and his

friends, although the ordeal was searching and persistent, he came off conqueror, and was commissioned forthwith as Brigade Surgeon. Entering upon his duties at once, he began to institute reforms in hospital management, and soon so distinguished himself that he was assigned to the important and enviable position of medical director upon the staff of Maj. Gen. George H. Thomas. This position he held till the labors incident to it so impaired his health, that resignation and return to civil life were absolute necessities. On several occasions he was especially noticed in the reports of Gen. Thomas for his efficiency, skill and bravery. It was with great reluctance that Gen. Thomas gave him back to civil life. Dr. Beebe returned to Chicago high in fame as a military surgeon, but low in point of physical vitality, but, by care and prudence in a strictly private practice, greatly improved his condition till he felt much like his former self. He was at one time professor of anatomy in Hahnemann Medical College, Chicago, and subsequently professor of surgery in the same institution. He was a fluent forcible speaker, and never lectured to empty seats, nor held a clinic that was not interesting. His fame as a surgeon was honestly and laboriously won. He was always a student, an investigator, a searcher after new truths, and the author of new departures in surgical operations. As an operator he was bold, fearless, made so by possessing a thorough anatomical knowledge, and having in addition such choice judgment as told him when and how to act. Much of his fame was acquired by doing things in surgery never before attempted. To him must be accorded the credit of first conceiving the feasibility and putting it into practice of controlling the hæmorrhage from the pedicle in ovariectomy cases by torsion. This he did repeatedly and with success. For this innovation upon the customs of the past, he received flattering notices from various Allopathic authors and journalists. Perhaps his greatest undertaking was in a case of strangulated hernia, where he removed four feet and ten inches of mortified intestine, his patient recovering. This daring yet successful feat at once gave him wide notoriety, and he was called to all parts of the country as operator and counsellor. It was but recently that Dr. Beebe improved the operation for restoring the perinæum, accounts of which have appeared in the various journals. Although gone he is not forgotten. Over his grave will be spread the protecting mantle which a higher charity shall lovingly throw; for quick and ready to render it to others, his faults shall be concealed by a cover-



ing woven out of the pure and spotless fabrics of pure impulses and noble deeds.

CHICAGO.

C. S. E.

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DR. BEEBE'S HEART.

I first examined Dr. Beebe's chest eighteen years ago, and diagnosed "hypertrophy and dilatation." Many subsequent examinations have confirmed this opinion, and the changes from year to year have been carefully noted. They have been solely those of development.

So far as I am informed, no other physicians who have examined the case in years past have concurred in this diagnosis. Dr. Beebe's heart has ever been considered "a medical curiosity," on account of the persistent irregularity, and the peculiarities hereafter to be noted. The doctor himself was stoutly opposed to the theory of organic disease, and spoke of it as a "physiological irregularity." He was "passed" by several examiners for life insurance, and, though sometimes declined he was usually successful in his applications.

The case was certainly an anomalous one, and its peculiarities are worthy of mention. They are the following :

1. No increased area of dullness in the cardiac region proper.
2. No murmur, or other morbid sounds, until the *mïtral*, which appeared five days before death.
3. Pulsations of radial artery were never synchronous with heart's impulse. (During the last two weeks of life the pulse at wrist was almost absent, while the heart's action was tumultuous.)
4. The only auscultatory sign was a singular and persistent irregularity.

5. There was, ordinarily, an entire exemption from dyspnœa, or any of the usual rational phenomena of cardiac disease. Dr. Beebe could run, leap, mount stairs, climb heights, and endure more bodily and mental exertion than the average of sound, even robust, men. (There were rare intervals when overwork would "tell" on him, and produce modified symptoms of his malady, but he would always ascribe these to "spinal hyperæmia." During the last two weeks of life, however, his sufferings were extreme, especially from *orthopnœa*.)

An interesting fact remains to be stated, and which, I believe, had much to do with precipitating the fatal result. About four weeks before his death, Dr. Beebe submitted to removal of the nail, and destruction of the matrix of the large toe of his left foot. An "ingrowing toe-nail" had occasioned him much annoyance, and, by

an heroic method of treatment which he would scarcely have sanctioned in another, he had established a sort of fungoid or pultaceous growth which necessitated the operation. Neglecting the repose and quiet which his attending physician urged, he suffered a degree of reflex irritation which was almost tetanic in character. From this time forward the cardiac malady rapidly gained the mastery. He sought, too late, to obtain the needed rest by a brief sojourn at the south, whence he immediately returned to die, as he expressed in the following characteristic note :

“Come and see me as soon as you receive this. I have returned to hold an autopsy on this aching heart !”

I found him suffering from the acme of *angina pectoris*. Strange to say, the first attack of that nature to which that noble heart had been subjected, as it was the first agony to which that iron will had ever succumbed !

There would appear to be some strange relation between injuries of the lower extremities and fatality in heart disease. Thus Pereira lost his life by the impetus given a dormant cardiac disease, in consequence of a ruptured tendo-achilles. Chalmers owed his death to a sprained ankle, acting on a similar pre-existing cause. Now Beebe joins the sadly historical list—victim of an insignificant disease of the toe !

I append the diagnosis read at the autopsy :

DIAGNOSIS READ ANTE-AUTOPSY.

1. Heart situated transversely in chest.
2. Left heart dilated, with attenuated walls.
3. Right heart dilated, with thickened walls.
4. Mitral insufficiency (recent).
5. Both lungs engorged.
6. Effusion in both pleuræ.
7. Liver engorged (enlarged).
8. Venous congestion throughout.

I shall be glad, if your readers desire, to analyze this case in a subsequent number of THE UNITED STATES MEDICAL INVESTIGATOR.

In the light of the physical and rational phenomena observed during life, I shall then be able to show how I was enabled to reach a diagnosis, with whatever accuracy may appear from a comparison with Dr. Cole's report of the autopsy.

NICHO FRANCIS COOKE.

AUTOPSY.

On Thursday, April 12th, at 2 P. M., thirty-three hours after death,

the chest was opened by me, in the presence of Drs. Cooke, Fellows, T. C. Duncan, A. G. Beebe, Eldridge, Hedges, Ballard, Mills, and Talcott, Dr. N. F. Cooke having just read his diagnosis of the case.

On removing the sternum, with the costal cartilages, and the pericardium, a truly enormous heart was found. It was situated almost transversely, the apex being some distance beyond, but not much below, the left nipple. The heart in situ measured  $7\frac{1}{2}$  inches in length, and  $5\frac{1}{2}$  in width. It was removed and emptied, when its weight was found to be twenty-four ounces. All the cavities were dilated and found to be full of clotted blood. The walls of the right ventricle were thinner than is natural; the openings into the auricle and pulmonary artery being dilated. The walls of the left ventricle were thickened, except at the apex, where a thin, soft spot was found which would have been easily ruptured if severely taxed by exertion. The columnæ carneæ of this side were abundant and *strong*; the mitral valves were slightly thickened. The lungs were engorged; the pleuræ filled with serum, and the veins loaded with dark blood. Liver not examined.

H. P. COLE.

## Materia Medica Department.

### *THE OBJECTIVE SYMPTOMS OF ACONITE, KALI NITRICUM AND MERCURIUS, AND THEIR USE IN INFLAMMATORY FEVERS.*

BY PROF. A. W. WOODWARD, M. D., CHICAGO.\*

Each of these remedies have been extensively and successfully used at different periods of time, for the control of the various forms of disease characterized by violent inflammatory fever.

Long before pathology was a science, or the clinical thermometer was in use, the profession learned that the danger in a case was to be estimated *pari passu* by the duration and violence of the fever, and any remedy that could arrest this phenomena was depended upon chiefly for the cure of the case.

We can do but little better at the present day, even with our increased knowledge. Why *Kali nitricum* (saltpetre) has had its day of

\* Synopsis of a lecture delivered during the spring term, 1877, in Chicago Homœopathic College.

usefulness in these conditions, and has passed well-nigh into oblivion, even in the Old School; and for what reason *Mercury* is already almost abandoned, we, as Homœopaths, need not enquire. But it may be well for us not to forget the experiences of the world before Homœopathy was born, for it is possible we may be placing too much faith in *Aconite* for these conditions. It may be that in the near future we shall find its day of usefulness is also passed, and for the same reason that has made its predecessors useless — that is, a change in the specific indications calling for this drug in preference to others.

Recent experiences in the treatment of inflammatory diseases, and the utter failure of *Aconite* to control these cases, has led me to make a comparison of the objective symptoms of these drugs, which may be suggestive to you.

<i>Aconite.</i>	<i>Kali nitricum.</i>	<i>Mercurius.</i>
Great heat, <i>restlessness and agonizing tossing about.</i>	Great heat, <i>quietude.</i>	Great heat and <i>restlessness.</i>
Great <i>anxiety, fear, or irritability.</i>	Low spirits, <i>melancholy or indifference.</i>	Very <i>peevish or indif-</i>
Great <i>thirst only during the heat.</i>	Great <i>thirst only during the heat.</i>	ferent.
Profuse <i>perspirations soon exhaust.</i>	Profuse <i>perspiration relieves.</i>	Great <i>thirst before as well as during the heat.</i>
		Profuse <i>perspirations do not relieve.</i>
		<i>Hæmorrhages do not relieve.</i>
<i>Sleeplessness.</i>	Sleep with <i>dreams.</i>	Heavy sleep ( <i>primary</i> ).
<i>Great suffering.</i>	<i>Moderate suffering.</i>	<i>Great suffering.</i>
Debility not soon <i>apparent.</i> Except in cases of profuse <i>perspiration, hæmorrhages, or diarrhœa.</i>	Debility not <i>apparent, and profuse hæmorrhages and perspirations, well borne (primarily).</i>	Debility <i>very great, even before fever is apparent.</i>
<i>Worse from hæmorrhages.</i>	<i>Better from Perspirations.</i>	<i>Better from Rigid diet.</i>
<i>Perspirations (excessive).</i>	<i>Moderate hæmorrhages.</i>	<i>Bathing.</i>
	<i>Warmth.</i>	<i>Wet dressings.</i>
	<i>Dryness.</i>	<i>Cooling drinks.</i>
	<i>Dieting.</i>	<i>Fresh air.</i>
	<i>Fresh air.</i>	
<i>Rigid diet.</i>		
<i>Tendency.</i>	<i>Tendency.</i>	<i>Tendency.</i>
No <i>structural changes.</i>	<i>Structural degenerations.</i>	<i>Structural changes.</i>
	<i>Hæmorrhages.</i>	<i>Hypertrophies.</i>
	<i>Apoplexies.</i>	<i>Indurations.</i>
	<i>Catarrhs.</i>	<i>Ulcerations.</i>
	<i>Dropsies.</i>	
<i>Death by Nervous exhaustion.</i>	<i>Death by Retention.</i>	<i>Death by Obstruction.</i>

Under these general conditions, as given, I have recently administered *Saltpetre* in scarlet fever, and by its aid have opened the kidneys, lowered the temperature, relieved the brain, and developed the tardy eruptions — thus preparing the way for other remedies to act, if indicated.

In rheumatic fever this drug has, under these circumstances, in my hands, lowered the temperature from 102½ degrees to 100 degrees in twenty-four hours, relieved the brain, and concentrated the sufferings in a remote part very speedily.

In a case of pneumonia (right lung), characterized by rapid and excessive hæmorrhages, that were repeated eleven times within six days, and varied in quantity from about one to six ounces, these peculiarities were observable. The temperature varied from 101 degrees to 102½ degrees. The patient was passive and undisturbed in mind, slept well, and was but little prostrated, apparently. The pulse ranged between 100 and 120, and always *lowered in frequency and gained in strength after a hæmorrhage*. In this case, *Aconite, Bell., Nitric acid, Hamamelis, Ipecac, Phos., Iron, China, Quinine, Plumbum, acetate, Secale, and Verat. vir.* were tried without result. Finally *Kali nit.* 1x trit., removed the congestion and lowered the temperature promptly. When this was accomplished the hæmorrhage ceased.

In a case of threatened puerperal metritis, slight chills on the third day, were followed by an increased flow of bright blood. Considerable tenderness on pressure over the hypogastric region, chiefly on the right side. Temperature 102 degrees. Pulse rising 90, and full. Patient rests quietly, sleeps well, is somewhat low-spirited, is moderately thirsty, and has a full breast of milk. I believe this case would have been serious under ordinary measures, but it was cut short in thirty-six hours by *Kali nit.*, and convalescence is now established at the regular time.

In "Grauvogl's Text-Book of Homœopathy," p. 295, the author quotes from Hufeland's Journal an authentic record of the successful cure of sixty-six out of sixty-eight cases of pneumonia, in the year 1795, by the use of *Saltpetre* and venesection. The result being convalescence *within eight days* from the beginning of treatment. The two fatal cases were aged and infirm subjects. In all these cases, the record says blood-letting immediately relieved the oppressed respiration, steadied and lowered the pulse, and was manifestly useful; though in subsequent years the same treatment for pneumonias proved injurious.

Can it be that we may be forced to abandon our proud claim that "Homœopathy has abolished the lancet by introducing the use of *Aconite*?" Stranger things have happened, for certain it is that this drug is not sufficient for the control of violent inflammatory fevers, unless the essential conditions found under the provings of *Aconite* are present in each particular case. And so it is possible we may be forced to use the lancet ourselves, as a therapeutic agent in the coming time, especially so if we find that *Saltpetre* again becomes the best (and true Homœopathic) febrifuge.

#### ADDENDA.

*Kali nitricum*, sometimes called *Nitrum*, is by some supposed to be identical with *Nitre* or *Sweet Spirits of Nitre*. This is a misapprehension. The *Sweet Spirits of Nitre*, or *Nitri spiritus dulcis* is the product of distillation of *Nitric acid* with pure *Alcohol*. While its effects are in some measure similar to *Nitrum*, especially upon the brain and kidneys, and while it is sometimes efficient in reducing an ephemeral fever, it has no such profound effect upon the blood and tissues, and is in no degree such a potent agent for the control of serious cases as is the *Kali nit.*, or *Saltpetre*.

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### THE ACTIONS OF ONE DOSE.

BY WM. SHARP, M. D., F. R. S., ENGLAND.

"The deep, unalterable feeling that *truth* has a supreme claim over all things else, is engraven in man's soul by Him who is the Father of lights."—JOHN KER, D. D.

#### INTRODUCTION.

Truth generally speaks with a calm and serious voice, sometimes even in a whisper; and whoever would hear its utterances upon any subject must listen with a calm and serious mind.

It is hoped that this, my last Essay (XXXII), will be calmly and seriously written, and that it will also be calmly and seriously read. On difficult subjects it is not sufficient that the writer should think before he writes. It is alike necessary that the reader should think after he has read.

The works of God are always beyond the thoughts of man, so that at every step of our progress in knowledge we can see a part only of His ways. The statement which has been made in former Essays, that the actions of small and large doses of drugs on the healthy are in

contrary directions, claims, therefore, to be true only so far as we can see, and with the admission, frankly made, that as all natural laws are limited, there may be, and almost certainly are, other kinds of action, beyond its limits as a law, and also beyond our power of vision. It is to be owned at starting that we shall never find out to perfection the actions of drugs; these, like all God's working, will always extend beyond the boundaries of our observation and thought.

That the action of small doses of drugs is in an opposite direction to that of large doses, was first suggested as a general fact or law, at the congress at Leamington, in 1873. (Essay XXII). Another thought in connection with this law has since been worked out by experiment, and now puts in a claim to occupy an Essay.

THE ACTIONS OF ONE DOSE.—THE SUBJECT YET IN CONFUSION.

The opportunity for investigating this subject, on the plan of studying one thing at a time, has now arrived, and Dr. Drysdale will not be able to reproach me any more by saying that I "have always overlooked it."

No thoughtful student of the history of medicine can be unacquainted with the apparently hopeless uncertainty and perplexity in which the whole question of doses and their actions has always been enwrapped. Doubts and difficulties have darkened the light in all schools so much as almost to discourage further attempts to disentangle the twisted threads. Very lately Dr. Anstie wrote a vigorous article on this subject, which ends with these words:

"It is not too much to say that the majority of practitioners, consulting and general, seem to be almost wholly unaware of the important differences of effect which may be produced by extending the range of variations of doses, and especially so by breaking up one large dose into many small ones as to insure its passage into the circulation without exciting inconvenient and unnecessary disturbance. We believe that no greater service could be performed by the colleges, or the great medical societies, than the formation of a committee of competent men for the special investigation of this question of dosage, for it is a subject which is as yet only *in its infancy*, and the best knowledge which exists about it is undoubtedly confined to a very small section of the medical profession." (*The Practitioner* for October, 1873, p. 262).

At present, however, we are concerned to notice this confusion chiefly in the school of Homœopathy, that "very small section of the profession to which the best knowledge of doses is undoubtedly confined."

The contradictory teachings of Hahnemann, particularly on the

contrary effects of doses of the same drug, has been referred to in former Essays, and is well known. The equally conflicting statements of his earlier disciples are fully detailed in Dr. Dudgeon's lectures. That the views presented by the writers on Homœopathy, up to the present hour, are not more settled or unanimous, may be clearly seen from the medical literature of the current year.

In the Homœopathic journals of this year (1876) several papers have appeared on the subject of doses. Among them the following :

An elaborate paper, by Dr. Carroll Dunham, in the *Hahnemannian Monthly* for May, 1876, on "Primary and Secondary Symptoms of Drugs as Guides in Determining the Dose."

The conclusion at which this paper arrives is thus expressed :

"If I have shown that there is no basis for a division of drug symptoms into primary and secondary, I have thereby shown the impossibility of a law of dose based on such a division \* \* \* \* and I claim to have shown these things."

A paper by Dr. E. M. Hale, in the *North American Journal of Homœopathy* for May, 1876, on "Primary and Secondary Symptoms of Drugs as Guides in Determining the Dose."

The object of this paper, as of a previous one in 1860, is to show that :

"For primary symptoms the smallest possible dose is best indicated. \* \* \* For secondary symptoms, appreciable doses are absolutely necessary."

This view is the direct opposite of that taken by Dr. Constantine Hering, in 1844 (*N. Archiv.* 21, 3, 166), in which he gives, as a law of dose, lower (or stronger) dilutions for primary symptoms, and higher (or weaker) for secondary effects.

A paper by Dr. T. F. Allen, in the *North American Journal* for the same month, entitled "Primary and Secondary Symptoms of Drugs Defined and Distinguished."

In this paper the propositions maintained are the two following :

"1. The primary effect of a large dose is opposed to the primary effect of a small dose.

2. The same dose will primarily produce opposite effects in different individuals; in the one less susceptible the action will be primary; in the one more susceptible the action will be secondary."

An interesting paper by Dr. Conrad Wesselhœft, in the same journal for August, 1876, on "Primary and Secondary Symptoms of Drugs as Guides in the Selection of Remedies in Practice."

In this paper it is remarked that :

"The effects of drugs admit of being expressed by a curve, which varies in direction at every point (a gradual rise to a certain point, and



then a gradual decline), and at none of which (points) a line can be drawn sharply defining primary and secondary effects."

And, in opposition to Hahnemann, it is said :

"The antagonistic counter-effect of the system is as apparent in the effects of the first symptoms produced by a drug as in the last."

In Essay XXI, attention was drawn to the *limits* of the therapeutic or curative action of drugs. It is very interesting to me to find this subject handled to some extent in Dr. Wesselhoeff's paper. He says :

"By placing the terminal phenomena of a case of disease side by side with the terminal phenomena of poisoning by a drug, according to the law of similars, neither can be expected to counteract the other Homeopathically."

"To such (fatal) symptoms it is usual to oppose the symptoms of the stage of decline, or even of the agony observable in cases of poisoning, as, for instance, by *Arsenic*. But in such cases the symptoms of the remedy, as well as those of the disease to which it is applied, belong to the stage at which recovery is no longer probable or possible, and experience abundantly proves that the law of similars must fail here.

What needs to be done henceforth \* \* \* will be to distinguish most carefully and accurately those signs and symptoms under which the organism rallies during a proving or poisoning, and those under which it declines and fails to rally."

It will be seen from these extracts that the subject, up to this time, is in great confusion. The actions of one dose of a drug, and the actions of different doses, are mixed up together in the minds and writings of medical men to such an extent, that it is very difficult to induce them to look at these two questions as separate ones. Yet, unless this separation is clearly and distinctly made, it is impossible to have right notions of the answers to each of them.

Let us then, for the moment, forget all that has been said in previous Essays about experiments with *different* doses of drugs, and concentrate our attention upon experiments with *single* doses, and try to discover what they teach us. In other words, let us seek an answer to the question, what are the actions of one dose ?

We have now in hand the effects of "one and the same dose" of a drug ; we have nothing to do with galvanism, heat, light, or any such extraneous forces ; we are not now comparing the effects of different doses ; the experiments to be referred to are on ourselves, and not on the lower animals ; and they are on the healthy, and not on the sick.

Let us try to lay aside preconceived opinions, and look at the subject as if we had never seen it before ; and let us hope to find ourselves, in the end, on the side of truth. It is a great blessing to see clearly and

distinctly ; clearly, so that the object looked at is not hazy ; distinctly, so that the objects which surround it, or are its near neighbors, are not confounded with it.

Experiments with drugs on healthy persons is a clear and distinct undertaking. It has for near neighbors experiments on the sick, and experiments on the lower animals ; but these experiments and their results are not to be confounded with the results of experiments on a healthy man.

Experiments with other agents, such as electricity, light, heat, etc., are also near neighbors ; but these are not to be allowed to entangle or obscure the results of experiments with drugs. It was, I think, proved more than twenty years ago (*Essays on Medicine*, tenth edition, Essay VI), in the most careful and certain manner, that the laws which govern the actions of light, heat, electricity (including galvanism), and magnetism, have no known connection with the laws which govern the action of drugs. To mix them up together is misleading, and to the last degree unscientific. As was remarked at the conclusion of the Essay referred to, it is "a proceeding as unphilosophical as if Newton had attempted to make the law of gravitation the basis of chemistry, physiology, and metaphysics, as well as of astronomy."

Experiments with *single doses* of drugs on healthy persons are a distinct branch of this undertaking ; and the results of these experiments must be looked at clearly and distinctly by themselves.

The references which have been made to the literature of 1876 are sufficient to show that, up to the present time, there is no agreement among the writers on Homœopathy as to the actions of one dose, or of different doses. Is there any hope that an agreement may be come to ? The actions of one dose are now occupying our thoughts.

#### HOW MAY THE SUBJECT BE MADE CLEAR ?

Some have asserted that we can never discover a law for the dose. This is to despair when we ought to be full of hope. We have two encouragements to be full of hope—the remembrance, first, that God is not the God of confusion, but of order, so that we may be assured that all natural phenomena are governed by laws, which He has imposed upon them by infinite wisdom and power ; and, secondly, that we have to study only phenomena, with the conviction ever present in our minds, that we can know little which underlies these phenomena, little of the manner in which they are produced, and nothing of the power which produces them. Encour-

aged by the remembrance of these truths, how are we to proceed?

BY CAREFUL EXPERIMENTS ON OURSELVES IN HEALTH.

There is no other known method by which light can be thrown upon this obscure subject. Let us hope that a patient pursuit of this method will discover to us some general facts or laws which will command our acceptance.

It may be useful to inquire,

WHAT IS TO BE OBSERVED IN THESE EXPERIMENTS?

The answer may be given in few words:

1. The organs or parts of the body where the actions take place.
2. The kinds of action, whether single or more than one, and in more than one part; if more than one, whether these happen together, or one after the other; and whether in the same or in opposite directions.

I.—THE ORGANS OR PARTS OF THE BODY WHERE THE ACTIONS TAKE PLACE.

The local action of drugs has been studied in former Essays (XVII and XVIII), and need not now detain us long. It is true that this view is directly opposed to that of Hahnemann, whose whole soul was wrapt up, on one side by the "spiritual dynamism," and on the other by the "totality of the symptoms, (Hahnemann's *Organon*, §§ xvi, xviii, etc.) Nevertheless organopathy has been adopted by thoughtful physicians notwithstanding its opposition to Hahnemann, and notwithstanding the condemnation of it by Dr. Richard Hughes, for its "narrowness of view," (*Monthly Homœopathic Review*, Nov., 1876, p. 703, and *Transactions of the Congress at Bristol 1876*, p. 40.) It has, indeed, its limits, as every law given to nature has; but these limits are wide enough to include every part of the body, and every known drug.

On this subject Dr. Pope has lately made a startling assertion which calls for a short notice. He has said, "This doctrine of the local action of drugs was first propounded by Hahnemann!" and he gives a reference to the *Organon*, § CXIX for proof, (*The Scientific Basis of Homœopathy*, 1879, p. 21.) He will forgive me, I hope, if he is told that this cannot be correct, for three reasons:

1. It contradicts Hahnemann's well-known and vigorous rejection of pathology; and also his strenuous teaching that every medicinal action is on the vital force or "spiritual dynamis."
2. It is not the meaning of the paragraph to which Dr. Pope refers. The object of this paragraph is to point out that, as plants and minerals have distinctive botanical and mineralogical characters so,

every drug has peculiar medicinal properties, hence one cannot be used as a substitute for another; or, as Dr. Dudgeon translates Hahnemann's note to this paragraph, medicines have no *surrogates*. This is a fact of importance, but it is not organopathy.

3. The fact stated in this paragraph was not "first propounded by Hahnemann;" for he himself says in a note to the previous paragraph, that the "estimable Haller" had called attention to it before him.

The assertion, therefore, has been unguardedly made.

Not many things damage a man's reputation more than mistaken praise; and not many men have suffered more from this than Samuel Hahnemann. Organopathy, the local action of all drugs, was first suggested as a general fact ten years ago. This is plain from the opposition it has met with from that time until now. Dr. Bayes was one of the first to accept it publicly.—("Applied Homœopathy." By William Bayes, M. D., 1871.)

#### II.—THE KINDS OF ACTION. ✓

The *seat* of action is a question of anatomy. This anatomical basis, though not without its difficulties, is a great advantage to organopathy, and it gives it the prospect of arriving at truth and certainty.

The *kind* of action is a question of physiology. The successful answer to this question depends upon the progress of physiology itself toward truth, and is, therefore, at present more doubtful. Yet there is sufficient truth and simplicity in much of our physiological knowledge to permit us to make advances toward a true understanding of the effects produced by drugs, and to encourage us to proceed with further experiments with them.

Let me take this opportunity once more to urge upon the attention of my colleagues, that effects—phenomena—things are perceivable by our senses—are the things we are to notice in our experiments, and to think about, but seldom to explain. We have nothing to do with the power by which these effects are brought about; science cannot teach it. In this sense "science explains nothing, but merely shows the connection between one event and another, and enables us intelligently to join them, as falling under the operation of certain laws; but the cause of these laws, *i. e.* the source of the power which makes them operate, science does not discover." (The Physics and Philosophy of the Senses; by R. S. Wyld, F. R. S. E., 1875, p. 536.) Nor does science often show us even the manner in which this power acts.

A dose of a drug may act upon one organ only, and produce but one observable effect. Nothing can be more simple than this. The effect is to be observed with the caution necessary to avoid mistakes, and is to be recorded as an individual fact.

Another dose, either of the same drug or of a different one, may produce more than one effect; and these may be on the same or on different organs. These effects are to be observed with similar caution, and are to be recorded as so many individual facts.

Again, when more effects than one follow, care is to be taken to observe the *time* of their occurrence. They may happen together, or they may happen in succession one after another. These observations of time are also to be registered as individual facts. They are sometimes of great value.

And again, these effects may be in different directions; or they may be more or less opposed to each other, or in contrary directions.

We cannot learn all the instruction from the proving of a drug in health which it is capable of teaching, unless these obvious requirements are fulfilled; and the record of the proving ought to be written in the same manner as the record of a case of disturbed health from any other cause, has been written in all ages since the days of Hippocrates. It is impossible for the dislocation of the symptoms from their relative positions, and the mingling of all kinds of provings, adopted in Hahnemann's scheme, to be persevered in with advantage.

[TO BE CONTINUED.]

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## Medico-Legal Department.

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### ON MEDICAL LEGISLATION.

BY J. B. BRAUN, M. D., MILWAUKEE, WIS.

[Continued from page 348.]

#### SHALL THE MEDICAL PROFESSION BE CONTROLLED?

Concerning Dr. S. J. Bumstead's article, "Medical Legislation Again," I am disposed to pronounce the following views about the same. The object which the author proposes to accomplish as to a higher standard of our profession in this country, is in itself quite a laudable and very necessary one indeed; but the means he would suggest for such a purpose are evidently too rigorous and illiberal

even for monarchical states; where legislation about medical matters is in general of a sufficient severity. Its repeated examination, perhaps every ten years or so, should involve too much molestation to the majority of practitioners, so that they would probably rather abandon their profession than submit to such a strict and troublesome treatment. The certificates furnished at the first examination might be graded into *first*, *second* and *third* class, and the several notes marked in the documents or diplomas, as it is also customary in some foreign countries, but never *ex officio* publicly exhibited in the offices, because it would make some more or less pedantical show of the *theoretical*, and by no means yet of the *practical* skill of the holders. Instead of arranging in this way three different degrees of qualified physicians, it might be a great deal more desirable and useful to establish in all medical schools, at least in those of Homœopathy, invariably a three graded course of lectures. The first course should comprise the preliminary studies and natural sciences, mineralogy, zoology, botany, physics, chemistry, etc.; the second, all the *theoretical*, and the third the whole *clinical* and *practical* instruction exclusively. Such an arrangement would elevate the standard of our profession considerably in a scientific point of view, and consequently, also, by a greater capacity of its members in the eyes of the unprofessional public.

In medicine we have to distinguish, just as much as for instance in the art and science of war and other branches the *theoretical* from the *practical* qualification. Thus a physician may be a very learned theorist and also a very able teacher, but with all his amount of knowledge lack so much skill and talent for practice, that he should rank merely as a *second-rate* or even *third-rate* practitioner, although his diploma would present him as a number one. This is not unfrequently the case, and I have occasionally observed some professors of faculties in America and Germany, who were excellent orators and theorists, especially in *internal* medicine, but very poor practitioners, and I could never have gathered faith enough in their medical skill, from my own observations about their clinical results, to entrust my health and life to them in a critical case of my own person, or of friends and relatives. *Vice versa*, we find practitioners of a more limited knowledge of the vast theory of our profession, but possessed of a certain sagacity and acuteness of intellect, which the former are wanting altogether.

Furthermore, the people at large don't appreciate so much the *theoretical* standing of a physician in their selection, disregarding often-

times entirely, whether he has obtained number *one, two* or *three* in his proving. They mind more than anything his *external* appearance and character, and choose him, because he pleases them, and not because they know or want to know that he has passed his examination with the *first* note. It is a good deal more the inclination or sympathy they feel for *him*, that determines their choice, and this rule principally prevails among the female sex. A physician, who displeases the fair sex, young and old, will never acquire or command an extensive practice. Is it the *sense* or *intellect*, which is prevalent at all among women, or is it by far more the *feeling* or *sensation* they indulge in all their acts of life, excluding a small fraction of strong-minded women, who resemble rather the male than their own sex? Moreover it is the caprices and freaks of the mass of people, constituting either the *intellectually*, or *morally*, or both ways *uneducated majority* of them we have to contend with more or less every day, and we poor ministers of health and life in this country are of the rest of learned professions more *slaves* than *sovereign* persons. In a financial regard, we have become perfect slaves of late years. since the credit laws have been modified in Illinois and in other states alike in favor of the debtors, who have a most agreeable chance now to shirk their liabilities and signally defeat justice. Folks know that mostly too well, and frequently play their selfish pranks upon us, giving us little or no compensation for our important and responsible services. In Germany, physicians are by law considered the privileged creditors of any person or estate, and their bills are regarded first of all and settled. Every body is liable to pay his physician or creditor whatever by law, and any real estate or personal property is subject to execution without dodging or evasion, except a beggar's furniture. Such a law is apt to cultivate a thorough sense of *honesty*, whilst the law as existing in the United States mostly now have the tendency to promote *dishonesty* and a spirit of *moral recklessness* and *rascality*. *Moral education* ought to be cultivated and fostered far more in this country among children and adults, and especially a sense of strict honesty and integrity with conscientiousness in every respect, to mention it by the way. Hitherto mostly the *sense* or *intellect* has been educated, and a general spirit of *smartness* created at the expense of the more precious *moral training*. Such a one-sided education must bear its inherent fruits more and more. How desirable would it be for every honest person to have the credit laws revised and altered again somewhat in the fashion they had about twenty years ago in the state of Illinois, where a creditor could compel his debtor

in a moment to fulfill his obligations? For Heaven's sake, let us have those laws again and urge our legislators by all means to make a provision for that as soon as possible, not only in favor of us physicians, but of every body unconditionally!

Those individuals of the laity, who represent *intellect* and *morality* at the same time, form surely but a *minority*, and may be rightfully styled as *sovereign* people, guided as they are in their thoughts and acts by the dictates of knowledge, reason and the true scientific and personal merits of a physician in all respects. We physicians have the best opportunity of making diagnoses not only of the *physical*, but also of the *mental* and *moral* defects of our human race incessantly, thus becoming enabled to constantly observe and study the *practical* results of the doctrine universally acknowledged in this country, of a perfect *sovereignty* of each individual. This *sovereignty* would hold good, if the ruling *majority* were properly educated in *intellect* and *morality* at the same time, as it happened to be the case heretofore only with the *minority*. Solely the *intelligent* and *moral* class of the latter deserve the name and unlimited rights of a *sovereign* people while the *unintelligent* and *immoral majority*—the genuine *sovereign rabble*—ought to be ruled by the enlightened *minority* in all countries, until such *minority* would gradually change into a *majority* in some future day, when it will be so much the better. Into what a *political, social* and *legislative* quagmire, we have got of late years, sticking almost fast in it, by that principle of universal *sovereignty*, we chance to see everywhere around us, if we don't keep our eyes shut purposely. If it were not the *intelligent* and *conscientious minority*, having taken proper legislative steps by creating medical boards and protecting every individual of the states of Europe, and also of this continent in Canada, Mexico, and South America, with the sole exception of these United States, the *unintelligent* and *unscrupulous majority* or *sovereign rabble* would not have done any more in those foreign countries up to this moment than they have done as yet in our own midst.

In all the civilized states of our planet, the practice of medicine is regulated by proper laws for the protection of the unwary public as well as the medical profession itself, with the only exception of the United States. Here is our noble profession, I am very sorry to say, degraded to the level of the most ordinary trade,—of a shoemaker, tailor, saloonkeeper, etc. Every person without exception has the right to style himself doctor, physician, surgeon, oculist, etc., irrespective of his mental or moral qualification, and take the responsibility



to act as such in any emergency. That alone is a sufficient evidence of the very *low grade* of opinion the legislators and the people at large would entertain about our most important profession, and simultaneously a sufficient evidence to intimate very *low grade of intellectual and moral* education, on which those great law-makers have presented themselves to us physicians and the whole world in general. The state of New York and, if I am right, also the state of Ohio, has recently made an honorable exception from that disgraceful rule, in requiring some scientific appropriation or diploma for the admittance to practice. But I must declare hereby that I cannot approve this arrangement entirely, although it is better by far than the old disorder prevailing in the rest of the states, because it is not *liberal* enough for our age of *liberality*, since *two* of the greatest monarchical countries, Germany and also Great Britain, if I am not mistaken about the latter, have introduced a legal order, which combines the safety of the people and a due elevation of the medical profession together. In Germany the law has been adopted since the last five or six years that any person unexceptionally may have the right to practice the healing art and science without the least qualification, like in this country, but with the beneficial restriction that such a person is never allowed to assume the title of doctor, physician, surgeon, obstetrician, oculist, etc., either privately or publicly, under a penalty of the law. Whoever counteracts this legal act by claiming a title, which involves the idea of a *learned and examined* medical person, is liable to a fine from about a hundred to a thousand dollars, or eventually even to imprisonment from one to a twelvemonth, etc. It is not the unqualified practice of our profession, that is prohibited in this way, but merely the *impudent and unscrupulous imposition and fraud of an unqualified and unexamined practitioner*, who would make the public believe that he is a *legally examined and qualified* one. *Medical faculties* are possessed of the exclusive right to examine candidates, and no *medical societies* whatever. This appears both as a *liberal and practical* measure at the same time, but it is still somewhat narrow-minded, because documents and diplomas of foreign faculties are disregarded altogether, however respectable they may be, in so far as such graduates may keep their legally acquired degrees of doctors or masters of art, when proven, but not the title of *approved or examined physicians*, which only belongs to those examined in Germany. I am not quite positive if the law is a similar one in England. Now, if we would take but one single step more in that liberal direction by adopting the whole law, as it is, with the only

amendment that *foreign* diplomas, if *bona fide* and in a *legal way* acquired, are also entitled to the same privileges as *domestic* ones, then all the necessary requirements of a reasonable legislation should be fulfilled, as I presume. Of course it is understood that any bogus concern at home or abroad, as the late notorious and now defunct Philadelphia faculty was, selling with utter meanness and infamy, diplomas to any unqualified persons in any part of the globe, should by all means be discountenanced and rejected. Any holder of a diploma might be required to apply personally to the state board or to the county court with his document for a legal acknowledgment or license, and to present it for inspection and for keeping a record of it, under a solemn oath that such a diploma had been obtained by himself in a *bona fide* and *legal* manner. If some unqualified rascal should happen to make a false statement and commit perjury, as a rare exception in all probability, then he ought to feel the severity of a punishment in the penitentiary of from five to ten years, or so. But practitioners having been in practice for several years without a certificate of examination from a legally organized medical school, never ought to have any more rights than new beginners, because nobody may know and tell *a priori*, if such a practitioner is in fact competent, as long as he has not furnished any sufficient evidence before a medical faculty that he is really qualified, and because a person, who is ignorant in the beginning of his practice, cannot and will not learn enough in his lifetime, as our advanced medical art and science stands at present, even in a *theoretical* or *practical* point of view, in order to assume the duties and responsibilities of a *duly examined physician*. Such a law would have the tendency to elevate our noble and so much degraded profession at once by at least 100 per cent in this country, giving alike satisfaction to the people and our profession, and doing away at length with the most infamous and unreasonable right of any man, however ignorant and unscrupulous he may be, to call himself a doctor, physician, etc. Such a law would uphold and preserve the dignity and respectability of our profession under all circumstances. Let those folks then, who prefer an *unexamined* practitioner, or any quack, for themselves have a chance to employ and reward him to their heart's content! Such unqualified medical persons never ought to have the right to collect their fees by law either, however they might be entitled to charge as much as they please privately.

These are the general and imperfect outlines of legislation, which we all more or less desire and urgently need in this country, and I

would propose them as a substitute of the well-meaning, but impracticable plan of Dr. Bumstead, leaving it to the wisdom of the members of our profession and the legislatures of the several states to make such improvements thereon, as they might see proper and indispensable. Something must be done finally to keep apace with all the other civilized countries on the globe, and we never ought to be eclipsed or outdone by any means by the anarchical and miserable republics of Mexico, Central and South America in that respect, where the practice of medicine always has been properly regulated by a satisfactory legislation. Therefore, brethren of the Allopathic, Homœopathic and Eclectic denomination, let us take up and agitate the matter ardently and perseveringly, with combined efforts and harmony, until we reach at last our object in view, and achieve an everlasting victory.

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## Obstetrical Department.

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### *MILIARIA OF WOMEN IN CHILD-BED.*

BY DR. C. CROSERIO.

It is the effect of excessive perspiration. In following the counsels of Homœopathy we may almost always avoid it. This indisposition generally disappears of itself in a day or two; if, however, it becomes annoying by the itching it causes, or by its duration, we may give *Bryonia* 30, in water.—(Homœopathic Manual of Obstetrics, p. 131.)

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### *FAILURE WITH XANTHOXYLUM FRAXINEUM IN AMENORRHEA.*

BY F. S. WHITMAN BELVIDERE, ILL.

The Apostle's injunction, to prove all things and hold fast to that which is good, is being observed to its full extent by Homœopaths, as far as the first part is concerned, at least; while in a negative sense, the last clause, we think, is held to more rigidly than is for our good. In other words, are we not "holding to" many remedies which do not fulfil the indications given for them by those who first introduced

them to the profession? It seems to us that more precision in prescribing would be obtained, especially among the younger members of the profession, if fewer remedies were used by them, and a better knowledge of the sphere of action of these remedies was possessed. It is simply impossible for any man, without years of patient study, at least, to be able to prescribe intelligently and Homœopathically, the proper one, or even two, of three or four hundred remedies, the symptomatology of which is given in our materia medica. Belonging to the younger portion of the profession, we have from careful observation, noticed that the most successful of our older practitioners are those who do not use the greatest number of medicines. We have noticed, too, that in some instances at least, those who are prone to prescribe Homœopathic preparations of bed-bug, potato-bug, and all the other nasty bugs one can think of, are the very ones who have no good idea of the sphere or action of *Aconite*, *Belladonna*, and our other great polychrests. As the elements of mathematics should precede the study of geometry and surveying, so should a knowledge of our well-proven remedies precede a trial of all the new remedies that are being recommended, very often on insufficient trial. Now in this we mean no diatribe against the use of all new remedies. We would be at a loss indeed to practice medicine without such new remedies as *Gels.*, *Verat. vir.*, *Mac.*, *Caul.*, *Helonin*, *Senecin*, etc.; but what we do claim, is this: That when a remedy is recommended for certain well-marked disorders, and upon trial by the profession at large proves to be useless, this fact shall be made public just as freely as the original discovery was. Certain it is that many remedies do not fulfil the plainly marked indications given for them, and equally certain it is, that this fact very seldom appears in print. Are we not often so anxious for notoriety that we appear in print with cures by a certain remedy, when, perhaps it was a mere coincidence, and further trials would have convinced us that the remedy was not Homœopathic to the disease at all? "The proof of the pudding is in the eating thereof," and we think those who have partaken should give the profession the benefit of their experience. Now, having preached our sermon first, we propose to give our text last.

IT IS XANTHOXYLUM FRAXINEUM.

Several years ago, in *The United States Medical and Surgical Journal*, there appeared quite a number of remarkable cures of amenorrhœa from the use of this remedy. They can be found, in Hale's *New Remedies*, third edition. As a sample we will give one: "Amenorrhœa for

five months. Face and legs cedematous; very nervous, sensitive to the least noise; hysterical mood; voice tremulous; fears she is going to die; general chlorotic appearance; constipation; frequent scanty and dark urine (the first dilution cured this case in a few weeks). As this article is already getting too long, we must be brief. Suffice it to say that for the same set of symptoms (a familiar set in amenorrhœa), I have tried this remedy faithfully and persistently, with absolutely no good results. Upon consultation with other members of our school I find that their experience corresponds exactly with mine. I sent to different pharmacies for different preparations of the remedy so as to be sure and get that which was good. Now let us have the experience of others with this remedy, and see just what cases it is applicable to. The doctor who reported the above case, is an honest, conscientious physician, no doubt, and all the profession wants to know is, whether the experience of others corroborates his experience.

Dr. Johnson once said that doubtless God could have made a better berry than the strawberry, but doubtless He never had:” so we may say, “Doubtless God could have made a better law of cure than the Homœopathic, but doubtless He never did;” but we must be careful and not load it down with things which are not german to it.

## Medical News.

**The Illinois Homœopathic Medical Association** meets in Peoria May 15 and 16.

**The Homœopathic Medical Institute of the State of Missouri**, will meet at Boonville, Mo., May 9, 1877.

**Nebraska State Homœopathic Medical Association.**—The next annual meeting will be held in Omaha, May 15, 1877.

**Minnesota State Homœopathic Institute.**—The eleventh annual session will be held in the city of Minneapolis, Minnesota, May 15th and 16th, A. D. 1877.

**Homœopathic Medical Society of the State of Michigan.**—The eighth annual meeting of this society will be held in the city of Grand Rapids, on the 15th and 16th of May. I. N. ELDRIDGE, Genl. Sec'y.

**Western Academy of Homoeopathy meets at Indianapolis, May 29th, 30th and 31st.**

**Epidemic Small-Pox** has broken out among the goats at Gibraltar, and orders have been given to prevent the use of their flesh and milk by the garrison.

**Wanted.**—I wish you could manage to choke off such fellows as these who cure (!) cases with half a dozen remedies, and that fill up the pages of your journal with stuff that no one learns anything from, and which keeps out the good. I would give more for that page and a half of symptoms just published than for cords of stuff like that cure of amenorrhœa with *Puls. Sepia*. The rule should be, "cases cured by one remedy at a time."  
C. B. G.

**A New Work on Obstetrics.**—We learn that Prof. Wm. C. Richardson, of St. Louis, is about to issue a comprehensive work on Homœopathic obstetrics and diseases of women and infants. The work will contain about four hundred pages, and is to be copiously illustrated. From the well-known reputation of Dr. Richardson as a teacher and author on midwifery and kindred subjects, the profession may congratulate themselves that this work will be fully up to the times in every respect.

**Chicago Homœopathic College.**—At the commencement exercises of this Institution, Hershey Music Hall was filled with an audience so intelligent and enthusiastic, that the popularity of the new college was amply demonstrated. On the stage, in addition to the faculty, were Judge Henry Booth, Right Rev. Bishop Fallows, Hon. C. C. Bonney, Prof. H. P. Gatchell, O. W. Potter, Esq., and others. The fine appearance of the graduating class was a matter of special comment. All present were impressed with the idea that the College closed its first year in a most creditable manner, and that its prospects were unusually brilliant. There are forty matriculants attending the spring term now in progress.

**Next Meeting American Institute of Homoeopathy** is to be held at Lake Chautauqua, a charming summer resort, on the Erie, A. & G. W. R. R. The Kent House, at Lake View Station is on the border of the lake, and will give us all ample accommodations and abundant amusements and recreation. One fare the round trip to all who go will probably be furnished on all the leading railroads. The trains will run as—

**TIME TABLE.**—Leave Chicago at 5:15 P. M. by Erie and Chicago Line; reach Lake View, (Chautauqua Lake), next day at 1:00 P. M. No change of cars.

Leave Cincinnati at 9 P. M.; leave Cleveland at 7 P. M.; no change of cars. Arrive at Lake View at 1 P. M.

Leave Pittsburgh, E. and P. R. R. Arrive at Lake View at 1 P. M. Leave Buffalo B. and J. R. R. at 8 A. M. Arrive at Lake View at 12:18 P. M. No change of cars.

Leave New York at 7 P. M., Erie R. R. Arrive at Lake View at 12:18 P. M. No change of cars.

The session commences June 26th and continues three days. Let's get out a big delegation from the west. Rouse up the multitude.

T. P. WILSON,

Chairman Com. Arrangements.

**Society of Homœopathic Physicians of Iowa.**—On May 30th, proximo—being the last Wednesday in the month—the annual meeting of the State Homœopathic Medical Society will occur at Oskaloosa. It is an important meeting, and it is to be hoped that those of the profession in Iowa who prize and desire to foster all those agencies, which have for their ends the advancement of the cause, will either in person or by means of application for membership, be represented then and there. The annual oration will either be delivered by Dr. G. H. Ehinger, of Keokuk, or his alternate, Dr. G. H. Patchen, of Burlington. The following is a list of the Bureaux, from all of which, it is to be hoped, reports may be had on this occasion :

Materia Medica, Drs. Lucy, Button, Waggoner, Parsons, and Home. Diseases of Women and Children, Drs. Patchen, Hubbard, and Mesdames Yeomans, Porter, and Harris. Surgery, Drs. Virgin, Blair, C. H. Cogswell, Baker and Olney. Medical Education, Drs. Ehinger, Van Vorhees, and E. H. Wilson. Anatomy, Physiology and Hygiene, Drs. Dickinson, Lewis, Fellows, Nixon, and Olney. Medical Electricity, Drs. C. H. Cogswell, E. Jackson, Waggoner and Bryant.

At this session, the committee on legislation (Drs. Guilbert, Button, and Bancroft) will submit for consideration, articles of incorporation of the society. The same committee will also present a proposition, with reference to the Homœopathic Medical Department in the State University. In these two propositions all of the profession in the state are directly interested. The local arrangements for the annual meeting are in charge of Drs. Lucy and Lewis, of Oskaloosa, which is sufficient to say, that no pains will be spared to make this meeting a very pleasant one indeed.

EDWARD A. GUILBERT,

DUBUQUE.

Secretary.

#### Removals.

Dr. W. E. Coquillette, from Aurora, Ill., to to Hopkinton, Iowa.

Dr. E. A. Wehrman, from St. Louis, Mo., to Clerington, Ohio.

Dr. A. L. Marcy, from Chicago to Evanston, where he goes in partnership with Dr. Mann.

Dr. W. Cunningham from E. Saginaw to Bay City, Mich.

Dr. R. G. Harrison, from Aubry to Stanley, Kan.

Dr. J. W. Buddeke has removed from Jackson to Memphis, Tenn., where he has formed an association with Dr. Lucius D. Morse.

Dr. W. E. Taylor, from Mukwonago, Wis., to Monmouth, Ill.

Dr. P. J. Putnam, from Wellsville to Stubenville, Ohio.

Dr. C. H. Adams from Sandwich to Normal, Ill., and formed partnership with Dr. G. R. Woolsey.

Dr. L. P. Foster, from Litchfield to Minneapolis, Minn.

Dr. Geo. M. Dixon, from Fond-du-Lac, Wis., to Sacramento, Cal.

Dr. R. S. Bingham, from Cairo, Ill., to Indianapolis, Ind.

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

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THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

VIENNA, May 3.—“The frontier of Persia has been entirely closed on account of the plague at Reshd and Tabriz.”—*Dispatch*. The latter place is about 200 miles northwest of Reshd, noticed elsewhere in this number. This indicates that the plague is severe and traveling westward.

MINNEAPOLIS, Minn., May 2.—The spring so far, has been healthy. Scarlet fever in light form; whooping cough not severe; less diphtheria than in corresponding seasons previous. There have been a few cases of typhoid pneumonia, also erysipelas. We have had a mild winter, and spring corresponds. W. H. LEONARD.

PLAINFIELD, N. J., April 24.—We have had here during the winter months, morbilli, parotitis, pertussis, croup, scarlatina and diphtheria. Almost every case of the latter was severe, while the scarlatina was

correspondingly light, as a general rule. Some three years ago I noticed just the reverse of this, the scarlatina being then very severe, while what few cases of diphtheria we had were quite light. Have any of your readers noticed this in other localities, and if so, can they assign a reason for it? The general health of this section at present is good, there being less sickness during the spring months than for some years past. The majority of the ailments being the usual bronchial and pulmonic complaints incident to colds and changes of the weather.

E. W. SOUTH.

CONSTANTINOPLE, April 26.—The plague is prevailing in the East. Bagdad had 176 deaths from the plague, between the 16th and 23d of April. The plague has also appeared at Resht, in Persia. This latter city is on the south shore of the Caspian Sea, and contains about twenty thousand people. It is frequently visited by cholera. It is in about the same latitude of Richmond, Va. Bagdad is about three hundred miles further south. Dysentery is reported quite severe in the Turkish army. Dysentery followed cholera in 1873, in the south. If it never precedes cholera, then we need not look for this latter disease this year. Perhaps it is too hydrogenoid yet. There is a great complaint from high water in Europe as well as in America.

APIS.

NEBRASKA CITY, Neb., April 26.—Just closing up a siege of scarlet fever. I have lost  $2\frac{1}{2}$  per cent. of my cases. Old School doctors lost not less than 40 per cent. My standard remedy was *Bell*. It seemed indicated in all cases. Once or twice, fearing I was becoming a routinist, I would try to use other remedies but no go; cases would get worse immediately, and back I would turn to *Bell*. Only in one case did I use any other remedy to satisfaction, and that was *Arum triph.*, which was very strongly indicated, and removed its characteristic symptoms, of a very grave nature, in a few hours. I desire to add my unqualified approval of *Bell*, as a prophylactic. In every case it either prevented the attack altogether, or rendered it exceedingly mild.

A. C. COWPERTHWAIT.

### CONSULTATION CASES.

FOR DR. H. CRATER'S CASE,

in April 15th number, I would suggest *Phosphoric acid*, 30 or 200. I like THE UNITED STATES MEDICAL INVESTIGATOR, and it is improving all the time. [Thanks to contributors.]

G. F. COUTANT.

## FOR DR. CRATER'S CASE.

If Dr. Crater will give his patient *tinct. Balm of Gilead* (poplar) four drops every three hours, in a wine-glass half full of water, and give her hot water to drink (instead of cold), at regular intervals, before breakfast, at 11 and 4 o'clock, and at bed-time, I think the cough will yield. Ext. *Glycerine* added to the evening draught, is of service in removing the dryness (one tablespoon to a goblet of water). The medicine is obtained at Fred Spangenberg's 1165 Broadway, New York.

CHICAGO.

E. G. COOK.

## WHY?

The formula, *similia similibus curantur*, gives us a well-nigh infallible rule for the selection of remedies in any and every medicinally curable disease. Our failures to cure are in a great measure owing to our failures to apply this rule with sufficient exactitude. There yet remains to be elucidated a law of *potency*. On the potency question our school may be divided into three classes—the lower potency men, who range from the crude drug to the 6th attenuation; the high potency men, who use the 30th and 200th potencies, more frequently, perhaps, than any other, and the *transcendentalists*, with whom the one-millionth attenuation of a wave of moonlight is gross materialism. With all this diversity of opinion, I believe that every man is honest in his view. How can we get at the truth? Theory will not evince it, and logic will not unfold it. *Experiment* will do it. Let every Homœopathic physician test this question whenever an opportunity occurs—test it fairly and squarely; not with a view to sustain a pet theory, but with a view to get at the truth, and nothing but the truth. I believe that soon a mass of evidence would accumulate that would effectually dispose of this vexed question, and out of which could be formulated a law as unerring as *similia similibus curantur*. Cases should be selected where the remedy is strongly indicated, and the *high* or *highest* potency given first, I think. I am trying to solve this problem for myself, but it is slow work.

Dr. H. Crater's description makes one think of tuberculosis. The doctor is rather indefinite. He gives no results of auscultation, percussion, or measurement. He says that absorption seems to be going on in the lungs all the while. I hardly know what the doctor means by this expression. He has evidently forgotten the *patient* in his

efforts to *make an impression on that cough*, and to *get up her strength*. Upon what theory can the doctor justify the administration of *Iron and wine as tonics*?

Query: Will Dr. W. S. McAfee enlighten a benighted M. D. as to the medicinal properties of *Cosmoline*, and why he advises its topical application in Dr. Moseley's case?

UNION SPRINGS, N. Y.

O. W. SMITH.

FOR DR. H. CRATER'S CASE,

I would suggest *Cimicifuga rac.*, 1st decimal and *Nux vom.*, 3d decimal. Give at intervals of fifteen to thirty minutes, when the cough is very irritating, and from one to two hours apart during the day, as the case improves.

CANTON, ILL.

O. G. STRONG.

CEDEMA GLOTTIDIS.

During the last three years I have had four cases of œdema glottis: three died.

CASE I. W. R., aged four, fatal.

CASE II. M., aged nine, recovered.

CASE III. W. M., aged two, fatal.

CASE IV. C. B., aged three, fatal.

In the last three cases I prescribed *tincture Aconite*, *Kali bich.* 2x, *Phos.* 3x; inhalations of steam, medicated with *tincture Iodine*. Cold and warm pack to region of the larynx.

Will some of the readers of the UNITED STATES MEDICAL INVESTIGATOR give their experience in the treatment of this very fatal disease?

QUINCY, Iowa.

D. PITTMAN.

"DR. RANDALL'S CASE."

In March 15th number INVESTIGATOR there is a case reported by Dr. Randall, in which he says he has tried many remedies, but without success, and would like to have the opinion of the profession. In reading the case over I could not help but exclaim *Nux vom.* high! Now let us compare the symptoms of the patient with the remedy.

According to the patient's own statement the trouble was induced

by hard mental labor, with a weariness in head and neck, next he experiences a spasm of the muscular system, but with unconsciousness. Digestion slow, imperfect; cannot converse upon any ordinary subject without causing great excitement; wakened from sleep with a shock or sudden start; urine watery or high colored; backache all the time; worse from cold weather and damp; bowels constipated and then loose; tongue coated; heavy, weak feeling in head. Stimulating food and drink relieve only momentarily. Sleep but little after 1 or 2 o'clock A. M., and get up feeling very tired, more so than when I retired; awake with headache, which passes off sometime after rising; lower jaw inclined to drop; an abundance of saliva, which runs from the mouth; tenderness of pit of stomach; pain in right side of abdomen, under short ribs, with tenderness and swelling; paroxysms of excitement follow mental labor; painful urgency to urinate; urine passes in drops; very irritable disposition; sexual excesses.

Here you have got quite a complete picture of the symptoms, all of which are covered by *Nux vom.*, which will probably ameliorate the condition, if the medicine is given high and not repeated too often. What are the manifestations of a diseased organism? The pathological condition diagnosed, or the symptoms adduced from the patient and from observation.

In making a prescription, does it matter so far as treatment is concerned, what the pathological condition is, if you are careful to select a complete similar in the drug? If you should diagnose threatened cerebral paralysis and prescribe for the diseased state, without taking into consideration the symptoms of the patient other than the diagnosed pathological state, would you expect to accomplish the great end to be desired, namely, restoration to health? Let us see, the pathological condition settled, now what will be the remedy? Some say *Cuprum acet.*, *Bell.*, *Potassa Iodide* and *Bromide*, *Arsenic*, *Melilotus*, *Strychnia*, *Mercury*, *Iron*, etc. Which one of these remedies, will, on close examination, give a picture of the diseased brain in this case? Is it *Arsenic*? Is it *Strychnia*? Is it *Potassa*? Or is it *Mercury*? Alas, all have been tried and found wanting, because they do not correspond with the symptoms, but they all correspond with the pathological condition. Will *Cuprum acet.* or *Bell.* cover the symptoms? Not if the patient has given us a complete picture of his condition.

If my deductions are correct then it would follow, that, for successful prescribing, each patient must be taken as a unit, and select for the several symptoms presented, such a remedy as will cover the most important symptoms. In other words, individualization and

the selection of a complete simillimum are the great secrets of success. Furthermore the study of *Sulphur*, *Ignatia* and *Dulcamara* might be of use, as they possess several well-defined symptoms in this case, and some one of them may follow well after *Nux vom.*

EVANSTON, Ill.

A. L. MARCY.

#### CONGENITAL PHYMOSIS AND HEART DISEASE.

Have you ever seen a case of heart disease arising from congenital phymosis in a child? I have a boy, seven years old. Noticed, a couple of years ago, that there was congenital phymosis, but as he had no trouble in urinating I have put off an operation. About a year ago I noticed palpitation of the heart. Last December he had scarlatina, and since then has had regurgitation of mitral valves (I think). One night had considerable throbbing or rather pulsating of femoral artery. I tried *Digitalis* 1x, with little result, then *Arsenicum* 3x, and he seems to be improving. Am inclined to think the phymosis the cause of the trouble. What do you think?

J. S. B.

#### ON THE PHYSIOLOGICAL LIVERY.

AD. LIPPE, M. D., PHILADELPHIA.

In THE UNITED STATES MEDICAL INVESTIGATOR of February 1st, gives us a paper by E. W. Berridge, on Homœopathy vs. the Physiological School. The first proposition offered is, "There are in the ranks of professed Homœopaths, two parties, the true Homœopaths or Hahnemannians, and the physiological school," and, after very properly reviewing Dr. Richard Hughes' paper, published in this journal November, 1876, in which said Dr. Hughes appears as the champion of the physiological school, he concludes his paper by declaring that, "*The time has come for the separation of the two schools;*" and finally calls on me to draw up a circular for the public, stating the rules of true Homœopathy, and how it differs from the false, to be signed by all true followers of Hahnemann.

Such a circular will certainly be drawn up, it will be based on a comparison made between the Homœopathician and the non-Homœopathist, in a lecture delivered by me on February 17, 1885, before the Hahnemannian Institute in Philadelphia, and also published

in Vol. V of *The Homœopathic Review*, page 496, and there and then endorsed by the editors of said journal, a paper which we re-publish at the end of this article. A majority of the members of our school thought, that perfect liberty will sooner bring knowledge of the truth and that purity of practice which we all desire, and, while the difference between the two parties were acknowledged to exist, as pointed out by us, the conviction gained ground that full freedom of medical opinion and action would bring the non-Homœopaths to a conviction of truth, and that we would gradually arrive at that purity of practice which were the characteristics of the Homœopaths. This freedom of medical opinion and action was the order of the day. From time to time it was shown by various papers published in our journals that under this order of things departures from the characteristic prerogatives of the Homœopaths became more frequent, and, as they became more frequent, they became wider, till we see to-day that they have become so wide that the advocates of these departures have arrogated to themselves the freedom to pollute the good name of Homœopathy by a denial of all and every characteristic emblem of the school to which these advocates of departures claim the right to belong. There is no longer to be entertained a shadow of a hope that these forever farther departing pretenders will accept that purity of practice which we all *desired*. The most outspoken of these advocates of these progressively numerous departures is Dr. Richard Hughes, of England. In the last (January) number of the *British Journal* we find him declaring that inasmuch as we have stripped Homœopathy of its former posology (dosage), and now are coming back to such doses as cannot be objected to by the "Regulars," *alias* the common school of medicine, *alias* the physiological school, *alias* the Allopathic school, we now seek a reconciliation and a reunion. This proposition and these declarations did not come at once. Gradually and cunningly were they arrived at. First a change of our indispensable *materia medica*; in its stead we were treated to the *pharmacodynamics*, a science which *professes* to teach us the changes of functions or tissues produced by the various drugs. As if we knew these changes of functions or tissues in diseases! Who professes to know them? Why, the common school and Dr. Schussler and his aiders and abettors. Next Dr. Hughes tries his hand at an attempt to bring discredit on Hahnemann and his great master work, the *Materia Medica Pura*. He (Dr. Hughes) tries to show that Hahnemann has made quotations which are erroneous and false, because this Dr.

Hughes could not verify them, could not find them—and driven to the wall, he confesses to have rectified his accusations as soon as he found he had been mistaken. *Nobody* of any note or distinction in the school was astonished at the elaborate effort of a man who never believed in Hahnemann's teachings to bring Hahnemann into discredit, that he might later boldly discredit him and his teachings altogether, which he really has done Jan. 12, 1877, as editor of the *British Journal*. Let him be reconciled and reunited with a school of which we are positively the opposite. To his aid came other very distinguished men. We had foisted on the school a new translation of Hahnemann's *Organon*. The translator wrote a preface full of adverse criticisms of the work, stating his object to be a *free translation*. The work was mutilated by putting the paragraphs on animal magnetism with the foot-notes belonging to the text behind the text of the work; and the translator, full of the idea that freedom was the word, defended himself, when the reviewer took the liberty to call his attention to the long-honored rule among literary men, that a translator has only to—translate correctly, without making any changes in the arrangements of the work by the author; and in this instance, the *translator* resorts to a very objectionable defense when he claims the *freedom* to separate the text from the foot-notes by stating that Humboldt did precisely the same thing when he published his "Cosmos." Because Humboldt did so, therefore Hahnemann (who wrote quite a different work and different notes) should have done the same thing, and because Hahnemann did not do that very same thing, now, I, the translator, claim the freedom to do it for him. That is just in harmony with the logic of the present "Pretenders."

Later, to help along the non-Homœopaths, we have been publicly told that the *Organon* of Hahnemann is hardly a fit work to be put in the hands of the students of Homœopathy! And now, after the progressive preliminary steps of the party, they seem to ignore the true Homœopaths or Hahnemannians, make no mention of them, but as professing Homœopaths, declare themselves ready for reconciliation and a union with the "regulars," and give it out that, as far as they are concerned (ignoring the true disciples of Hahnemann), there is practically no difference between the practice of their school and the common school of medicine. The fact that the true Homœopaths are not yet ready to join in this proposition for reconciliation and reunion, and not yet ready to admit that Hahnemann was wrong, and the physiological school was right, has to be communicated to these



self-constituted deserters, who are making a futile attempt to enter the camp of our opponents. There are a goodly number of good and true men who have no desire to be dragged along in this Quixotic expedition. The declaration made by Dr. Berridge that the time has come for a separation, will find a response from all true and good men of our school, who are driven into this by no means pleasant position by the very men who were for many years only tolerated as members of our school; tolerated because it was thought by good and true men to be the best policy, because it was thought that they might be brought to a conviction of truth, and that they would gradually adopt a purer practice. The separation has really existed for some time, to all intents and purposes, but it was still thought better to abide the time, and be forbearing, till these non-Homœopaths would be guilty of an overt act. Surely there could never have been a more overt act committed by them than the sounding of the trumpet and a skedaddling for the enemy's camp. All we have to do now is to close our gates, and leave these deserters to their fate, without a motto even, fully pledged to Eclecticism, which was denounced even in the school of Salerno, which is with propriety denounced by the physiological school. Let them shift for themselves. They have really separated themselves from the Homœopathic school, and all that is left us to do is to "organize."

There are, no doubt, a large number, especially among the younger members of the profession, who have been led astray, who accepted the first plausible departures, the posology and the alternations of pretenders, and who followed their lead, thereby swelling the increasing number of the physiological school. But when they see how far they have departed from the teachings of Hahnemann, when they realize the antagonistic position they occupy toward those who have not deviated from the teachings of the master, and have truly practiced what by their professions was expected from them, then they will regret having ever listened to the seductive voice of designing pretenders, who gradually led them back into the enemy's camp; they will not be ready to accept the last departure in the physiological livery, leading to Schusslerism, and to therapeutics based on the same erroneous hypothesis against which Hahnemann so very strenuously protested; they will pause. They may now be induced to read the *Organon*, and repudiate errors they were induced to accept.

In conclusion, we add our distinctive comparison (given in a lecture Feb. 17, 1865), between a Homœopathician and non-Homœopathist

also the endorsement then given by the editors of the *Homœopathic Review*, Drs. C. Dunham, P. P. Wells, and H. M. Smith.

*American Homœopathic Review*, Vol. V, page 496.

[The question,

“WHO IS A HOMŒOPATHICIAN?”

has been discussed in our pages during the past year. Nowhere have we seen so clear, eloquent and liberal a statement as the following, to which we would gladly give the widest currency.—EDS.]

We have shown how Homœopathy was developed, what belongs to it essentially, and what, therefore, belongs also indispensably to the Homœopathician. As all things have some characteristics by which we can know and discern them from all other things, we will endeavor to point out clearly, distinctly and strongly, the characteristics of the Homœopathician and the non-Homœopathist, to which latter class belong, of course, all those who are not of the first-mentioned class, no matter by what name they call themselves.

The Homœopathician speaks with the highest veneration of Hahnemann, of his writings, acquirement, genius, and honest uprightness; of his superior gift of observation, and success in applying his new method of cure, with far better results than his pupils, through his most intimate knowledge of the *materia medica* which he created. The older the student, the more he admires the genius of the master, for he knows him better and trusts him more the longer he associates himself with his writings, gradually becoming identified, and enabled to follow him by experiment.

The non-Homœopathist speaks disdainfully of Hahnemann; he calls him a man of straw, a visionary; declares him unreliable in his observations; his *materia medica* a mass of chaff, perfectly useless unless well sifted; his systems he terms unscientific and ridiculous, in need of being modified, remodeled or exploded. The less he knows of it the more fault he finds with it.

The Homœopathician treats the patient.

The non-Homœopathist treats diseases by their names.

The Homœopathician makes pathology and all other collateral branches of the science of medicine subservient to the law of cure.

The non-Homœopathist makes the law of cure subservient to pathology, and vainly looks for specifics for specific diseases; as, for instance, *China* for intermittent fever, *Crotalus* for yellow fever, *Iodide of Mercury* for diphtheria, etc., etc.

The Homœopathician administers one dose of medicine at a time, and never repeats that medicine, or gives another until this one dose has exhausted its effects; because he knows well the effects of his medicines.

The non-Homœopathist administers a mixture of medicines, or alternates them; he never allows one dose of medicine to exhaust, or even develop its effects, for he knows nothing accurately about the effects of any of his medicines.

The Homœopathician is liberal, and contends that the whole scale, from the crude natural substance up to the higher and highest infinitesimals, should be open to the choice and the practice of every sensible and candid person.

The non-Homœopathist is illiberal, and contends for appreciable quantities, sneering at the attenuating process, and declaring it simply an absurdity.

The Homœopathician generally administers small doses, believing in potentization; he knows by the experiment that Hahnemann's discovery of the development of medicinal and curative powers by potentization is true, and he decreases his dose in the same proportion as he increases his knowledge of the *materia medica*.

The non-Homœopathist ridicules the pellet; he defiantly demands palpable doses; if unsuccessful, he never admits his ignorance of medicines, but requires still larger doses; he does not see medicinal aggravations from his over-doses, but talks learnedly of the changed pathological conditions; in his hands the searing iron, the caustic, the fly-blister, the scissors and the knife, become blessings of no small virtue, and of much more importance than the cultivation of the knowledge of the *materia medica*, which he despises, through his dread of labor; he does not consult it, for he could not understand it; he boldly asserts that sleeplessness is cured by *Opium* in large doses, and in this manner he betrays complete ignorance of physiology.

The Homœopathician, when he relates successful cures, enumerates at first *all* the symptoms discovered in the patient, and at once it is apparent that he has well examined the case. He next gives the remedy, and states what characteristic symptoms demanded the choice of the remedy in preference to all others; the communication, so made, carries with it the assurance of truth, and is instructive.

The non-Homœopathist claims to have found the specific medicine or medicines for the specific disease or pathological conditions; he gives no reason, but makes mere assertions, and no instruction is

gained by them; the credulous and ignorant only will follow his example — to fail.

The Homœopathician is consistent and true to himself, and to the fundamental principles he has accepted in the formula, and as a foregone conclusion, he cures.

The non-Homœopathist is inconsistent, true to no principles; having none, he contends for empiricism, and his occasional cures are accidental occurrences.

The Homœopathician represents the true democratic principles in the healing art; he courts inquiry, and lays facts before the people by which they may judge of the validity of his claims to superiority.

The non-Homœopathist is tyrannical, denies the people the right of inquiry, lays no facts before them, and dictates to them what they should believe.

The Homœopathicians accept the formula as Hahnemann gave it; their motto is:

*In certis unitas, in dubiis libertas, in omnibus charitas.*

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## Children's Diseases.

“*One-third of all diseases belong to the age of Infancy.*”—HUFELAND.

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### EXPERIENCE IN CHOLERA INFANTUM.

It seems necessary, preliminary to giving our experience in the treatment of cholera infantum, to have a definition of what constitutes this disease. I am forcibly reminded, whilst searching for this definition, of the aptness of the direction in an old cook-book, for cooking hare, “First catch your hare.” After this it is very plain how to cook it.

Is cholera infantum the common summer complaint? If so, then we all have an extensive experience where it would be hard to decide whether success or failure predominates. If not, and we confine our definition to a disease which only appears during excessive heat, and is the result of atmospheric poison, and where the case terminates in a few hours, then few of us in this vicinity are able to give any expe-

rience at all. I have seen only one such case, and a delineation of this one will prove more amusing than instructive.

It happened thirty-five years ago, whilst I was a student of medicine in the office of the late Dr. Lyman Clary, of Syracuse, N. Y. To begin at the beginning, Dr. Clary and I were alone one day in the office, when in came a woman, who said to the doctor, "Docthur, it is a pheesic I want." After proper inquiries, Dr. Clary prescribed an emetic of *Tartarized antimony* (Allopathic), and gave directions to have it dissolved in a given quantity of water, and taken at intervals, until it operated, forgetting to tell the woman that it was not physic. Not many days after, this same woman came again, and without wasting words, said, "Ah, docthur, it's a deal better I am. But I was not able to keep the pheesic on my stomach."

She needed no more treatment at the time, but she confided to me the secret that she was in "the condition in which ladies are who love their lords," and that she would want me to attend her. I was at the confinement (the first I ever attended), and took the chair placed for me by an attending woman, who remarked that I was greatly needed! Well, you know how it was yourself. If you don't I can't tell you. I only remember asking the woman who handed me the shears and string about how long she liked to have the cord left attached to the child. She *showed* me. The next I remember was the remark, "Shure you are not going till you get through." I sat down again and *waited*. The afterbirth *came* all right, and then I *dusted*. Dewee's Midwifery had great charms for me as soon as I got back to the office.

I found that it was customary for the *physician* to call on the following day, and I followed the custom. It was then that I shone resplendent. I remarked that she was very fortunate in having the services of an experienced doctor, and she confided to me the conclusion of the attending woman that when any of them were confined they would have none but me. And they didn't.

Mother and child did well until the hot weather, when I was called to the child, who was vomiting and purging excessively. I gave *Hydrargyrum cum creta*, and ordered an injection of starch and water. The next morning, when I called, it was evident that the "jig was up." It was a case of cholera infantum, a *grave* case. I asked the mother how she succeeded with the injection, who replied, "Pretty well, but saving your prisence, the blather was dry and cracked, and it would not hould the material, and so I took it in my mouth, and afther inserting the quill in the fundament, I blowed the material

through the quill." (I then learned that it was her way to use a pig's bladder to hold the injection, and tying it around the large end of a quill, when the quill was in the rectum, squeezing the bladder acted the part of a syringe). The child died that day.

A fellow student by the name of Phillips conceived the idea that this child would make a good subject for dissection, and as I coincided, we attended the funeral, "to see it properly buried."

The next night, he with a spade, and I with a sharp rod of iron, visited the cemetery, which was near what was then Foot street (now James). I had just thrust the rod into the new-made grave, to ascertain that we were right, and Phillips had taken off his coat, when we heard a rustle in the bushes, and a sound came through the still night that made our hair stand up. Away went Phillips across the cemetery, leaving behind his coat and spade, and I—well, I am not naturally afraid, but I—well, I imitated Mark Twain when he "sidled." The next morning I found the iron rod in bed with me.

My little boy, aged ten, said to me, when I told the story, a day or two since, trying to imitate the sounds, "Papa, any one might have known it was a hog."

This is all the experience I ever had with this type of cholera infantum. My experience in summer complaint shall be forthcoming.

C. W. BOYCE.

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### DIARRHOEA IN BOYS AND GIRLS

#### ARSENIC VS. PULSATILLA.

Dr. Langridge, of Chicago, states that he has observed that, in cases of diarrhoea where *Arsenic* controls the case of the boy, it will not control the diarrhoea of the girl, but *Puls.* will, and *vice versa*. He repeatedly confirmed this fact in South Africa. In a recent case of twins, the medicines (*Arsenic* and *Verat.*) that cured the boy, had no effect on the girl, while *Puls.* and *Verat.* were all promptly effective.

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### HYDROCEPHALUS VS. HYDROCEPHALOID.

#### HYDROCEPHALUS ACUTE, CHRONIC AND CONGENITAL, AND HYDROCEPHALOID.

The above were the subjects chosen two years ago, at the Put-in-Bay session of the American Institute of Homœopathy, by the

## BUREAU OF PÆDOLOGY.

The work has been divided as follows :

- T. C. Duncan, M. D., Chicago; Chairman. Prevention.  
 N. R. Morse, M. D. Salem, Mass. Differential Diagnosis.  
 G. H. Wilson, M. D., West Meriden, Ct. Etiology of each.  
 C. D. Crank, M. D., Cincinnati. Pathology of each.  
 C. W. Sonnenschmidt, M. D., Washington. Historical Statistics.  
 L. M. Kenyon, M. D., Buffalo. Treatment of *Hydrocephalus*.  
 H. V. Miller, M. D., Syracuse. Treatment of *Hydrocephaloid*.  
 W. N. Griswold, M. D., San Francisco. Experience on Pacific Coast.  
 J. H. Jenney, M. D., Kansas City. Experience in Mississippi Valley.  
 M. M. L. Reed, M. D., Jacksonville. Observations and Cases.

## A WORD IN EXPLANATION.

*Hydrocephalus acute* is usually described (Neimeyer and others), as tubercular meningitis, but it exists without tubercular deposits. Huguenin describes it (Ziemssen's *Cyclopædia*, Vol. XII, p. 467), under the title of *lepto meningitis infantum* (i. e., inflammation of the thin membranes, arachnoid and pia mater.) *Hydrocephalus chronic*, Neimeyer describes as *hydrocephalus acquiatus*, and is usually congenital.

*Hydrocephalus congenital* exists in the immature skull. The child is hydrocephalic from before birth.

*Hydrocephaloid* is a cerebral anæmia (irritation), from sudden drain of the system, from diarrhœa, cholera infantum, etc.

*Hydrocephalus externa* is a term applied to the case when the effusion is in the arachnoid, according to Neimeyer, (Vol. II, p. 246), but according to Dunglison, "it is a mere infiltration into the subcutaneous cellular tissue of the cranium." And *hydrocephalus internus* when in the subarachnoid spaces. Theoretically, *hydrocephalus external* and *internal*, may exist, but as Vogel says, practically, these forms cannot be separated. Recent works drop the terms *internal* and *external*.

Then in a practical discussion, we find only three forms that really merit our attention, e. g., *hydrocephalus acute*, *hydrocephalus chronic* (including *congenital*), and *hydrocephaloid*.

Experience from the general profession, and especially from those residing in the Atlantic and Southern states, and Canada, would be very acceptable. Bennett states that in London there are a third more cases of *hydrocephalus* than in other English cities. We believe that in America a third more cases of *hydrocephaloid* occur than in

other countries. But we believe there are far less of both these diseases in Homœopathic practice than in any other.

Communications may be sent to any member of the bureau before June 26. Cases too lengthy for this report will be very acceptable for the forthcoming work on the Diseases of Infants and Children.

T. C. DUNCAN.

### *A STRIKING CASE.*

[In gleaning from the early Homœopathic literature, we encounter some astonishing cures. The following is one reported by Dr. Watzke and found in the Homœopathic Examiner, Vol. I. p. 492:]

#### APHTHÆ, OPHTHALMIA, AND HERNIA OF THE BRAIN.

Joseph E., twelve days old, was brought to me on the 26th of July, 1836, in the following miserable condition: In the region of the anterior fontanelle an oblong, soft, sloughy swelling of the size of a hen's egg was perceptible, rising and descending during an inspiration and expiration, or when the boy cried. There is neither pulsation nor fluctuation; the scalp over the tumor is normal; the edges of the skull can be distinctly felt along the base of the tumor; it was a case of encephalocèle simplex. The mother did not know whether the tumor had existed immediately after the birth of the child, which had been somewhat difficult, or whether it had come on afterwards. The mother had given birth to several healthy children.

The face was pale and sunken; the eyelids swollen; the margins of the lids were thickened and partially agglutinated; the conjunctiva was red, puckered; the cornea had lost its lustre; photophobia; frequent discharge of a thick, purulent fluid; in fact, a case of blepharophthalmia neonatorum, probably resulting from the action of a glaring light and the irritation produced by dust and wind, to which the child had been exposed immediately after its birth on a journey.

The internal skin of the lips, cheeks, tongue and palate, was covered with irregular, superficial flat ulcers, resembling the flocks of curdled milk; these ulcers are placed close to one another, and become frequently confluent; accompanied with copious secretion of saliva—aphthæ in the second stage, the stage of the formation of crusts.

The child is not put to the breast, but is nursed with a sort of pap made of manna, which he had refused to take for some days past. He is quite emaciated, does not sleep, and screams and moans all the time.



I told the mother I could not do anything for the child, but, in order to give her some consolation, I gave the child a few powders of *Merc. vii. 6*, a powder to be taken night and morning. Moreover I directed the child to be fed with dilute tepid milk.

After the lapse of four days, the child was brought back to me. The tumor had remained the same; the eyes were much better; the ulcers had become transformed in yellow brown crusts; the boy had slept occasionally a couple of hours. The *Mercurius* was continued.

August 2. The eyes are nearly restored, the crusts have dropped off. The patient sleeps a good deal, lies in a sort of stupor, one eye being opened and the other being closed. The same treatment. The improvement had progressed wonderfully until the eighth. The eyes were perfectly restored, the ulcers had healed, sleep and appetite were good, the appearance of the child was much improved. The tumor had remained the same. Continued the *Mercury*, morning and evening. On the twenty-sixth, the mother showed her infant to me again. He was perfectly well except the hernia, which seemed, however, to have somewhat diminished. It disappeared entirely after a few doses of *Belladonna 6*, contrary to my expectations, in six days.

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### INFANTILE—FISSURE OF THE ANUS.

#### CASES OF FISSURE, HÆMORRHOIDS, POLYPI, ETC.

Dr. Mabboux records a case where a child of two months suffered from constipation and discharged with extreme pain only some hard scybalaë. Fissure ani is very rare at so early an age, but thorough examination revealed high up between two folds of the mucous membrane a long superficial fissure, 1 m. broad, 3 m. long, running parallel to the folds. The sphincter ani was highly contracted, and penetration with the finger very painful. Mabboux ordered regulation of the stool and an ointment with extr. *Ratanhia* (4: 15), which cured the case in six days. Bojau described a case of fissure ani in a girl of four and one-half years. Trousseau reports two cases, both in children under a year, and cured with *Ratanhia*. In all cases defecation was very painful, the feces sometimes covered with blood. General health good, and the infant felt well after defecation, which differentiates it from colic or dysentery.

Boyer, Klein, and others observed hæmorrhoids and polypi in chil-

dren. To differentiate between these three rare states in infancy, all having the same complex of symptoms, digital exploration is necessary and the observation that contraction of the sphincter ani is absent in rectal polypi and hæmorrhoidal knobs. Diagnosis is favorable, only the painful defecation may cause convulsions. (*Union*, 1876. 68.)

[Severe constipation during dentition may lead one to overlook fissure. *Calc.* is an excellent remedy, when caused or aggravated by difficult dentition. *Opium* high cured one case.—ED.]

### SYPHILIS OF THE TESTICLES IN CHILDREN.

BY PROFESSOR HENOCH.

Obedenciere observed it in children of seven and thirteen months, and three years. There were always also other syphilitic manifestations. Cornil found in an autopsy, hypertrophy of the consecutive tissue of the tunica vaginalis and albuginea, interstitial epididymitis and orchitis. Hensch observed some cases in connection with infantile syphilis. A boy of two and one-half years, had at the same time rhagades at the lips, condylomata at the corners of the mouth, and glandular swelling round the neck. Another boy with orchitis showed coryza, condylomata and a papulous exanthema around the anus, excoriated corners of the mouth. A boy of nine months with hard testicles of the size of chesnuts; coryza, roseola and ulcera condylomatosa around the anus, etc.

He considers orchitis syphilitic an interstitial one, partly also epididymitis, and may be put side by side with similar processes in the liver and kidneys, which were frequently observed in hereditary syphilis.

The age of Hensch's cases varied between three months to two and one-half years. In seven cases both testicles were four times attacked, the left one three times.

A mistake could only be made with tuberculosis of the testes, observed in children of the same age. But here the hard nodulous swelling is limited to the epididymus, and always in connection with scrofulous cheesy inflammations of the bones (caries of the joint of the foot, pædarthroace), or with tuberculosis pulmonum, syphilitic symptoms nowhere. (*Zeitschrift*, f. pr. Med. 11, 1877.)

[This manifestation of syphilis is rather unique, the treatment however would not be especially affected thereby. Constitutional symptoms should decide the choice of remedies.]

## Obstetrical Department.

### *ARNICA IN PUERPERAL PERITONITIS.*

BY B. E. EHRMAN, M. D., CINCINNATI, OHIO.

At a meeting of the Homœopathic medical society, of this city, in giving by invitation some of my experience in practice, I stated, that I had once failed to cure a case of post-partum (puerperal) tympanitis, (the first I had at that time encountered in all my practice), because *Arnica*, which I had subsequently ascertained to be the specific remedy in such cases, had never been mentioned by our clinical authorities as a remedy for this symptom (tympanitis.) So I felt it my duty to bring this before the profession. But as there seems from some cause, to be but little faith on the part of some members of the society above mentioned, in the power of medicine to cure any disease, and very manifestly a disposition on the part of one to misrepresent and abuse a colleague, who illustrates the curative power of a remedy, and furthermore as this person is permitted, through the columns of a journal, which claims to be published in the interest of medical science, to falsify and distort my statements, while I am denied the privilege of a protest against such treatment through the same medium. I therefore send this brief communication to your valuable journal, in the hope that those of the profession, who have the desire to avail themselves of the practical observations and experience of their brethren in relation to Homœopathic remedies, may derive some advantage therefrom.

Is *Arnica* but a remedy for "Trauma—good for nothing in pure inflammations?" as asserted by a certain professor of Homœopathic *materia medica*. Judging from my experience and observation, I assert, that *Arnica* is not only a traumatic remedy, what every one knows, but also a rheumatic, arthritic and typhoid remedy, what every one ought to know; but that it is also an apoplectic and paralytic, a

septic and pyæmic remedy, has been so far not generally known or appreciated in practice, and on which account I regard it par excellence. a specific for the puerperal state and for post-partum tympanitis.

Having read a good part of the medical journals published for nearly half a century, and having never seen any such case mentioned, and having had myself a good deal of trouble, in endeavoring to secure advice or help from colleagues and books. Failing at least to get the desired aid, and having such excellent success with *Arnica*, I thought it no more than right to make this known. Now let me give some outlines of such a case: Suppose a delicate, depressed nervous system, (abused by the administration of *Iron* to strengthen it, but really with the effect to dispose to paralysis), an over-distended uterus, containing twins, the patient possessing just enough vitality to bring forth the offspring, then as soon as this is accomplished, the vital forces collapse, she sinks prostrated, paralyzed, as if by a stroke of lightning, the uterus refuses to contract, and a flood of blood threatens to end this scene speedily (as I have seen it occur, in other hands), this danger however, being warded off by *China* and *Secale c.*, and tympanitis with all its significance is established.

Now, in looking up our authorities, we find in Lillenthal's repertory for tympanitis, first, *China*; second, *Carbo. v.*, *Colocy. Lyc.*, *Nux v.*, *Sulph.*, etc. In Jahr's Forty Years' Experience, (which embraces nearly all Homœopathic experience), we find for post-partum tympanitis: *Bell.*, *Hys.* and *Stram.*, but not *Arnica*. In Guernsey's Obstetrics, (a work I esteem highly), we are sent from puerperal fever to metritis and peritonitis, in search of the appropriate remedy — while for this, my case, paralysis of the motor nerves and disorganization or dissolution of the blood underlying and indicated by this gaseous distention, I could find no remedy.

In my next case, guided by Lippe's *Materia Medica*, in which this symptom (tympanitis) is distinctly stated under the remedy in question, *Arnica* was given, and the effect was so marvelous, that it made the impression on my mind that it was really a vitalizer of nerve force and purifier of the blood, therefore an anti-paralytic and anti-septic remedy.

To my gratification, I find, that Grauvogl, that experimental philosopher entertains the same estimate of the value of *Arnica*, who says, that since he prescribes *Arnica* in confinements, (before if he can, and afterwards anyway), he had no case of child-bed fever.

In regard to the prognosis of puerperal tympanitis, allow me to give.

first the experience of those nurses in the cases, to which reference has been made. The first, a young intelligent lady mentioned to me privately, that she nursed recently two similar cases, one attended by an Allopathic, and the other by a Homœopathic professor, and both died. The other nurse and midwife of at least twenty-five years' experience, informed the husband at once of the danger, as soon as she observed the distention, and said that his wife would surely die, because she never saw any one recover, when in this condition.

Now, what is the experience of physicians? What does medical history record in this respect? It can be summed up as follows: that the best success showed a loss of 50 per cent. — while one physician lost thirty-one cases out of thirty-two, in a certain period, and another lost every case he ever attended, in the space of five years. This fatality is charged to contagion and epidemic influence, but even if it is so, I have no hesitancy in recommending *Arnica* as a preventive or even destroyer of this poison, much more certain, than all the disinfectants recommended and employed.

Now how does Homœopathy compare with Allopathy in the light of such experience as that I have herein given. As the result of Allopathic experience of two thousand years or more, they seem to have reached no greater degree of success, than that above indicated, while one failure has, with the aid of our materia medica, opened up to me a successful method of meeting this formidable condition, which may be employed in all future time. Let those who are itching to get back to the embrace of that Allopathy from which they have not probably strayed very far, continue to ring the meaningless changes upon "Pathology," but the true Homœopathic physician, who is ever on the alert for pathological conditions, will not fail to recognize such conditions in their entirety, nor will he hesitate to seek and apply the Homœopathic remedy, knowing that, in that way, and in that way alone, can the desired cure be effected.

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### *THE OBSTETRIC FORCEPS.*

BY G. A. HALL, M. D., CHICAGO.

Read before the Illinois Homœopathic Medical Association.

Since the full recognition of midwifery as a distinct department in the science of medicine we find a variety of opinions among the noted teachers and accoucheurs of the past century in regard to the mechan-

ism, use, and time for using the forceps. In fact, so contradictory are the opinions of great men on these points, the student may well feel puzzled and perplexed in his endeavor to find some unerring rule, which shall guide him in selecting his instrument, and regulate the time and circumstances demanding instrumental delivery. During the eleventh and twelfth century historical mention is made of instruments being used by Arabian physicians, to extract the child in difficult labor.

There were two kinds — one straight, with a saw-like edge, called the *misdach*. The other was circular, armed with teeth, and called *almisdach*. Subsequent to this, in about the year 1647, Dr. Paul Chamberlain invented the first pair of obstetric forceps. This invention was kept a secret in the Chamberlain family, confided only to his two sons, Peter and Hugh Chamberlain, both of whom were physicians, for a period of more than three-quarters of a century. In the year 1818, after the death of Dr. Peter Chamberlain, several pairs of forceps were found among his effects, which were given to the profession. These show the various stages of advancement made by the Chamberlain family, from the time of their first invention up to that date. The blades were straight, but fenestrated and joined by a pivot lock. Since their day and time, many changes have been made, and doubtless valuable improvements in the general mechanism of the forceps. New styles, new combinations, varying greatly in weight, length and strength, as well as in the shape of their blades. Among the more valuable improvements we find the pelvic curve, which enables the operator to adjust the forceps to the child's head in a line with the parturient canal. The double pelvic curve also, as found in Dr. Barm's forcep, allows their adjustment even above the superior strait. We are indebted to Dr. Smellie for what is termed the English lock, and the adjustment of wooden handles. We have the long and the short forceps, and zealous advocates of both. We have the light and the heavy forceps, ranging from one pound and a quarter down to two ounces. In this extreme I believe many have erred — their one object being to produce an instrument more artistic, and less formidable in its appearance. Straining this point, they have sacrificed utility for gentility. Dr. Barne's remarks are so apropos, I desire to quote his words. He says :

“It has been sought to make an instrument safe by making it weak. There can be no greater fallacy. In the first place, a weak instrument is, by the mere fact of its weakness, restricted to a very limited class

of cases. In the second place, if the instrument is weak it calls for more muscular force on the part of the operator. Now it is necessary sometimes to keep up a considerable degree of force for a length of time, and not seldom in a constrained position; fatigue follows, the operator's muscle becomes unsteady, the hand loses its delicacy of diagnostic touch, and that exactly balanced control over its movements which it is all-important to preserve. Under these circumstances he is apt to come to a premature conclusion that he has used all the force justifiable—that the case is not fitted for the forceps—and takes up the horrid perforator; or he runs the risk of doing that mischief, to avoid which, his forceps was made weak. The faculty of accurate gradation of power depends upon having a reserve of power. Violence is the result of struggling feebleness, not of conscious power. Moderation must emanate from the will of the operator—it must not be looked for in the imperfection of his instruments. The true use of two-handed forceps is to enable one hand to assist, to relieve, to steady the other. By alternate action the hands get rest, the muscles preserve their tone, and the accurate sense of resistance which tells him the minimum degree of force that is necessary, and warns him when to desist.”

We concur in the above, and would add our belief in the fact that many of the supposed improvements in obstetric forceps are begotten under misconceived notions of their use, and has resulted in an offspring of beauty, and not of merit. The beginner may be perplexed in his attempt to select one from the many, and surely very few can afford to own them all. He desires, however, to obtain the one possessing the greatest latitude of practical use. During the fifteen minutes allowed us for this report we cannot enter into a discussion of the many weaknesses, defects or merits embodied in the several inventions, but in general terms would say that in making your selection, take the one in which you find embodied the largest number of the following cardinal virtues, viz., it should be made of the best steel, nicely polished or nickel plated, edges nicely beveled, to prevent cutting or laceration. It should possess the head and pelvic curve, the fenestra sufficiently wide to admit the parietal protuberances. The distance between points of blades when adjusted should be about two-thirds of an inch. The blades should be stiff enough to bear all the traction necessary without slipping off, and strong enough to make all the compression admissible in cases of impaction. The blade should be long enough to reach above the superior strait, if necessary, and they will answer equally well in deliveries at the middle of the pelvic cavity, or the inferior strait. The handles should be long enough to enable the operator to use both hands when a greater leverage is

required. The fault of many forceps recently put upon the market is their limited field of use. Many instruments, made so light and frail, they are serviceable only in cases where forceps are not demanded, but used as a convenience on the part of the accoucheur. They are too weak to compress a well ossified head, or stand the traction necessary in case of impaction. Their length will admit of their use at the inferior strait only. Some are made simply to look at, possessing no real merit or use. Among the more valuable obstetric forceps daily employed may be enumerated the following, viz., Comstock's, Hodge's, Tieman's, Barckley's, Simpson's, Robertson's, Bedford's, Ziegler's, White's, Barne's, Denman's, etc.

The great question, when should the forceps be employed? is one of great latitude, and of many answers. The circumstances calling for their use will be multiplied or diminished as we allow the interest of each individual operator to influence them. To answer this question without prejudice, we must consider labor as comprising three primary ideas. First, the body which is to be expelled. Second, the power by which that body is to be expelled. Third, the canal or passage through which it is to be expelled. When these three primary ideas are normal, we say labor is natural; a simple physiological function, performed by the unaided efforts of nature alone. When either of these primary ideas or conditions deviate from a normal standard, to prevent the efforts of nature alone from terminating labor, we say it is unnatural, and calls for instrumental aid. When the fœtus is over large, the head well ossified, hard and unyielding. When we have a faulty presentation, or *placenta previa*. In breech presentations in the last of the second stage. In cases of retained head or impaction. In close labor, when patient becomes exhausted, or there is complete inertia of the uterus. In convulsions, rupture of the uterine walls, detached placenta, attended with hæmorrhage. Deformed pelvis, where the straits are materially diminished. In cases of abdominal tumors. In face presentations. In occipito-posterior positions, to aid rotation into the second and first.

Under all of the above circumstances we would feel warranted in using the forceps. We regret to say they are many times used when the emergencies of the case do not demand or even require their use. Some obstetricians seem to study their own convenience rather than the interest of the patient, and we would here denounce the reckless and indiscriminate use of the forceps. We feel that the ambition on the part of some to have a case of instrumental labor would lead them



beyond the line of necessity. On the other hand, we deprecate the carelessness and negligence on the part of some in not using the forceps, when demanded by some of the above emergencies. We hardly know to which to attribute this—to a fear of the use of the instruments, or an ignorance of, and the necessity requiring their use.

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## Materia Medica Department.

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### ON THE "*HERBA JABORANDI*."

Some time ago I ordered this medicine, and have prescribed it in some cases of catarrh and colds; I prescribed this medicine like tea, and discovered in every case that the patient after using it, came into a profuse perspiration, and salivated about a quart of water. This generally happened from ten to fifteen minutes after the infusion. From two to three hours afterwards all the symptoms left except the feeling of weakness.

Some time ago I was called by Mrs. H. to attend her son, aged six, who was suffering with fever and cold, and she asked me for some of this tea. I told her to give him a small dose; she informed me after the child had taken this medicine, he relapsed into a state of profuse perspiration and salivation, and the next morning all the symptoms had disappeared.

#### HERBA JABORANDI IN HÆMORRHAGE.

Mrs. H. was taken ill herself, and having seen the wonderful effect on her child, took the usual dose for adults. She was taken ill in the morning and I was called at noon; I found her suffering from a profuse hæmorrhage. I found her cold, pulse about 40, and so weak from loss of blood that she could not answer my questions; during this time the bleeding was very severe. I prescribed for her internally *Ipecac* ʒ; and also an injection of water mixed with "*Liq. ferri. sesqui. chlor.*" and after a very short time the bleeding stopped, and she recovered. I questioned her as to the cause, to which she replied, that after she took that tea, that she came into a state of perspiration and salivation,

and when all these symptoms had disappeared, the bleeding commenced. The next question was whether she had her menses regular during that time; she told me yes? but she said that her menses had stopped the day previous to her taking the tea.

FT. MASON, TEXAS.

H. A. KOERPFEN.

[*Jaborandi* is no doubt a valuable remedy, and may be a good "diaphoreticum," but we want some more indications than found above, upon which to prescribe it. In no case is the patient the proper judge of the remedy needed. The dignity and learning of our profession demand that we rise higher than traveling drug stores. Careful prescribing, according to similia, has had wonderful influence in elevating Homœopathy in the esteem of learned and influential people.]

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### POSOLOGY.

BY J. HAMILTON JACKSON, M. D., NEWTON, IOWA.

I propose briefly to call the attention of the Homœopathic practitioners to this most important branch of medicine. I say important and I may well add difficult and neglected. To investigate this subject with profit, I deem it of the greatest importance to lay aside, as far as possible, prejudice and all preconceived ideas as to potency.

Posology is that branch of medicine which treats of dose. We, as Homœopaths, need particularly to understand, as far as possible, this question. What dose will suit the case is far more difficult to decide than the choice of the remedy. Yet how many there be who spend hours in comparing remedies, to find the perfect similmum, which, when found, will apply perhaps the 3d or 6th potency; if these potencies fail, may possibly apply the 30th, and if this too, will either go the crude drug, or hastily change a well selected remedy for a poor one.

It seems to me that all such have an imperfect understanding of this fact: That organisms differ as to susceptibility; further, that the same organism may differ as to susceptibility, and that to combat disease successfully, speedily and surely, it is absolutely necessary to possess a wide range of potencies, which will correspond with the various degrees of susceptibility in the same and different organisms.

Dr. B. Fincke, of Brooklyn, N. Y., in answer to my question, "Why is it that in the same organism, I find that the well selected remedy will seem to lose its action, and that by changing, or varying the

potency, I accomplish a cure; when, without such a change, I will fail," he says: "The organism varies as to susceptibility and represents, as it were, a series of organismal potencies, which correspond with the series of the drug potencies." I do not give it as my *opinion* that this is true. I think there are abundant *facts* to prove it beyond all question. When I speak of varying the potencies, I mean going down the scale as well as up. To illustrate, I have found an amelioration of symptoms to follow the application of the 4000, and, after a few doses, it will seem to lose its action, by then applying the 30th, I get decided response, I think it is better to go *higher* as a rule.

This being conceded, how unfortunate it is that so many statements appear in our medical journals and text books, to the effect that *Sulph.* 9th or *Sulph.* 100,000th will cure such and such a train of symptoms.

The idea of specifics for a disease, regardless of symptom, is revolting enough, but the idea of a cut and dried dose is more so. Again, for a doctor to say, as I heard one, "I have a complete list of two hundredths, which I will give away to any one who will not be offended with the offer. I now use the 1000th potency, which is far superior." I think this is narrow and beneath the earnest searcher after truth. Although I am inclined to the highest potencies I would not part with my 30ths, for they cure when the higher fail. I find that I have best success by observing this rule: When I once carefully select a remedy for a case, and I apply, say the 200th, and get no effect. I never change my remedy (unless some other is positively indicated), but go higher and higher, even to the ten millionth potency. To illustrate: Last fall I passed through an epidemic of gastric and typhoid fever; the remedies indicated by the genius epidemicus were *Lachesis* and *Bryonia*. In every case that I applied the 200 or 1000 potency, I got no effect. But as soon as I changed to the 40,000 potency, my patients improved. I treated in all some thirty cases. All were cured by the 40,000 potency, the average duration being about ten days. Again, I have within a month treated several cases of pneumonia. The indicated remedy in nearly every case being *Lycopodium*. My favorite potency, the 10,000, failed, and every case required 100,000 potency. If we learn anything from this, it is that the *dose* must be right, as well as the remedy. I do not pretend to unfold this difficult subject, but merely wish to add my mite, and urge upon all who claim to be true disciples of our illustrious master, the necessity of observation in this direction. It is a duty. Yea, more, it is criminal to neglect it.

We read, times without number, of cases cured by the extreme poten-

cies (when the lower preparations have failed), potencies which, to the superficial observer, *seem* to have no curative virtue. To all such I will say that the Allopathic profession will hoot at the idea of the 12th or 30th potency having a curative virtue. I ask, is it not a few degrees less of the same *material* view of the dose question? If, as can be demonstrated, the 100,000 potency can, and will cure cases that are diagnosed as incurable by the lower attenuations, do I use too strong a term when I say that neglect to arm oneself with a wide range of potencies, from the lower to the higher, is criminal? I wish I could give some exact rule by which we could choose the correct dose in every case, but this as yet is a thing of the future. I can give my experience, believing that out of the mouths of many witnesses only, can the truth become established. I find that temperament, susceptibility and the violence of the attack, are guides to the selection of the dose. I think I can safely affirm that the more intense and rapid the disease, the *higher* should be the potency. It will be impossible for many to embrace this fact. Ask yourself is it not true that you hold to the time honored but fallacious custom of looking upon disease as a *material* something which has to be met with a material remedy? Once dispossessed of material views it is easy to walk in the right direction. The process of potentization of drugs, by triturating, diluting and succussing, wonderfully heightens their curative powers, and develops medicinal properties previously latent. All followers of Hahnemann agree in this. This being an established fact, is it wise for any to say that the power to cure ceases with this or that potency? I think, rather, the better way would be to lay aside all prejudice and use *all* potencies. In this way only can we work out this difficult problem, and to use Dr. Fincke's words, "Contribute to this most difficult science, posology. A single life is too short for disentangling this subject, and all true physicians ought to put their shoulders to that wheel which now sticks very much in the bog of prejudice and envy."

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### THE ACTIONS OF ONE DOSE.

BY WM. SHARP, M. D., F. R. S., ENGLAND.

[Continued from page 461.]

Some experiments with one dose, in illustration of these remarks, and in the hope of throwing light upon the dark subject of the kind of action of "one and the same" dose, now follow. The drug chosen for this purpose is

## OPIUM.

In theory, *Opium* has been the favorite football for the lovers of hypothesis to play with, in all medical time; and in practice the harm which it has done by its excessive use is beyond what can easily be believed. A few words on these two aspects of *Opium* may preface the experiments.

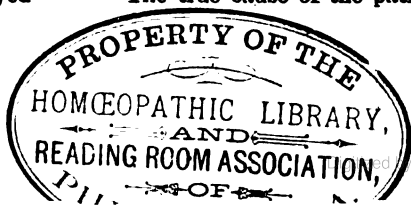
Theoretically: with Galen, *Opium* was a cold medicine in the fourth (or greatest) degree; this, interpreted in modern medical language, meant recently one of the most powerful sedatives, now it is a paralyser. This hypothesis remained undisputed for fifteen centuries. Then the chemists came, and reversed every Galenical notion. *Opium* necessarily became a stimulant. The conflict has been kept up ever since; with the addition of a third party which has tried to make a compromise by joining the two hypotheses together. At the present hour some are so fond of the stimulus of *Opium* to prefer it to that of wine or brandy; while Dr. Richard Hughes is so overpowered by its soporific influence that he "doubts the stimulation."

It is hoped that it will be understood that if the words *stimulant* and *sedative* are used in these Essays, nothing more is meant by them than the phenomena or effects to which they are applied. In this sense they do not admit of dispute. It is only when they are intended to contain some explanation of the phenomena that the door is opened for controversy.

Let me repeat what I have often said before, for it seems to be "unthinkable" by some of my colleagues, that I have no theory at all. The actions of drugs mean, with me, the effects or phenomena produced when they have been taken by a healthy person. I have neither paralyzing or stimulating notions, except that I would gladly paralyse explanatory hypotheses, and stimulate experiment. "The facts such as they are" are not worth much in the estimation of some writers; to me they are everything, and fiction nothing. *Hypothesis non fingo.*" (Newton's Principia).

Practically: when contemplating the sorrows of this world's life, few subjects are more painful to reflect upon than the harm done to sick people by medicines. It makes one tremble to think of it. *Opium* has for many ages been one of these instruments of mischief.

"I here give it," says an able and experienced writer of the last century, "as my sincere opinion, after more than thirty years of uninterrupted practice, that *Opium* is a poison by which great numbers are daily destroyed \* \* \* The true cause of the patient's death is not



suspected even by the prescriber himself, who, therefore, persists in this fatal error."

He gives examples of the fatal mischief done by *Opium* in many diseases; and speaking of cases in which it does not kill, but adds greatly to their sufferings, he says of consumptive patients :

"I have seen many poor patients who could not afford to pay for our sleepy draughts, undergo some violent struggles with the cough for a certain time, till the matter made its way by expectoration; after which, though they continued to cough, yet they spit easily and plentifully. It is true their consumption went on, and they died of it at last; but they died slowly and gradually, with all their senses about them, like one only exhausted. Whereas the people of rank, who must have something prescribed for every particular ailment, and believe that we have a cure for every symptom, grow impatient if the physician does not abate their cough, and give them some rest in the night. *Opium*, and nothing but *Opium* will do this; they take it in many different shapes, and find it of service in making them cough less and sleep more; therefore they continue it, become slaves to it, and must have the dose gradually increased. They moan and struggle under its influence all night, and in the daytime have their heads confused. In their last hours, or rather days, they are struggling for breath, their memory fails, and they are half delirious, and attended with a constant diarrhoea in spite of the *Opium* which has been taken to prevent it.

"The poor man, without *Opium*, sinks into his grave with ease both of body and mind, if compared with those splendid persons who commonly die delirious." (A Treatise on *Opium*. By George Young, M. D., 1753.)

This picture was painted in 1753; it is still a true representation of the state of things in our day, except that poor people are more able to get *Opium* now than they were a century ago.

#### ACTION UPON THE STOMACH.

In November, 1876, Mr. S—, while continuing his usual habits and his active occupations, took, at my request, and without knowing what it was, one drop of the first centesimal dilution of the tincture of *Opium*, night and morning for ten days. The only effect which he noticed was a considerable increase of appetite.

At another time he took five drops of the same dilution night and morning for ten days, under similar circumstances. The result was the same—a decided increase of appetite; so that he thought that I

had been giving him a tonic. I had no opportunity of learning the condition of the pulse during either of these experiments; and it will be noticed that in both instances the small dose was repeated, so that they are not examples of the effects of one dose, but they are worth recording. That the action of the larger doses of *Opium* upon the digestive process is to impair it greatly is too well known to require further proof.

#### ACTION UPON THE HEART.

When only one effect is observed :

The following experiment was upon myself, and made November 2, 1876 :

12 o'clock, pulse 64. One drop of *tincture of Opium* taken in a little water.

12.3 o'clock, pulse 70.

12.10 " " 68.

12.20 " " 68, at which it continued.

Here the effect of a drop of *Laudanum* was to increase the action of the heart at first by six beats in a minute, and afterwards by four beats for a considerable time. The action of one dose with one effect only.

When more effects than one follow—at the same time or in succession :

November 4th. 7.25 A. M., feeling quite well, the pulse 68, five drops of *tincture of Opium* were taken in water, with the following effects :

In .....	5	10	15	25	35	60	95	120	150	170	200	300	360	Minutes.
Pulse Beat.....	68	68	70	70	74	76	76	76	72	68	68	68	68	Times.

At 7.50 (*i. e.* in twenty-five minutes) there was flatulence, and after an early dinner ( at 1.30) considerable indigestion.

Here the heart's action was quickened—one effect after one dose—the stomach was simultaneously disturbed—and after these first effects had passed away, the digestion of food was marred, as a successive effect.

I purposed next taking ten drops in a few days, but was laid aside by illness. My friend Mr. S. did this for me and sent the following note :

" 6 P. M., just finished tea, pulse mean 72, took ten drops of the tincture, and sat down to read.

Time...	5	10	15	20	25	30	35	40	50	60	70	80	90	Minutes.
Pulse..	70	66	68	70	67	68	70	67	68	62*	60	58		

Time..	100	110	120	130	140	155	170	Had Supper.	9.15
Pulse..	54	53	56	56	58	59	57		64

\* Very weak.

The only other effect noticed was drowsiness."

Here it will be observed that there was but one effect upon the heart, and that it was in the contrary direction to that of the smaller doses. The small dose increased the action of the heart, the large dose diminished it. This is what is meant by *antipraxy*—the opposite action of different doses.

But there are doses between these, the effect of which is to combine both these actions.

On another occasion Mr. S—, "took six drops of the tincture of *Opium*, his pulse being 54 at 12.30 P. M.

Time..	5	15	20	25	35	40	45	65	Minutes.
Pulse..	54	54	57	58	54	52	52	54	

— dinner — after which it rose to 64."

Here it is clear that the two actions were combined and produced their effects in succession. First there was increase of the heart's action, and this was followed by a decrease of it. This is a case of true primary and secondary action, or of double action from one dose.

Other experiments have been made with similar results, but those which have been reported are representative ones, and they are sufficient.

#### SOME OLD EXPERIMENTS.

Since my own experiments with *Opium* were made, my curiosity was excited about an old book which I hoped to find in the library of the Royal Medical and Chirurgical Society of London. In this I was successful, and the perusal of it gave me the liveliest pleasure and satisfaction. It contains the record of a variety of experiments with drugs *in health*, and it was published in 1793, that is, three years before the publication of Hahnemann's first essay, in *Hufeland's Journal* in 1796. The book is entitled:

An Inquiry into the Nature and Properties of *Opium*. By Samuel



Crumple, M. D., member of the Royal Irish Academy, London, 1793.

Chapter II is "An account of the effects of *Opium* on living systems." He speaks of the great diversity of opinion on this subject, and says :

"The truth, however, where disputed I have endeavored to ascertain by experiments, which have at least the merit of being faithfully related; and such are the tests to which, in all similar cases, we must ultimately appeal \* \* \*

"As an accurate and comprehensive view of its (*Opium*) effects should be the chief foundation for our reasonings with respect to its mode of operation; as these effects can be more clearly ascertained in a state of health than when complicated with the symptoms of disease; and as its operation in various morbid affections will be more properly considered after its mode of operation has undergone examination, I shall here chiefly confine myself to an enumeration of its effects on the body in a state of health."

"From an adequate dose of *Opium* the following changes are observable in the vital functions :

"The pulsations of the heart and arteries are first rendered quicker, fuller, and stronger, and afterwards, slower than at the time of taking it. The heat of the body is generally somewhat augmented; the respiration is little affected, except where a large dose has been taken, towards the conclusion of the operation of which it becomes slow, stertorous, and laborious."

"Diametrically opposite have been the opinions of physicians with respect to the changes induced by *Opium* on the pulse, many positively asserting that its only effect is to render them slower and weaker; while even a greater number, of equal authority, unite in asserting that although this be the ultimate result of its action, the primary effect of its operation is to render them quicker and stronger."

"Willing to ascertain, if possible, the fact in so important a point, I made the following trials, with all imaginable care and exactness. The room in which they were conducted was of moderate temperature; all motion was as much as possible refrained from during the whole experiment; and every circumstance avoided that could give rise to mistake. The experiments were several times repeated, but with such trifling variations that a detail of the three first seems fully sufficient."

#### EXPERIMENT VI.

"Having breakfasted lightly at nine in the morning, I took at twelve one grain of *Opium* diffused in a teaspoonful of warm water my pulse beating 70 in a minute, their natural standard, and the following were the changes observed in them :

In .....	2	5	10	15	20	25	30	35	40	45	50	55	60	Minutes.
Pulse Beat	70	74	76	76	74	74	74	72	72	70	70	70	70	

"I could scarcely perceive any variation in the strength or fulness of the pulse; nor was it succeeded by drowsiness, or any similar affection."

Here, then, we have again one effect from one dose—one of excitement, which is not followed by depression. Dr. Crumple does not seem to have noticed this fact, nor how it contradicts the statement made by him just before recording the experiment.

## EXPERIMENT VII.

"At 1 o'clock P. M. I gave to a robust, healthy young man, whose pulse beat but 44 in a minute, its natural standard, one grain of *Opium* diffused in a small quantity of warm water. He had never before taken any of the medicine, and his pulse was affected in the following manner:

In .....	5	10	15	20	25	30	35	40	45	50	Minutes.
Pulse Beat	44	44	44	44	44	50	52	54	48	48	46

In .....	55	60	70	80	90	100	110	120	135	Minutes.
Pulse Beat	46	46	46	44	42	42	40	40	44	

"After twenty-five minutes had elapsed there was a manifest increase as well in the strength and fulness as in the frequency of the pulse. In an hour this began to diminish, and continued decreasing till near the end of the experiment. A slight heaviness which came on fifty-five minutes after he had taken the *Opium*, was the only other effect experienced from it."

In this experiment we have two effects, the second contrary to the first; there is manifest excitement followed by depression.

## EXPERIMENT VIII.

"Forty-five minutes after 12 P. M., my pulse beating 70 in the minute, I took two and a half grains of *Opium* dissolved in an ounce of water:

In .....	5	10	15	20	25	30	35	40	45	50	55	60	75	90	Minutes.
Pulse Beat	74	74	74	76	78	80	78	70	64	64	66	70	70	70	

"In twenty minutes perceived a slight warmth, and soon after a degree of moisture on my skin, the fulness of pulse increasing as well as its frequency. In half an hour I found myself, or at least imagined myself, more alert and sprightly than before; in forty minutes perceived a pleasing kind of languor gradually increasing; in ninety minutes a dull headache; in two hours' time the headache was much

increased, and attended with drowsiness and nausea; in two and a half hours every disagreeable symptom was increased, my pulse 70; took a spoonful of vinegar, which somewhat relieved the nausea; in two and three quarter hours found all the above symptoms still increasing, and attended with slight vertigo and tremors in my hands; pulse the same as before. In three and a half hours the nausea was considerably augmented, the other symptoms as before, and I at length threw up the contents of my stomach. The headache and vertigo were soon after relieved; but I continued in a stupid state for the remainder of the day."

Here, again, there is the double action upon the heart; at first increasing, and afterwards diminishing the number of pulsations above and below the natural standard. This severe proving also shows the action of *Opium* upon the brain and nerves, and upon the stomach: upon the brain there is both the primary and secondary action, the double action from one dose.

The largest doses of *Opium* have but one action, that of depression. This is so generally admitted that the testimony of two sufficiently well informed witnesses will be sufficient on this occasion.

Dr. Paris, then president of the college of physicians, says: "The stimulating effects of *Opium* are apparent only in small doses, by which the energy of the mind, the strength of the pulse, and the heat of the body are considerably increased. In large doses the powers of life are instantly depressed, drowsiness and stupor succeeded." (Dr. Paris' Pharmacologia, p. 465.)

Professor Christison says: "The symptoms of poisoning with *Opium*, administered at once in a dangerous dose, begin with giddiness and stupor, generally without any previous stimulus." (Christison on Poisons, p. 705).

That even ten drops of *Laudanum* are sometimes sufficient to produce at once, and without any previous excitement, this depressing action has been shown in one of the experiments recorded in this Essay.

Small doses and large ones have only one action; while the double action belongs only to intermediate doses. These are facts which contradict theory, and therefore it is said that "there is no evidence that large doses do not produce primary symptoms. But there is evidence that when large doses are given the effect is so overwhelming—the passage from primary to secondary is so rapid—that the former are not recognisable."

Alas! this is a repetition of the old sin of squaring facts to theory,

instead of making theory true to facts. What cannot be recognized is not to be invented. That all doses have primary and secondary actions is not a *general fact*. It is a theory, hypothesis, or fiction which cannot be proved to be true. "Whatever," says Sir Isaac Newton, "is not deducted from phenomena, is to be called an hypothesis." And hypotheses are not to be put on a level with facts.

[To be Continued.]

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## Hospital Department.

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### HAHNEMANN HOSPITAL CLINICS.

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#### *CHILDREN'S CLINIC.*

BY G. A. HALL, M. D., PROFESSOR OF OPERATIVE SURGERY AND  
DISEASES OF CHILDREN, IN THE HAHNEMANN MEDICAL  
COLLEGE AND HOSPITAL, CHICAGO.

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#### EXOSTOSIS OF TIBIA.

CASE No. 1870.—April 6, 1877. T. —, aged nine. This little boy came into our clinic last September. The history of the case as then given was as follows, viz :

Two years since, he fell from the fence striking the right shin against a post, leaving a black and blue spot about the juncture of the upper and lower third of the tibia. The integument was not broken, but the point of injury was peculiarly sensitive.

The tenderness was increased and aggravated by repeated raps and injuries, but the pain for the first six months was not continuous—it would come at intervals, very severe, and then disappear suddenly. About eighteen months since the pain became constant—a dull, sluggish pain. The limb became enlarged at the seat of injury, and constitutional symptoms began to appear. The periosteal inflammation extended down the limb, along the spine of tibia, until, as you now see, it involved the entire bone.

Up to the time he entered our clinic, he had been treated with electricity, *Iodine* and other local applications, and had taken large quantities of *Potas. iod.*, *Hypo-phosphites* and *Cod liver oil*, etc. The limb had been bandaged, rubbed and showered—but with all it continued to enlarge. The disease had not been arrested, the limb was growing large and continually more painful; he could not rest at night; appetite poor, and he presented a pale, wasted appearance.

There are two forms of exostosis, the hard, and the spongy or cancellated. It is usually the result of some specific or constitutional taint. In the antecedents of this case we find unmistakable evidence of a specific taint; the location also, is indicative of its origin. This belongs to the hard variety; the bone is twice its usual size, hard and firm; there is some discoloration, very tender to the touch, and the pain stinging and gnawing in character. The growth is nodulated, the larger growth being at upper third of the tibia.

In prescribing for the case, we told you it was important to recognize the predisposing cause, as well as the pathology and symptomatology.

We gave the boy *Aurum met.* 30, and *Conium* 3, alternated every two hours. These remedies were continued until December 8, when he reported the pain had nearly subsided, and tenderness greatly relieved. Constitutional symptoms relieved; appetite better; general health much improved. *Sulphur* 200 and *Aurum met.* 30, were prescribed.

To-day the mother reports the boy has been attending school since January, and has suffered no inconvenience from the limb, and is able to run as fast as his play-fellows. As you see, his limb is reduced about one-third in size, and the patient says it is his best leg. No pain or tenderness on pressure; the surface looks natural.

#### A CASE OF CHRONIC PULMONARY ABSCESS.

CASE No. 1880.—Geo. B. —, aged six. This little patient you have all seen before. He came into our clinic in October last. About two years before, he had the measles, which became complicated with pneumonia. For some months following his convalescence, he was troubled with a dry, hacking cough, which after a time became moist, and he began to expectorate thin mucus, and then muco-purulent matter. This was attended with some disturbance of digestion and assimilation,—and gradually creeping in a hectic condition; he was then looking pale and thin, the whole system showing an impoverished state. The mother informs us he is expectorating about a tea-cup full of purulent matter daily; from this specimen you see here, you observe

its character. Auscultation reveals a cavity in the lower lobe of left lung; I desire you all to listen at his chest, and note the sounds; you get a fine specimen of rhonchus, and mucous rale; without question, when this little boy, partially recovered from pneumonia, his lung remained hepatized,—following this, from cold or other cause, inflammatory action was established, suppuration was induced, and a cavity is the result.

The expectoration being greenish, and coming up in distinct mouthfuls, and of long-standing, we gave him *Laurocerasus* 3, and *Sulph.* 200. Since that time he has taken *Nit. ac.*, *Tart. emet.*, *Hepar. sulph.*, *Arsenicum*, and occasionally, when his condition has been made worse by colds, he has taken *Aconite*, *Bry.*, and *Bell.* You behold him to-day quite a strong looking boy, his cheeks are round and full, appetite good, and when the ear is applied to the chest, you get but little of the rhonchus and other sounds present when we first saw him; under the influence of the above remedies the case has made more rapid strides towards recovery than we had a right to expect. This boy has been well clad, and had an abundance of good food, and taken a reasonable amount of out-door exercise. The mother reporting him so much better, we will continue *Nit. acid* alone, every four hours, and feel confident, under the influence of it, and *Tart. emet.* the little patient may be perfectly cured.

#### CATARRHAL BRONCHITIS.

CASE No. 1528.—Frank T., aged eight. This lad came in some months since. The mother informs us, that when he was about two years old he had diarrhoea for several months. This was checked suddenly, with a prescription—we cannot learn what,—at this time a cough which the patient had at times from his birth, became aggravated. On our first examination we found the boy coughing and raising largely, of a yellow, heavy mucus; auscultation revealed the fact that the mucous surface of the trachea, the large and small bronchia, were suffering from a chronic inflammation. We also learned that the mother, when carrying this child, suffered badly with catarrh, and bronchial irritation; had a deep moist cough, with similar expectoration. The cough on the part of the patient, would seem to be congenital, at least he has coughed from birth. I wish you to place your ear to this chest, and observe the characteristic sounds; they are very much modified and are now confined principally to the right lung. Mucous irritation has been diminished about two-thirds—his general health is much better than it was six months ago—and seldom does he expectorate, while the cough

remains moist. The remedies which have been exhibited in his case have been *Merc. iod.*, *Asclep. tub.*, *Silphium lac.* and *Dulcamara*. Of these I wish especially to call your attention to *Asclepias tub.* and *Silphium lac.* They are with me great favorites in nearly all catarrhal affections, more especially where they involve the nasal and larger air passages. *Asclepias* when the trouble is more in the head, with frontal headache, and discharge from the head, sticky and yellow in color. The *Silphium* in catarrhal affections of the air passages, with copious expectoration of stringy mucus. The patient will have at times some hyperæmia of the lungs, attended with asthmatic breathing.

To-day the patient is so much better that I feel we may look upon his cure as certain, and will continue *Sulph.* 200, and *Asclepias* ʒ. I would say I never get the desired effect from either remedy, (*Silphium* or *Asclepias*), except the trituration be made from the pulverized root, and seldom higher than the 3d; the best results I have found from the 1st and 2d decimal.

#### INCIPIENT GOITRE OR BRONCHOCELE.

CASE No. 1784.—Annie C., aged thirteen. You saw this little girl last October. Then both lobes of the thyroid gland were enlarged, producing quite a deformity. She first noticed slight enlargement four years ago, on the left side and it grew gradually, the right side being involved, in about six months after noticing the swelling on the left. When she first came before the class, the gland was crowding out laterally against the common carotid artery, and posteriorly against the larynx and trachea, producing a tickling in the throat, like vapour, which induced a cough. The menstrual functions had never been established, but the premonitory symptoms of this function were present: backache; lassitude; and livid circles under the eyes. Patient was put under the influence of *Phos.* 30, and *Puls.* 3, and a compress of cold water and salt applied externally at night; this was removed every morning and the surface sponged off with hot water, and hand friction applied gently for twenty minutes. She steadily improved under this treatment, cough disappeared.

Dec. 20. She contracted a cold which aggravated her trouble, the tonsils became enlarged and painful, attended with a sense of constriction in the upper part of chest. *Phytolacca* the 3d, was given every two hours for one week.

Jan. 5. She reported progress: Enlargement of tonsils and soreness relieved, but thyroid gland as large as ever, with a troublesome tickling cough at night. *Lachesis* 30, given every three hours.

Jan. 12. Cough relieved—and now we gave *Spongia* 30, every four hours, and applied the salt compress at night as before. She has had *Pulsatilla* every month, when nature endeavored to establish the menstrual flow.

To-day you behold the neck almost normal in appearance,—and she has had one slight menstrual show. We will continue *Spongia* morning and night, and *Puls.* to be given three doses daily, one week in advance of her next monthly.

There are a few points to which I wish to call your attention :

1. A large majority of cases of goitre occur in females.
2. Its occurrence is intimately connected with menstrual derangement.
3. The left lobe of the thyroid gland is usually the first to be involved.
4. In the treatment of all such cases the general and constitutional treatment are equally important with the specific.

#### ECZEMA OF UPPER LIP.

CASE No. 1841.—Master R., aged three. About six weeks since an eruption appeared on the upper lip, thence spreading until it involved the entire lip and nose. *Graphites* was first given for two weeks with little or no benefit. It being ascertained that the child inherited a specific taint, the house physician prescribed *Nitric acid*—two weeks from that time when the case came before the class, the trouble was entirely eradicated. This shows the importance of looking up hereditary taints and constitutional dyscrasias.

#### ECZEMA.

CASE No. 1900.—Master J., aged twenty months.

Gentlemen, you would hardly recognize this bright eyed little fellow, as being the child you saw three weeks since, with his little face and upper part of body covered with scabs and scales,—the head also covered with yellow exudation, and from under this oozing an ichorous discharge. You remember we gave *Sulphur* and *Rhus rad.* We had the mother apply externally *Carbolated Cosmoline* to mitigate the excessive itching which came on at night and in the morning. She washed the whole surface with warm castile soap and water. To-day you observe his face and body are entirely free from eruption, it now being confined to the head, and this looks very much better—there is not as much discharge, and it is healing underneath; in fact the whole trouble is disappearing quite as rapidly as we care to have it. We



will continue one dose of *Sulph.* every morning, and one dose of *Rhus rad.* at bed time, which I am sure will complete the case.

CASE No. 1891.—Samuel S., aged eight.

Gentlemen, I wish you to take notice of this fat, chubby, rosy-cheeked boy. Those of you who did not see him last fall at the time he entered our clinic, could hardly believe the following history of his case, which was taken at that time, viz: Two and a half years before, he sustained an injury from falling. The injury was general rather than local—and he had a protracted illness; swellings began to appear in different parts of the body, forming scrofulous abscesses involving the periosteum and bone, large pieces of the femur, tibia, clavicle and other long bones had been exfoliated. In every instance when an abscess appeared upon a bone, it was followed by caries of the bone. Abscesses appeared in the pectoral region, the nates and the face, but the bones were not involved here. Over thirty large ugly scars could be counted, and some five or six abscesses discharging at the time he came in. The flexor muscles of the lower extremities were greatly contracted, and the limbs formed at the knee nearly a right-angle; they could not be straightened, and the patient had not been able to stand for more than two years; appetite and digestion poor; pulse 100; temperature 102; fever recurring every evening and lasting until midnight. *Arsenicum* and *Calc. phos.* were given, in alternation every two hours for two weeks. The fever having subsided, but a moderate night sweat continued. We then gave *Nitric acid* 3 and 30, alternately every two hours. After four weeks the interval was lengthened to four hours; patient continued to improve, and to-day you see him able to walk or run; has gained several pounds in flesh; only one issue open on the surface; bowels regular and appetite good. I consider this a success,—which the most sanguine could not have prognosticated, when he entered our clinic.

#### IMPETIGO.

CASE No. 1890.—Alice K., aged two. This trouble began on the left ear and then on the right, extending up over the head, the eruption covering the entire scalp. About six weeks standing when we first saw it, it has been complicated with diarrhoea and vomiting; great thirst at times. The first prescription was *Rhus tox*; this was given every two hours for two weeks, when the case reported no progress; vomiting continued, with increased thirst and bowel trouble. *Ars. iod.* and *Sulph. iod.* were given, the 3d of each. Continued two weeks, when the mother reported the child some better; same prescription continued two weeks longer, the case decidedly improved. The same remedies

were continued, the 30th of each, at longer intervals. It is now four weeks ; you see the case perfectly cured, save a little irritation behind the left ear.

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## Book Department.

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### ON CLINICAL THERAPEUTICS.

CLINICAL THERAPEUTICS. By T. S. Hoyne, M. D. Vol. I. Part II.  
Pp. 112. \$1.00

This part contains illustrations of *Phosphorus*, *Rhus toxicodendron*, *Sulphur*, *Veratrum viride*, *Arnica*, and *Carbo vegetabilis*. Therapeutics or the application of medicine to disease, is a rather neglected branch. We have materia medicas in profusion (but none to injury), from the Epitome of Breyfogle to the Encyclopædia of Allen, but works illustrating the application of these to disease are few and far between. The various repertories try to show us the disease side of the remedies, but in such an index sort of a style, that the student not well up in materia medica, gets into the fog, as to the application of remedies to disease expressions. There is too great a chasm here for fancy to bridge. To study materia medica well, we must study it by comparing the action of one medicine with that of another, just as we study disease expressions, i. e., compare one disease expression with another. This study, to be well done in both cases, must first be done apart from cases, and then treated clinically. One reason why the Vienna school towers above others is because it teaches comparatively, disease with disease. Therapeutics receives but little attention. The great aim being to study disease in all its various expressions. The result is expert diagnosticians. Now materia medica to be thus studied, is to understand it. Hering, Lippe, Raue, with a company of zealous confreres, have so studied remedy after remedy. It is most fascinating to hear a coterie of these old heads thus measure one remedy with another. Every new comer—well-proven remedy—is viewed from all points, till its comparative place is found. We hope to have such a materia medica school some day.

With the *materia medica* diagnosticated on one side, and the army of diseases in deadly array against physiology, on the other, still another comparison has to be instituted, i. e., to select the proper force, so that the remedy will antagonize, antidote the disease, and let the body go on its way rejoicing, resuming its normal functions. Now it is not quantity against quantity, but rather quality against quality, force against force; not by opposition, but by the strategy of similars to disease action. But what remedy force will subdue a similar train of disease symptoms? is a question of pure experiment. We can say that such and such a remedy ought to control similar symptoms, but the given symptoms may not be so exactly similar as looked for, and their momentum might outrun the remedy. So there are force, time, order, sequence, concomitants, etc., to be ascertained, and always recognized. To have the remedy follow in the chase, and come out just behind a self-limiting set of symptoms is not creditable therapeutics, and the fault should not be laid at the door of the law of selection, i. e., *similia*, but rather at the door of the poor general of the vast armamentarium.

Therapeutics, then, is largely dependent upon experience. The great value of such a work as this is, should be very apparent. The selection of the 472 cases, which demonstrate the range of action of these remedies, in Parts I and II, is just such a review of clinical therapeutics as we need to emphasize their scope. There have been quite a number of attempts in this line of works, the earliest of which was Ruckert's Therapeutics. This work chiefly illustrated what a great variety of diseases could be cured by several remedies. Thus, seventeen remedies had cured dysentery. That fact directed attention to the remedy chiefly used.

The next step, we find Bœnninghausen's Therapeutic Pocket Book, in which the remedies are classified according to sensation, etc., with the most prominent remedies emphasized by larger type. As a key, this is valuable, just as the former work is a most valuable collection of cases.

The next strictly therapeutic work we find outside of the repertories is Bayes' Applied Homœopathy. This is a very valuable resume of his experience with several of our prominent remedies. Clinical Therapeutics is really the first systematic work in this important science of medicine. The cases are chiefly culled from medical literature, and are tersely and ably condensed, so that they simply illustrate the point intended, and no more "Crack shots." We do

not know of anything that better illustrates the value of medical journalism than this work. We think it a mistake that the full reference is not always given.

There are many other points we might criticise, viz., the compact character of the work, the small number of symptoms illustrated. The recommendations, which are at times, we fear, hypothetical, and out of place in a work on clinical therapeutics (a bedside application of remedies), but we will not be too exacting. In the future, when each disease is taken up, like Bell on Diarrhœa, Bœnninghausen on Whooping Cough, Cushing on Lœucorrhœa, Morse on Catarrh, Minton on Uterine Discharges, Allen & Norton on Ophthalmology, etc., illustrated clinically, then we may expect more exactness, as well as more attention to all the clinical requirements of therapeutics. As we look down the corridors of time and see all the remedies, from A to Z, illustrated, and the demonstrative cases more numerous than crowd the great central hospital at Vienna, all portrayed with artistic accuracy, we turn to the thousands of readers of our medical literature, and earnestly inquire, "Will your name be there?"

Therapeutical works cannot take the places of books on practice, in all of its details, no more than can they those on *materia medica*. Therapeutics is a distinct science, of which Homœopathy is the key. Therefore, we can heartily adopt the motto of the old MEDICAL INVESTIGATOR, "Homœopathy, the Science of Therapeutics. Excelsior!"

REPERTORY TO THE NEW REMEDIES. Bœricke & Tafel. 8 vo. Pp. 200. \$2.00

Through inadvertence, a review of this work has been overlooked. This work is prepared by Dr. C. P. Hart, and makes available Hale's *Materia Medica* in a very compact form. The work is, as far as we can discern, faithfully done. There is one correction that Dr. Hart wishes us to make, viz.:

"Dr. Neidherd, of Philadelphia, informs me that his friend, Dr. Rembaugh, prepared the first draft of the fever section in the 'Repertory to Hale's New Remedies,' and that he had nothing to do with it, except to ask him to undertake the work. I regret that I was not informed of this fact in time to give Dr. R. due credit in the preface to said work."

THE ELECTRIC BATH. Its medical uses, effects, and appliance. By G. M. SCHWEIG, M. D. New York: G. P. Putnam's Sons. Chicago: Jansen, McClurg & Co. 12 mo. Pp. 134. \$1.00.

This is a work on a subject that is somewhat new. It treats of the apparatus, the mode of administration, the physiological effects, and special therapeutics. The author of this work is a man of rare discrimination, and writes with judgment. The value of the bath over the ordinary method of applying electricity, seems to be that of more ready and prompt application and profound effect.

**CHEMICAL AND MICROSCOPICAL ANALYSIS OF THE URINE.** By GEO. B. FOWLER, M. D. New York: G. P. Putnam's Sons. 1876. Chicago: Jansen, McClurg & Co. 12 mo. Pp. 97. \$1.00.

This is a practical little work on urine analysis in health and disease, presenting the most important features of the subject. This is a second edition, which proves that the work is appreciated by the profession.

**A SERIES OF AMERICAN CLINICAL LECTURES.** Edited by E. C. SEGUIN, M. D. New York: G. P. Putnam's Sons. Chicago: Jansen, McClurg & Co. Vol. 2. Pp. 340. \$4.00.

This volume is No. II of the series, or those for 1876, and includes the following lectures: Principle of Physiological Antagonism, by Bartholow; Morbid Nervous Sensibility, by Jewell; Melancholia at Home, by Seguin; Some Forms of Dyspepsia, by Delafield; Diseases of the Eye, by Noyes; The Upper Air Passages, by Leffert; Tracheotomy and Laryngotomy, by Sands; The Hypertrophied Prostate, by Weir; Points in the Surgery of Childhood, by Pooley; Spinal Irritation, by Hammond; The Treatment of Eczema, by Taylor, and Peripheral Paralysis, by Miles.

These are a collection of very valuable essays, and the whole twelve make a volume worthy of a place in any physician's library. The typographical execution is very creditable indeed to the publishers.

**CYCLOPEDIA OF THE PRACTICE OF MEDICINE, VOL. XII: DISEASES OF THE BRAIN AND ITS MEMBRANES.**

Some time ago we reviewed the volume on the diseases of the Peripheral Nervous System, now we have this companion volume on the central nervous system. The contributors are Profs. Nothnagel, of Jena; Hitzig, of Zurich; Obernier, of Bonn; Heubner, of Leipzig; and Huguenin, of Zurich. The subjects treated, are anæmia, hyperæmia, hæmorrhage, thrombosis, and embolism; tumors of the brain and membranes; syphilis of the brain and nervous system; acute and chronic inflammations of the brain and membranes. Meningitis,

encephalitis and abscess, hypertrophy and atrophy, including general paralysis of the insane, closes this most valuable work of 902 pages. There are many points we should like to notice, but there is one that we can appreciate, and that is a clearing up of the subject of acute hydrocephalus. It has usually been classed with meningitis basilaris, but Huguenin makes an entirely new disease of it, styling it Leptomeningitis, meaning inflammation of the thin membranes, i. e., of the arachnoid and pia mater. This separates it from meningitis tubercular. These tubercles we could never find in fatal cases of meningitis with effusion, occurring in the Chicago Foundlings' Home. Perhaps the subjects were not of so marked a lymphatic constitution as to give us cheesy degeneration or masses of white blood corpuscles. This whole question of scrofula, tuberculosis and effusion (hydrocephalus), is one of lymphatic derangement, it so seems to us. Hyperæmia, I believe, caused thereby, and accounts for many cases of hydrocephalus. Those interested in the study of the diseases of the brain and its membranes (and who is not?) should possess this volume. This is the ninth volume of a series of sixteen, and we hope our readers will, as fast as possible, put this cyclopædia in their reference library. We can forward your orders. D.

**TAKING COLD.** By J. W. HAYWARD, M. D., Liverpool. London: E. Gould & Co.; 16mo., pp. 184; \$1.00.

Taking cold is believed to be the cause of half of our diseases. This is quite true; and no wonder so many people want to know its nature, causes, prevention and cure, as to demand a sixth edition, which has been enlarged and revised. Friend Hayward is of a practical turn of mind, and a medical philanthropist. He stands before the people, telling them how to build healthy houses, and how to avoid colds, because of the good to mankind.

**THE APPLICATION OF ELECTRICITY AS A THERAPEUTIC AGENT.** By J. H. RAE, M. D. Boericke & Tafel. Pp. 132. \$1.00.

This small work is what its name indicates. The author is one of our physicians, and we find here electricity and our remedies used together to mutual advantage. A new battery is described, which is simply an extra helix or coil of wire; a second induced current, termed "superinduced," which, however, is not very often used. This superinduced current is an effort to dilute the electric current, as was indicated in the article on electricity that appeared in this journal, by Dr. Tooker. (Vol. I., page 141. New series.)

The statement that the primary or galvanic current acts upon the blood, the induced or Faradaic upon the muscles, and the super-induced (or Bæic) upon the nerves, is more hypothetical than real. His statement that all electricity is the same, is true, to which he might have added, "and all pass through conducting bodies." Another statement that we take exceptions to is, that "passing electricity through the ordinary Homœopathic medicines, their action is greatly intensified, and their effectiveness increased." Now we wish to know if electricity is added to the medicine, or if it is attenuated, and its force increased, or perhaps it is electric force and medicinal force combined. By the way, is not electro-magnetism a remedy having antidotal remedies, as *Ignatia*, *Zinc*, etc? The idea of medicating medicine with another medicine is mixing things too much for Homœopathy. The recipe for preparing a "decoction of certain herbs" for leucorrhœa, is rather shakey for Homœopathic therapeutics. Then, to cap all, is the advice to drink clover-tops as a beverage—guess he never proved *Trifolium* *γ*. *Thea* is bad enough, but the change would be worse. Why not advise the use of hot water with milk, if cold water chills the stomach? We have no mania on this subject, but we have relieved several cases of weak backs by having them "knock off" their tea.

The medical advice is somewhat singular. This author seems to place as great stress on *Aconite* as friend Hempel. There are some remarkable things in this work, chief of which is a case of cancer, cured by electricity and medicine.

THE ENCYCLOPÆDIA OF PURE MATERIA MEDICA. Vol. V. T. F. Allen, M. D. Boericke & Tafel. New York.

This is another volume of this careful record of the positive effects of drugs upon the healthy human organism. The remedies in this volume begin with *Hydrocyanic acid*, and include all those to *Lycopersicum*, or eighty-three in all. *Hydrocyanic acid*, *Hydrophobinum*, *Hydrophyllum*, *Iberis*, *Ignatia*, *Illicium*, *Imperatoria*, *Indigo*, *Indium metallicum*, *Inula*, *Iodoformum*, *Iodum*, *Ipecacuanha*, *Iris florentina*, *Iris foetidissima*, *Iris versicolor*, *Itu*, *Jaborandi*, *Jacaranda*, *Jalapa*, *Jasminum*, *Jatropha*, *Jatropha urens*, *Juglaus cinerea*, *Juglans regia*, *Juncus*, *Juniperus virginiana*, *Kali aceticum*, *Kali arsenicosum*, *Kali bichromicum*, *Kali bromatum*, *Kali carbonicum*, *Kali chloricum*, *Kali (hypo) chlorosum*, *Kali cyanatum*, *Kali ferrocyanatum*, *Kali iodatum*, *Kali (hyper) manganicum*, *Kali nitricum*, *Kali ozalicum*, *Kali picricum*, *Kali sulphuratum*,

*Kali sulphuricum, Kali tartaricum, Kali telluricum, Kalmia, Karoka, Katipo, Kerosolene, Kino, (Australiense), Kissingen, Kouso, Kreosotum, Laburnum, Lacerta, Lachesis, Lachnanthes, Lactic acid, Lactuca, Larnium, Lapathum, Lathyrus, Laurocerasus. Ledum, Lepidium, Leptandro. Lilium tigrinum, Limulus, Linaria, Linum, Lippspringe, Lithium, Lobelia cardinalis, Lobelia inflata, Lobelia syphilitica, Lolium, Lonicera. Lupulus, Lycopersicum.*

Some of these, as will be seen, are very little known to us. The old physicians frequently lamented that they had so little artillery, but now the armamentarium available should make us very efficient against disease. The complaint now is that we are not familiar with our remedies, which is certainly true. This is a failing, however, that time and study will correct. Every physician should have those volumes as they appear, and spare leisure in comparing, analyzing, and getting hold of all the characteristics of all the medicines given in these volumes. Our able materia medica men should help by giving us comparative studies. Help here would be worth more than volumes of criticisms. Many of our readers, we venture, don't know how to analyze a remedy; never have been taught how. Will Dr. Lippe, or some other able materia medica student show us how to study *Indigo, Lilium, etc.*?

SIX LITTLE COOKS; OR, AUNT JANE'S COOKING CLASS. 12mo. cloth, \$1.00.

This book embodies an entirely new idea, and shows, in a pleasant narrative, how six merry girls persuaded a cultivated lady of the Old School, a good housekeeper and an accomplished cook, to give them practical lessons in cooking. We believe that every physician should be familiar with this practical little work. The receipts are sensible. The lesson on sick room diet are carefully selected and commendable. It will form an easy lesson on the culinary art that will captivate many a young girl whose education in this field is now being so sadly neglected. It deserves general circulation.

"It has the charm of a life-like story, and the practical value of a clever essay on the culinary art."—*Tribune*.

"Will unquestionably delight all the little people into whose hands it may fall."—*Times*.

"The little ones will prize it for its pleasant narrative style alone, while the recipes, with a little practical assistance from their elders, will impress themselves upon their memories with a tenacity which nothing can efface."—*Inter-Ocean*.



**BRIEF HONORS; a Romance of the Great Dividable.** By Jansen, McClurg & Co., Chicago. \$1.00.

This is a clever and entertaining story of city life, and a part of the scene is entirely new in fiction, being an inside view of large life insurance companies. The Great Dividable is an insurance company where much of the income is divided among the officers.

## Pharmaceutical Department.

### *DO WE NEED A PHARMACOPŒA?*

BY T. D. WILLIAMS, M. D., CHICAGO.

Perhaps the reading of the following irrevocable facts will help you to an opinion. Can you answer truthfully otherwise than negatively this the following query?

Does your school of medicine have any pharmacopœa, or book of formulas, whereby you are governed in a manner of preparation, thereby attaining union in the standard (?) strength of your remedies?

Some one of the poets, Vail, I think, has written :

"Nothing but leaves ! the spirit grieves  
O'er a wasted life ;  
O'er sins indulged while conscience slept,  
O'er vows and promises unkept,  
And reaps from years of strife  
Nothing but leaves."

And I think it apropos to my subject, inasmuch as it expresses my views in regard to the apologetical pharmacopœa of the present, and the mythological one to come.

Is it possible that the Homœopathic medical profession are idly awaiting science in her evolutions, believing that she has in project some manner or manifestation, which, through the medium of the gods of medicine is soon to be developed into a self-creative dynamic process, usurping therewith both the mental and physical labor of the mortal pharmacist? Oh, ye gods, should ye fail to thus favor man, his numerous necessities would not be less, but greater.

Twenty years' experience in both schools of medicine as a practical pharmacist, should entitle me to an opinion; and if seventy-five years' credit (?) in the non-possession of a standard pharmaceutical code, has not already stigmatized our school, permit me to herald forth the knowledge of the existence of such a pendulous danger, that the minds of the profession may take cognizance of at least one fact.

One of the most unfortunate sentences in the interest of Homœopathy, ever written, is the one prefacing the translation of the French and German works of Jahr, Gruner, and Buchner, the one English (?) pharmacopœa of our school. This one sentence is quite sufficient to condemn the work. It reads: "In all cases where Gruner's and Buchner's, or Gruner's and Jahr's and Hahnemann's methods *differ*, the reader will find all of them explained, *it being left to his judgment to select either* (process) for his preparations." This statement *positively prescribes* and thereby *sanctions a difference in the manner of the preparation* of Homœopathic remedies; hence a difference in their unity and strength. What is the result? Why, this being the true state of the past and present pharmaceutical affairs, the pharmacist thus licensed does not confine himself to the preparation of medicine or remedies in accordance with the formulas of Hahnemann, Jahr, Gruner or Buchner, but he extemporizes, experiments, adopts, etc., etc., in fact, he does whatsoever his own inclination prompts him to do, or the experience of others may suggest. However, suggestions by one pharmacist to another are of rare occurrence, and when made, usually prove extremely subtle.

Without one provisional pharmaceutical law extant, I would ask, who shall say him nay? Thus licensed, why has he not the right to so conform his actions that they shall speak forth to the profession his sole interest in the preparation of these remedies? Why shall he not say, if he thus chooses to do, that "my interest *begins* and *ends* in the successful sale of my remedies?" And why should he *not* ask, what needs have *I* for any pharmacopœa? Without one, the profession are satisfied, the public are satisfied, and why shouldn't *I* be satisfied. The derivation of a drug, and its therapeutic valuation is nothing to me, my *own* valuation, one of dollars and cents, is the one paramount, one that I understand and know to be governed, not by any imperative pharmaceutical code, but by a plain competitive force.

Now gentlemen, in the above soliloquy there is more truth than fiction. The man's shrewd business tact tells him that without a code of pharmaceutical law, that his success is wholly dependent upon his

individual resources, and that it is obligatory upon his part to avail himself of every possible means, that he may thereby be safely buoyed over the chasm of insolvency.

*He understands why Dr. A. favors his, Mr. B's preparations, and not Mr. C's! He knows the avenues, step by step, into the pockets of not only a credulous profession, but also into the pockets of a more credulous public. In other words, he knows that so long as he is able to hoodwink Dr. A, that Dr. A's professional influence will not only protect Mr. B in his "little irregularities," but that it will, in all probability, also secure not a few of neighbor C's patrons. So on, ad infinitum.*

These are but a few of many like thoughts, which daily shapen or mould themselves into acts—acts which are, to say the least, non-conducive to the interest of Homœopathy. The remedy is the equalization of pharmacy management, to be attained by compulsion; that is to say, by the universal introduction of an authorized pharmacopœa, its teachings the embodiment of a standard pharmaceutical law. This is absolutely needed. Shall we have it?

A disposition to become careless in one's business is strangely insidious in growth, and it is imbued into one's manner because of a laxity in one's character; and when applied to the professional mannerisms of a physician or pharmacist, the growth often develops a monstrosity that sometimes is appalling to behold. One of these abnormal growths we have presented to us in the personage of our neighboring druggist, who blandly informs us of his ability to not only extemporaneously prepare, but to also keep in stock in all purity (?) a full assortment of Homœopathic remedies. It is hardly necessary for one to deny so obtuse a falsehood as this, yet its denial is but a form of endorsement of its truthfulness. The speech that tenders such valuable information will favorably compare in meaning with that of Macbeth's, where he says in reference to life,

"Told by an idiot, full of sound and fury, signifying nothing."

Possibly the gentleman bases his observation upon the discovery (?) of a pharmacopœa, but I think it more likely based upon the knowledge that our school does not possess such a work. Are such vagaries to dethrone Homœopathy? Is pharmacology a myth, and the pharmacist but a Jack-with-a-lantern? These furunculus growths which so easily ooze forth their gangrenous pus can trace their lineage to our own door. The blame rests solely upon us because we have thought, 'Discretion is the better part of valor.'

What say you my reader, you a disciple of the immortal Hahnemann? Are *you* willing that your alma mater shall be denied her teachings? Are *you* willing to sit idly by, and thus sanction such indignities to be? Can you not *earnestly* answer, no? And can you not as earnestly say, let us *have* a pharmacopœa; and let it be compiled from something more than from the rough-shod smatterings of pharmacology that is so often presented to us in the folios of some of our modern materia medicas; let it be a native born American institution, and its maternity

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

In conclusion I would say that I am not suffering distress for your encomiums to follow the service that I have attempted to hereby render; but would ask that until such a time as we shall have an authorized pharmacopœa that you will contribute to THE UNITED STATES MEDICAL INVESTIGATOR an occasional essay upon the subject of practical pharmacy. And I would further ask that you will not shirk the self-imposing task because of a theory that your knowledge in this direction is of but little worth to others, or that it is of such magnitude that it will prove to be incomprehensible to others; but write your atom or atoms that they may find an affinity, which affinity shall in the near future prove to be a ponderable, cohesive weight, helping to enthrone the interests of Homœopathy.

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## Medical News.

### Died.

HOFMAN, of Dixon, Ill., died May 6th, of chronic peritonitis.

W. T. Shepherd, M. D., has, we learn, from a Bangor, Me. paper, been elected city physician. The vote was unanimous.

Dr. N. E. Paine, son of Dr. H. M. Paine, who has been absent for more than a year pursuing his studies in his profession, and visiting the hospitals in Vienna and Berlin, has returned.

W. A. Edmonds, M. D., has removed from Memphis, Tenn., to St. Louis. We congratulate the doctor on the change, and the Homœopathic profession in St. Louis on this able addition to their ranks.

**Dr. N. B. Delamater** has recently been elected to the position of Lecturer on Electro-Therapeutics and Special Nervous Diseases, in the Chicago Homœopathic College, a tribute to his successful occupancy of the chair of Galvano-Therapeutics in that institution last winter. \*

**Hygiene**, according to Dr. Reich, comprehends the following subdivisions: First, moral hygiene; second, dietetics; third, climatology, epidemiology; fourth, social hygiene, and the science of population; fifth, sanitary science.

**Hale's Diseases of the Heart into Spanish.**—Dr. Mane, an eminent Homœopathic physician of Tortora, Spain, has just finished a translation of Dr. E. M. Hale's "Lectures on Diseases of the Heart." Second edition. It will be published in that city.

**New York Ophthalmic Hospital.**—Report for the month ending April 30, 1877: Number of prescriptions, 3,377; number new patients, 490; number of patients resident in hospital, 39; average daily attendance, 135; largest daily attendance, 191.

ALFRED WANSTALL, Resident Surgeon.

"**No Place Like Home.**"—Dr. T. F. Pomeroy, after trials of various climates, believes the above adage and returns to his old home and friends—Detroit. Dr. J. B. Braun, who three years ago left for Europe, like Noah's dove, "found no place to rest," returns to his old friends in Chicago. Old doctors, like old trees when transplanted, do not root well. There are no friends like old friends.

**The St. Louis Society of Homœopathic Physicians and Surgeons** organized several months ago is reported to be in a flourishing condition. It has about twenty-five active members, embracing most of the leading and representative men of the Homœopathic ranks in St. Louis. Dr. G. S. Walker is its president, Dr. Chas. Gundelach, vice president, and Dr. Jas. A. Campbell, secretary. It meets every second Monday night, and by the general interest it is awakening in that city, is doing good work for the cause.

**Inoculation for Small-Pox** was introduced into this country in 1821 by Dr. Boylstone. From an old copy of the *Massachusetts Magazine*, (December No., p. 776. 1789), kindly lent us by Mr. G. Halsey, we learn that Dr. B. received this suggestion from Dr. Cotton Mather, who had learned of its being used in Turkey. Dr. B. "inoculated in Boston and neighboring towns 247 persons in the year 1821, and in the beginning of the year 1822: thirty-nine were inoculated by other physicians, in the whole 286, of which number no more than six died. This demonstrated the utility of the practice, and tended to introduce it into Europe as was in America." Dr. Mather says, "'tis no rare thing for a whole company to go to a person sick with small-pox, prick his pustules, inoculate the back of the hand, be a little ill, have a fever, and be safe all the rest of their days." We prefer vaccination.

**New Works.**—Dr. Hammond has in preparation: "On the Influence of the Maternal Mind over the Offspring during Pregnancy

and Lactation." In this work the author discusses the influence exerted by the mother during pregnancy and lactation on the physical, moral and mental characteristics of her offspring. A notable feature is the section devoted to the consideration of many points relating to ante-natal education — for Dr. Hammond believes, and facts appear to warrant the conviction, that it is before birth that the training of the child should begin.

Dr. Mary Putnam Jacobi's new work on "the Question of rest for Women during the period of Menstruation" is nearly ready. It will be illustrated with fifty sphygmographic traces showing the variations in arterial tension, and will contain tables giving the results of 250 analysis of urine.

**Homœopathic Mutual Life Insurance Company.**—"This severely economical company has made an excellent change of office to the Merchants' Exchange Bank Building, No. 257 Broadway. Here the Homœopathic has secured the lightsome and well-appointed suit of offices on the second floor over the bank, furnishing convenient and appropriate accommodation for the business of the company, and at a moderate rent. This company is doing, and deserves to do, a good reliable business. It has a specialty that saves it from the general flatness of the period; and it is conducted with a rigid regard to the essential economies of the time."

From the secretary we learn that, "four months work has brought the company over four hundred new policies; moreover the lapses are lighter than anticipated. We have been steadily adding to our volume, and as steadily improving the general condition of the company."

**The Hahnemann Medical College.**—The closing exercises of the spring term of the Hahnemann Medical College and Homœopathic Hospital, of Chicago, took place at the Grand Pacific Hotel, on the evening of May 11, 1877. A large number of invited guests sat down to a sumptuous banquet with the trustees, faculty and students, at 9:30 P. M. After the "good things" had been fully attended to, better things in the way of speeches from the faculty and students followed, until a late hour, when the assemblage broke up. This term was the most successful spring term ever known in the history of the college. Fifty-two students were present (last year there were eighteen), there being a representation from the West Indies, showing the extended reputation of this excellent institution. Resolutions were unanimously adopted by the class, ere its departure, expressive of the greatest satisfaction with the college and its teaching. As was appropriately said, the only thing "Allopathic" about the college were the "massive doses of lectures" which had been poured down.

**Next Meeting American Institute of Homœopathy** is to be held at Lake Chautauqua, a charming summer resort, on the Erie, A. & G. W. R. R. The Kent House, at Lake View Station is on the border of the lake, and will give us all ample accommodations and abundant amusements and recreation. One fare the round trip to all who go will probably be furnished on all the leading railroads. The trains will run as —

**TIME TABLE.**—Leave Chicago at 5:15 P. M. by Erie and Chicago Line; reach Lake View, (Chautauqua Lake), next day at 1:00 P. M. No change of cars.

Leave Cincinnati at 9 P. M.; leave Cleveland at 7 P. M.; no change of cars. Arrive at Lake View at 1 P. M.

Leave Pittsburgh, E. and P. R. R. Arrive at Lake View at 1 P. M. Leave Buffalo B. and J. R. R. at 8 A. M. Arrive at Lake View at 12:18 P. M. No change of cars.

Leave New York at 7 P. M., Erie R. R. Arrive at Lake View at 12:18 P. M. No change of cars.

The session commences June 28th and continues three days. Let's get out a big delegation from the west. Rouse up the multitude.

T. P. WILSON,

Chairman Com. Arrangements.

**Society of Homœopathic Physicians of Iowa.**—On May 30th. proximo—being the last Wednesday in the month—the annual meeting of the State Homœopathic Medical Society will occur at Oskaloosa. It is an important meeting, and it is to be hoped that those of the profession in Iowa who prize and desire to foster all those agencies, which have for their ends the advancement of the cause, will either in person or by means of application for membership, be represented then and there. The annual oration will either be delivered by Dr. G. H. Ehinger, of Keokuk, or his alternate, Dr. G. H. Patchen, of Burlington. The following is a list of the Bureaux, from all of which, it is to be hoped, reports may be had on this occasion :

Materia Medica, Drs. Lucy, Button, Waggoner, Parsons, and Home. Diseases of Women and Children, Drs. Patchen, Hubbard, and Mesdames Yeomans, Porter, and Harris. Surgery, Drs. Virgin, Blair, C. H. Cogswell, Baker and Olney. Medical Education, Drs. Ehinger, Van Vorhees, and E. H. Wilson. Anatomy, Physiology and Hygiene, Drs. Dickinson, Lewis, Fellows, Nixon, and Olney. Medical Electricity, Drs. C. H. Cogswell, E. Jackson, Waggoner and Bryant.

At this session, the committee on legislation (Drs. Guilbert, Button, and Bancroft) will submit for consideration, articles of incorporation of the society. The same committee will also present a proposition, with reference to the Homœopathic Medical Department in the State University. In these two propositions all of the profession in the state are directly interested. The local arrangements for the annual meeting are in charge of Drs. Lucy and Lewis, of Oskaloosa, which is sufficient to say, that no pains will be spared to make this meeting a very pleasant one indeed.

EDWARD A. GUILBERT.

DUBUQUE.

Secretary.

**Western Academy of Homœopathy, and Indiana Institute of Homœopathy,** to be held at Indianapolis, Ind, the 29th, 30th, and 31st of May. The sessions will be held daily, from 8 o'clock A. M., until 1 o'clock P. M.; from 2½ o'clock until 5 o'clock P. M., and from 7½ o'clock until 10 o'clock P. M., subject to the action of the Academy.

**ORDER OF BUSINESS.**

The Academy will be called to order at 9 o'clock, by the president,

S. B. Parsons, M. D., of St. Louis, Mo. The president will then appoint a committee on credentials, and an auditing committee. The report of the secretary, J. Martine Kershaw, M. D., of St. Louis, and that of the treasurer, R. H. McFarland, M. D., of Henderson, Ky., will then be read. Report of board of censors. President's address, by S. B. Parsons, M. D., of St. Louis. Organization of Western Academy, and Indiana Institute of Homœopathy. Then will be presented reports and papers from the following bureaus:

BUREAU OF MATERIA MEDICA, PHARMACY AND PROVINGS.

J. Harts Miller, M. D., Abingdon, Ill., chairman.

*Western Academy.*—Drs. H. B. Fellows, Chicago, Ill.; G. W. Bowen, Fort Wayne, Ind.; L. D. Morse, Memphis, Tenn.; H. P. Button, Iowa City, Iowa; W. H. Parsons, Burlington, Iowa

*Indiana Institute.*—Drs. A. L. Fisher, Elkhart, Ind.; J. R. Haynes, Indianapolis, Ind.; A. McNeil, New Albany, Ind.

POTENCY AND DOSE.

Drs. P. H. Worley, Davenport, Iowa; A. C. Woerman, St. Louis, Mo.; W. L. Breyfogle, Louisville, Ky.; E. C. Beckwith, Zanesville, Ohio; F. L. Davis, Evansville, Ind.

PROVINGS.

Drs. S. R. Huson, Lawrence, Kansas; W. A. Wilcox, St. Louis, Mo.; J. Hyde, Terre Haute, Ind.; P. B. Hoyt, L. S. Herr, Evansville, Indiana.

EVENING SESSION.—BUREAU OF CLINICAL AND PSYCHOLOGICAL MEDICINE.

J. Martine Kershaw, M. D., St. Louis, Chairman.

*Western Academy.*—Drs. L. D. Morse, Memphis, Tenn.; G. W. Foote, Galesburg, Ill.; C. H. Goodman, St. Louis, Mo.; Frank Duncan, Osage, Iowa; P. G. Valentine, St. Louis, Mo.

*Indiana Institute.*—Drs. C. T. Corliss, Indianapolis, Ind.; M. T. Runnells, Indianapolis, Ind.

EPIDEMICS.

Drs. E. A. Murphy, New Orleans, La.; S. C. Wilson, Millersville, Mo.; S. Maguire, Greensburg, Ind.; J. H. Borger, Cambridge City, Indiana.

SECOND DAY.—BUREAU OF OBSTETRICS.

R. H. McFarland, M. D., Henderson, Ky., chairman.

*Western Academy.*—Drs. M. J. Chase, Galesburg, Ill.; G. H. Blair, Fairfield, Iowa.

*Indiana Institute.*—Drs. O. P. Baer, Richmond, Ind.; G. W. Carpenter, Logansport, Ind.

GYNÆCOLOGY.

Drs. W. H. Blakeley, Bowling Green, Ky.; E. M. Enos, Jerseyville, Ill.; W. A. Edmonds, St. Louis, Mo.; C. E. Fisher, San Antonio, Texas; R. L. Hill, Dubuque, Iowa; C. H. Cogswell, Clinton, Iowa;



M. M. Eaton, Peoria, Ill.; M. S. Carr, Galesburg, Ill.; O. S. Runnells, Indianapolis, Ind.; O. P. Baer, Richmond, Ind.; W. Eggert, Indianapolis, Ind.

## DISEASES OF CHILDREN.

*Western Academy*—Drs. W. L. Hedges, Warrensburg, Mo.; W. A. Edmonds, St. Louis, Mo.; R. W. Pearce, Louisville, Ky.; W. H. Parsons, Burlington, Iowa; G. H. T. Johnson, Atchison, Kansas; J. M. Walker, Denver, Col.; S. Maguire, Greensburg, Ind.; W. T. Richardson, St. Louis, Mo.

*Indiana Institute*.—Drs. C. W. Cook, Franklin, Ind.; Ada B. Folley, Lafayette, Ind.; W. Moore, Terre Haute, Ind.

## AFTERNOON SESSION.—BUREAU OF SURGERY.

Dr. E. C. Franklin, M. D., chairman, St. Louis.

*Western Academy*.—Drs. S. B. Parsons, St. Louis, Mo.; W. D. Foster, Hannibal, Mo.; L. Hubbard, Atchison, Kansas; G. W. Foote, Galesburg, Ill.; G. M. Seidlitz, Keokuk, Iowa; A. S. Everett, St. Louis, Mo.

*Indiana Institute*.—Drs. J. A. Compton, Indianapolis, Ind.; W. H. Beck, Aurora, Ind.

## THIRD DAY.—BUREAU OF OPHTHALMOLOGY.

J. A. Campbell, M. D., chairman, St. Louis, Mo.

Drs. C. H. Vilas, Chicago, Ill.; W. H. Woodyatt, Chicago, Ill.; S. J. Bumstead, Decatur, Ill.

## BUREAU OF SANITARY SCIENCE, CLIMATOLOGY AND HYGIENE.

T. C. Duncan, M. D., chairman, Chicago, Ill.

Drs. L. Morse, Memphis, Tenn.; A. E. Higbee, Red Wing, Minn.; C. H. Goodman, St. Louis, Mo.; G. W. Bowen, Fort Wayne, Ind.; S. R. Huson, Lawrence, Kansas; J. S. Bell, Cedar Rapids, Iowa; P. B. Sparks, Decatur, Ill.; O. P. Baer, Richmond, Ind.; H. P. Gatchell, Highwood, Ill.

## BUREAU OF REGISTRATION, LEGISLATION AND STATISTICS.

E. C. Franklin, M. D., chairman, St. Louis, Mo.

Drs. G. M. Seidlitz, Keokuk, Iowa; J. Harts Miller, Abingdon, Ill.; R. H. McFarland, Henderson, Ky.; A. C. Cowperthwait, Nebraska City, Neb.; C. J. W. Hemstead, Marysville, Col.; P. G. Valentine, St. Louis, Mo.; G. W. Bowen, Fort Wayne, Ind.; L. Hubbard, Atchison, Kansas; L. D. Morse, Memphis, Tenn.; A. E. Higbee, Red Wing, Minn.; W. J. Sook, Nevada, Ohio.

## AFTERNOON.—BUREAU OF MICROSCOPY.

*Indiana Institute*.—Drs. M. H. Waters, Terre Haute, Ind.; S. Cook, Greensburg, Ind.; J. C. French, Greensburg, Ind.

## BUREAU OF NURSES.

Drs. Ada B. Folley, Lafayette, Ind.; W. R. Elder, Terre Haute, Indiana.

Unfinished business. New business. Appointment of bureaus. Time and place of next meeting. Election of officers for ensuing year. Adjournment.

Chairmen of bureaus are expected to give their personal attention to papers relating to their bureaus, which may be referred to them.

Members unable to attend should send papers to chairmen of bureau to which their article relates. Members not on bureaus may send articles to general secretary, with title or subject of papers.

An applicant for membership should address the general secretary, giving full name and address, time and place of graduation, and be endorsed by three physicians of good standing, having a personal acquaintance with him.

Applications should be sent to the general secretary, not later than the 25th of May. Applications may also be made at the meeting.

Papers and other documents sent to the general secretary will receive prompt attention.

#### DELEGATES.

Homœopathic societies and institutions, state societies of more than fifty members, two delegates, with an additional delegate for every twenty members. Societies, dispensaries, colleges, hospitals, and medical journals, one delegate each. When not otherwise appointed, local societies may appoint delegates for Homœopathic institutions. Delegates will please send early notice of their appointment, with name of institution represented. Those who wish or intend to become members, are cordially invited to attend this meeting. There is every reason to believe this will prove a most interesting and profitable session, and the executive committee request the presence of every member of the Academy.

#### SPECIAL ARRANGEMENTS.

Arrangements have been consummated with Messrs. Ives & Porter, proprietors of the Hotel Bates, Indianapolis, to entertain the guests in attendance at the convention for \$1.50 per day. Members may address Dr. O. S. Runnells, Indianapolis, Ind., for further information in regard to hotel, railroads, etc., apart from the following :

#### RAILROADS.

Delegates reach Indianapolis over the Pittsburg, Cincinnati and St. Louis, the Indianapolis and Vincennes, and the Indianapolis, Bloomington and Western railroads, and can, by addressing O. S. Runnells, M. D., Indianapolis, secure a certificate upon which, at any office on the respective lines, excursion tickets to and from Indianapolis will be sold.

Delegates from Chicago, or via Chicago, will pay particular attention to the foregoing directions, as they will thereby secure excursion tickets over the P. C. & St. L. R. R., to and from Kokomo, Ind.; at Kokomo they will buy the convention ticket to and from Indianapolis.

The Vandalia and the Indianapolis and St. Louis railroads will

furnish at the convention, return tickets, free, if a total of twenty or more reach Indianapolis over their lines.

The Indianapolis, Peru and Chicago, and Indianapolis, Cincinnati and Lafayette railroads will have tickets on sale at all principal offices, at a fare and a fifth for the round trip.

The Cincinnati, Hamilton and Indianapolis Railroad will furnish return tickets at the convention at one-fifth the regular fare.

Further information regarding the Academy may be obtained by addressing J. Martine Kershaw, M. D., general secretary, Fourteenth and St. Charles Sts., St. Louis.

**The Semi-Annual Meeting of the Illinois Valley Homœopathic Medical Association** was held at Mendota, Illinois, May 3d, 1877, in Dr. J. A. Hoffman's office. Present: Drs. Hoffman, Chase, Eckels, Foster, Gorden, Keener, and Steele. Meeting called to order by the President, J. A. Hoffman, M. D., the Secretary, Dr. H. M. Bascom, being absent. Dr. F. N. Gorden, of Sterling, was elected Secretary *pro tem*. Election of officers for the ensuing year being in order, the following were elected: President, J. A. Steele, M. D., of Dixon; vice-president, A. P. Chase, M. D., Amboy; secretary, H. N. Keener, M. D., Princeton; treasurer, Thos. Eckles, M. D., Sterling. Papers being called for, Dr. J. A. Hoffman read a paper on Scarlet Fever, its Nature, Treatment as a Zymotic Disease, a general discussion following. Dr. J. A. Steele also read an essay upon Medical Philosophy, which met favor. Evening mostly occupied by informal discussions. Dixon was appointed as place of next meeting, at Dr. Steele's office. A vote of thanks given to Dr. and Mrs. Hoffman for their kind entertainment. Dr. Chase was requested to present a paper at next meeting, also Dr. Keener. The secretary was requested to express the members' sense of the great loss to the profession in the death of the late Dr. G. D. Beebe, and have them published in **THE UNITED STATES MEDICAL INVESTIGATOR**, a copy to Mrs. Beebe, and spread upon the records. Adjourned to meet at Dixon, Ill., Nov. 1, 1877, at 1 P. M.

The members of this society feel, in common with their brethren, that the death of Dr. G. D. Beebe is a personal, as well as a professional loss. His high qualifications, united with his devotion to Homœopathic surgery, leading to such unequaled brilliancy and success as to be a matter of congratulation and pride to all of his confreres. And while we mourn that his brilliant career is cut short by his untimely departure, we humbly bow to the Divine will, believing that in his life work he has left us a legacy that will ever serve to provoke emulation in all our ranks.

H. N. KEENER, M. D.,  
Secretary.

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

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**FOR SALE.**—Six thousand dollars in cash will purchase a very valuable home with a practice worth \$5,500 annually in cash collections, forty minutes from New York. Address, Box 44 Hackensack, New Jersey.

**FOR SALE, LEASE OR EXCHANGE.**—One-third or more interest in the Sanitarium Buildings (furnished), at the White Sulphur and Tar Springs, Ky. Also in the Springs and in the 300 acre farm (stocked). These waters have effected some very remarkable cures of Rheumatism, Bronchial, Lung, Dyspeptic and Nervous diseases. Scenery grand. Send for circulars, etc., to JAMES G. HUNT, M. D., Cincinnati, Ohio.

## WANTED.

**WANTED.**—Medical Investigator, vol. i, ii, iii, iv, *Old Series*. State condition and price. Address, D. A. H., this office.

**WANTED.**—February 1st number, 1876. Twenty-five cents will be paid. Send to S 1, this office.

**WANTED.**—January 1st number, 1877; 25c. will be paid. Send to B., care this office.

**WANTED.**—A young man, recent graduate of the Hahnemann College, Philadelphia, wants an association in practice with an old physician. Address A., this office.

## WANTED.

**WANTED.**—A lady physician who has considerable experience in hospitals of both schools, desires a position in hospital or cure. Address M. E. Hughes, M. D., Iowa City, Iowa.

**WANTED.**—A physician with cash capital of \$1,500 to \$3,000 to help enlarge my Sanitarium, and take a half interest in the same. Reasons for wanting a partner is the fact that I am but just recovering from consumption and do not wish to make the frequent examinations that they require. Address, G. R. PARSONS, M. D., Kerville, Texas.

**WANTED.**—A graduate of a Western Homœopathic college, ten years in practice and considerable experience in surgery, would like to enter into partnership with a physician on or south of the Ohio river, who has more business than he can attend to, and wishes assistance. Object — a warmer climate; capital is limited. Address "Partner," this office.

**TO EXCHANGE.**—A valuable practice forty minutes from New York. Will exchange for a practice with or without real estate, in some healthy western town. Property worth \$7,000 must go with the practice. Address Dr. Finch, 620 Grand street, New York.

## SANITARIUMS.

**OAKGROVE SANITARIUM.**—Prof. H. P. and Mrs. A. M. Gatchell, M. D., Physicians—has been transferred from Kenosha to Highwood, Ill., twenty-five miles north of Chicago. Rooms and situation very pleasant, grand lake view from bold bluffs on the shore; fine drives and walks in summer, besides good boating and fishing. Horace Gatchell, Associate Physician and Business Manager.

**THE KERRVILLE SANITARIUM.**—The mountainous country of southwestern Texas is now acknowledged to be the most healthy resort in the world. Travelers, tourists and invalids declare the scenery beautiful beyond description. I have opened near the head of the Guadalupe river, sixty-five miles northwest from San Antonio, a "Sanitarium" for the reception of "*Consumptives*" and others needing a change of climate. Correspondence solicited. Address, G. R. PARSONS, M. D., Kerrville, Kerr county, Texas.

THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

AUDUBON, Minn., May 7.—We have had some scarlet, typhus and rheumatic fever, and diphtheria, in my rounds. *Rhus tox.* and *Sulph.* has served me well in typhus and rheumatic fever.

C. A. LAMPANIUS.

SAN FRANCISCO, May 2.—We are still having some diphtheria, though not as many cases as some months ago. In general, the months of March and April were not as busy ones for the doctors as usual. We had an invoice of small-pox by the "Alaska," from China, about a week since, but it is yet too soon to tell whether it will benefit (?) us any.

G. M. PEASE.



of nervous palpitation, during the first sound, these metallic cracking sounds (*cligactis metallique* of the French). If there were an organic disease you would find more trouble in the diastole. Under *Arnica* you find the beating of the heart is more like jerking. Study *Cactus* and *Lilium*, certainly two remedies of the utmost importance in nervous palpitation. Is your patient using the horrible nasty weed in any shape? S. L.

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N. T. MCEWEN'S CASE.

For N. T. McEwen's case, *Cocculus*, a high potency *first*, if no benefit, then *low*. O. W. SMITH.

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S. W. RUTLEDGE'S CASE.

For S. W. Rutledge's case, *Berb*. O. W. SMITH.

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ADVICE WANTED.

Coccydynia. See *North American Journal of Homœopathy*, Vol. XX, p. 378, a good article by Dr. H. B. Millard, and *American Observer*, 1871. A thorough article by Dr. W. S. Searle, also found an abstract in Raue's Record, 1872. S. L.

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COUNSEL WANTED.

On page 423, May 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, is a case reported by N. T. McEwen, in which *Silicea* corresponds to the most of the symptoms, and would advise its use in a high preparation, and at long intervals. After which, *Sepia* may be of use, also *Nat. mur*. M.

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DR. H. CRATER'S CASE.

IN THE UNITED STATES MEDICAL INVESTIGATOR of April 15th there is a case reported by Dr. Carter. Among the remedies mentioned as used by him is *Phosphorus* 3d. In studying his case, I cannot but compare *Phosphorus* with the symptoms, and find a very good comparison for most of the symptoms presented. I would recommend the doctor to use first *Rhus tox.* 30 or 200, which corresponds more to

the cough, and some remote symptoms, than any other remedy, and after its use of one week, would then give *Phosphorus* in the 200th, or higher, as it is far preferable for such conditions high than low, and do not repeat too often.

A. L. MARCY.

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DR. RUTLEDGE'S CASES.

The case reported on page 425 of THE UNITED STATES MEDICAL INVESTIGATOR, in May 1st number. Would use *Silicea*, as it seems to answer to the greater part of the symptoms. *Nux vomica* may be of service.

In Dr. Rutledge's second case, we should suppose it to be, from the description, a disease of the valves of the heart, produced by over-exertion. From the time of aggravation, should think of *Carbo veg.*

M.

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FOR W'S CASE,

on page 428 of May 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, it is asked if a surgeon would advise extirpation of neck of uterus for scirrhus. I do not profess to be a surgeon, but would say, most certainly not. Study the symptoms of the case, and cure the scirrhus by internal treatment. *Sepia*, *Lachesis*, and *Phosphorus* may be of great value in the case.

M.

DR. GRAHAM'S CASE.

IN THE UNITED STATES MEDICAL INVESTIGATOR, March 15th number, is reported a case which is probably mostly due to heroic treatment. Though the case has not improved as rapidly as the doctor would like, if he has made substantial improvement, and holds on, he may yet accomplish in a great degree, the desired end. In looking up the case, and comparing it with the drugs, I do not find any that correspond so nearly to the totality of the symptoms as *Cantharis*, although *Colocynth* and *Merc. sol.* cover many symptoms. *Cantharis* has "heaviness of bladder, sore on touch, and on motion. Violent burning pains in bladder; frequent urging, made worse by standing and walking; violent tenesmus, with cutting pain, and passing only a few drops of turbid urine; constant desire to micturate, with burning and scalding." I would use it in the 200th, and as it is a chronic case, do not repeat often.

A. L. MARCY.



## CORRECTION.

In May 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, on page 425, "in frictions to the spine, and *Argent. nit.*, with ext. *Hyos.* internally," should read, ice frictions to the spine, and *Argent. nit.*, with ext. *Hyos.* internally. N. T. MCEWEN.

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## WHAT CAN BE DONE FOR HER ?

Child six years old (girl) when six months old, had scarlet fever, was treated Allopathically, and has never been able to walk or talk, although well developed in every way; appears to hear and understand, but makes no attempt to talk. Can walk a very little by pushing a chair in front of her. Has nervous spasms quite frequently. Her physician has given her repeated doses of *Mercury* for worms, salivating her so that all her teeth came out. (He is the first Allopathic physician I ever knew to acknowledge that children ever have worms). Will some one answer *quickly*. Will not some one address me by letter, thus saving time. I will acknowledge, and return stamp, with thanks.

ROCKVILLE CENTER, L. I.

HOMŒOPATHIC PHYSICIAN.

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## WHAT WILL CURE ?

Gentleman, aged thirty-five. Active business man; sanguineous temperament; weighs about one hundred and forty pounds; blue eyes, light brown hair; little above middle height; well proportioned. Suffered once from piles, and was operated on by a so-called pile doctor. The present symptoms: First, generally a better feeling than common for a few hours, then commencing with a glimmering before one eye first, then both eyes, and everything becomes so blurred and indistinct, that he can scarcely discern objects. Immediately after, and sometimes before the sight clears again, a numbness commences in the end of the thumb of one hand, commonly right, and then goes on from finger to finger, until all the hand is affected, and about the time the numbness reaches the little finger, it commences leaving the thumb; and if it is a severe attack, it extends up the arm, and into the mouth and tongue; and when it reaches the mouth and tongue affects the speech. The tongue has a thick feeling, as if swollen; then headache follows, generally over one or the other eye; sometimes

extends over the entire front head, but not often. Headache lasts from twelve to twenty-four hours, and for the next twelve to twenty-four hours succeeding an attack the memory, or power of concentrating the mind, is more or less impaired, and a dull, heavy feeling in the head, generally lasting a day or two, succeeds almost every attack. Right side generally affected. The numbness goes direct from the hands or fingers to the mouth, or face and tongue, and does not pass up through the arm at all — only going up the arm in a very severe attack. These are the general symptoms. The attacks were at first far apart, but become more frequent.

I will be thankful for any communication and advice through THE UNITED STATES MEDICAL INVESTIGATOR.

HAVANA, Ill.

JOHN MARENBERG.

#### CASE OF N. T. MCEWEN'S.

Your case, so ably reported in the May 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, is a hard one, for I fear *nobody can help your patient*. The disease has progressed too far, and you may rest satisfied with amelioration, and making her as comfortable as circumstances will permit. You say nothing of electricity. Was this ever applied *legartes* and steadily? For you cannot expect miracles in such a chronic myelitis. It seems to me that your patient suffers from Charcot's cerebro-spinal form of multiple sclerosis (*sclerose en plaques disseminees*), as confusion of speech and of sight were some of the first symptoms noted. Hyperæsthesia is just as often noticed as anæsthesia, and in your case, the former prevails. It is a curious fact that women suffer more than men from this disease. Of thirty-four cases, there were only nine men and twenty-five women. (Charcot).

Who can help? There is the rub! What was the cause? Was it cold, depressing emotions? Is this hereditary with a neurotic temperament? *Sublata causa tollit effectus* is no vain imagination, and may give you hints for treatment. It may be *Rhus*, *Causticum*, *Staphisagria*, *Picric acid*, *Plumbum*, *Hyoscinamus* (hyperæsthesia), and many more. But I fear that the case can only be ameliorated.

#### PROGRESSIVE LOCOMOTOR ATAXIA.

Northampton, in the same number, reports two cases of progressive locomotor ataxia (sclerosis of the posterior columns), only another form of chronic myelitis, as relieved, if not cured, by *Conium*, *Causti-*

*cum*, Calubar bean, and Phosphide of Zinc, which is certainly worthy your consideration on the case reported. Nor ought *Calcareæ* be neglected.

S. L.

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ON *ELEPHANTIASIS GRÆCORUM*.

BY DR. OZANAM.

As two of your correspondents want an article on *elephantiasis*, although they find it well described in the works of Wilson, Fox, of England; of Balkley & Pifford, of the United States; of Jahr and Lillenthal, I will still try to accommodate them, and translate for their benefit the latest essay on *elephantiasis græcorum*, by no less a Homœopathic authority than Dr. Ozanam (Bibliothèque Française feviere, 1877).

S. L.

LEPRA OR *ELEPHANTIASIS GRÆCORUM*.

Leontia. Morbus heralein. Lepra. *Elephantiasis græcorum*. Zaráas (Hebrew). Ladrerie (French). Spedalsked (Swedish). Indian Spiloplaxy. The red evil of Cayenne. Maladie de St. Lazarre. Mal de Crime'e. Lepra Le'onine. Morphe'e (Brazil). Ugerengere (New Zealand). Cacabay, or Boasie Cocubea (Antilles).

The ancients confounded a great many affections under the name of lepra. We intend only to treat here *elephantiasis græcorum*, which differs essentially from *elephantiasis arcabum*, *psoriasis*, *mal perforant*, etc.

## DEFINITION.

Lepa is a hereditary disease, and perhaps contagious, characterized by an internal and external eruption of red spots, which become hypertrophied and tuberculous, with perfect anæsthesia of the affected tissues. Gradually the tubercles soften, ulcerate, and become rebellious sores, producing loss of the extremities, marasmus, and death.

## GEOGRAPHY.

Many authors believe that Egypt is the source of the disease. The Jews transported it from Egypt to Palestine and Asia, the conquests of Alexander brought it from Asia into Greece. The wars of Pompey carried it hence to Italy. The Saracens carried it, in 720, into Spain and France. It then migrated to Sweden, where it still exists. In 1225, under the reign of Louis VIII, there were 2000 lepracies in France, and 20,000 in all Christian countries. On the other side,

Egyptian traders carried it into Africa and Arabia, and the scourge of slavery introduced it into America with the immigration of African slaves.

During the seventeenth century Europe tried its utmost to free itself from the plague, but it became endemic in the extreme climates favorable to its propagation, *the equatorial and polar climates*. Brazil, Mexico, Trinidad, Central America, Hindostan, China, Abyssinia, the coast of Africa, Egypt, the Crimea, Norway, the Faroe islands, Iceland. Isolated cases can be found anywhere, although Canada and the United States have so far escaped. (We met several cases in San Francisco, especially among sailors from the Hawaiian Island, where it is endemic. S. L.)

#### ETIOLOGY.

Everything was blamed for it, nothing proved except heredity. In Norway and Iceland it is most frequently observed among the fishermen and shepherds. Since the inhabitants of the Faroe islands have quitted their fisheries to become agriculturists, the disease is on the decrease. Of food, the living on fish seems to predispose to it. The Feroe islanders suffered terribly from it as long as they lived on the flesh of whales. Gordon accused during the middle ages the eating of fish and of milk at the same meal. The amelioration in the state of living in Europe, the more regular use of bread, of meat, and of wine, have greatly contributed in arresting this epidemic. Pork is also considered a propagator of lepra, as it is of trichinosis. Exterior violence may bring it out; a wound, a scratch, an excoriation, may become the starting-point of lepra. The ancients, especially the Jewish nation, were fully convinced of its contagiousness, and during the middle ages also the lepers were isolated outside of the gates of the city. There is no necessity more for these lazarettos, although the contagiousness has never been disproved.

There are two kinds of lepra, (1) *lepra phymatodes sen tuberculosa*, and (2) *lepra aphymatodes sen anæsthetica*.

#### I.—LEPRA PHODYMATES SEN TUBERCULOSA

has hardly ever a prodromal stage. Most people perceive at once and accidentally, several more or less marked spots. Still Robinson admits such a period, consisting of lassitude, with heaviness of the extremities, languor, loss of confidence, irresistible somnolence, inaptitude to mental exercise, appetite whimsical, diminished, nausea and vomiting. The disease runs through three stages: maculæ, tuberculæ, ulcers.

## FIRST STAGE.

The spots form veritable eruptions, *essential and accidental*. The latter can only be considered as complications, and are not necessary to the disease, thus are the scaly dermatose, the parasitical affections, psoriasis, prurigo, acarus.

The essential eruptions cause the tubercle. The spots are slightly red, not well circumscribed, then (superficial) to the touch, multiplying themselves quickly, and occupying every part of the body. Their color gave them the name, "Mal rouge de Cayenne."

The maculæ may be yellowish, mixed red, nearly white. They are of a darker tint with the mulatto and negro. They are circular or irregular, the centre slightly depressed. Sometimes they look like liver spots, especially when they occupy the trunk and extremities. The maculæ may be seen at first on the face, invade then the trunk, or they may especially attack the covered parts; in other cases they look like freckles, and have really been confounded with them. *The maculæ are perfectly insensible*. This characteristic differentiates it from any other eruption, and should there be some hyperæsthesia in the beginning, this excitation soon gives place to insensibility. Leprous maculæ are always dry, and without desquamation. They may exist alone for months and for whole years. The disease may also start without any maculæ, but we will then find some disseminated hypertrophy of the skin, with or without change of color in the skin.

## SECOND STAGE.

The tubercles are either flat, like the subcutaneous papules, or voluminous, or spherical. They become of enormous size on very vascular parts, as nose, ears, penis, scrotum, vulva, anus, when they are very numerous on the face, the features become swollen, frightful, wrinkled, often called *the leonine face*. On the trunk the tubercles are small, commonly of the size of peas (tuberculæ pisiformes), and often resemble drops of fat, covered by a dry and transparent membrane. They are most numerous at the elbow and forearm. These tubercles invade not only the skin, but the mucosa, as the tongue, pharynx, larynx, and nasal cavities. These pale, bloated tubercles render the voice hoarse, nasal, the respiration painful, and as complications appear, bronchitis; more or less grave catarrhs; threatening to suffocate the patient; or they feel a progressive change in all the senses, and smell, taste, touch, the hearing, is less frequently affected, and often remains their only solace. The tubercles invade the conjunctiva

and sclerotica as yellowish spots, the cornea is soon attacked, and loses its transparency, severe pains set in, the tissue softens, and sight is lost.

Thus severe cases pass off. We meet often, also, an exudation in the posterior chamber or in the pupil. These iridian tubercles may obstruct the sight, but these affections are slower in working their mischief.

We never meet the tubercles on the hairy scalp, on the soles, and palms of the hands. According to other authorities, they come in successive throes, accompanied by headache, fever, and painful inflammations of the corresponding gland. The sudorific glands have stopped their functions, but the sebaceous glands are excited, and the skin looks oily. The nails raise themselves up at their free edge, and fall off. During their fresh growth they become deformed, opaque, wrinkled, the spiloplastic onyx of Duchassaing. The hair and the beard turn white, and are apt to fall out. The muscles are now attacked, especially in the aphymatode form. Paralysis and atrophy attack, especially the extensor muscles of the extremities. These palsies are never total. We only meet a marked diminution of muscular energy; locomotion is profoundly affected. Sometimes only one extremity is affected, at other times two, and even on different sides. The extremities become deformed, the fingers curved, so that they look like claws, and remain deformed, in consequence of the atrophy of the interosseous muscles. During the last stage the patient drags out a miserable existence. He cannot leave his bed any more.

#### THIRD STAGE.—ULCERATION.

The skin at the top of the tubercle reddens, becomes fissured, the tubercle softens, breaks, and leaves an ulcerating cavity, which suppurates, dries up, suppurates anew, and extends in depth and size. The first cicatrization is always fallacious. Danielsen and Boeck observed in Norway the presence of a living acarus in the crusts, and in the tuberculous slices of Spedalsket, which may be the cause of the excessive emaciation and loss of strength. But are these microzoaria the cause of the disease? More probably they are mere complications, for Brossae never found them.

There is no fever as long as the ulceration is limited to a small number of tubercles, otherwise we meet chills, fever, headache, constipation or diarrhœa. The cicatrices are characterized by a white tint, like mother-of-pearl, slightly projecting, but where the tubercle is absorbed instead of suppurating, the skin is greyish, depressed, soft,

and wrinkles easily. The ulceration ordinarily exceeds greatly the size of the tubercle, on account of the infiltration of adjacent tissues. Its effects are also more destructive, especially in the neighborhood of the small articulations of the fingers. The phalanges swell up and fall off, the bones are carious. Ankylosis is frequent in other joints. The ulceration in the mucous membranes causes a sanious, fetid discharge, caries of the bones of the palate, jaws, frontal sinus, the cartilages of the nose and of the larynx, and even attacks the ears.

Many authors speak of the satyriasis of lepers, but this must be caused by prurigo pudendi or scroti. For the more the patient progresses in his disease, the more we find the sexual instinct diminished, even lost. Young lepers never become virile. The testicles and penis remain undeveloped, and the patient sterile. Menstruation is irregular, and soon ceases; young female lepers hardly ever menstruate; women during the first stage of leprosy may become pregnant.

[To be Continued.]

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## *SOLAR LIGHT AND HEAT.*

BY A. MILLER, M. D., CHICAGO.

Read before the Illinois Homœopathic Medical Association.

The object of the following communication is, to invite the attention of the medical profession to the most potent agent in existence for the preservation of life and health, that of solar light and heat. This life sustaining and health restoring agent, may, to a certain extent, have been overlooked by the profession, on account of its abundance and cheapness. It costs us nothing except an effort to get within its reach, yet its value is above all price.

It comes to all, without regard to our possessions, or position in society. It is as pure and as bright in the cottage of the poor man as it is in the mansions of the rich, and only awaits a proper application to impart its health sustaining and health restoring influence to all. The fact that it is not fully understood by scientists, who have puzzled their brains for the past two hundred years to solve its mysterious problems, offers no argument against its utility, while its effects are visible through its vitalizing energies in all terrestrial existence, whether it be in animal or vegetable life, or in its operations on inanimated nature. All physical energies, and all mechanical powers, as

well as all forms of life owe their existence to this mysterious agent.

And have we not a right to expect from it more potent therapeutic effects than those received from its natural operations in the production of vital forces. Plants and animals sicken and die when deprived, to a considerable extent, of its influence, and soon revive and flourish, under favorable conditions, when brought within the range of sunshine. But it is of more importance for us to know that the emaciated invalid is revived and strengthened when permitted to bask in those health-restoring beams.

The question now comes very properly, and it should come very forceably to every medical practitioner of every school of medicine, can the natural and inherent power of solar light be more effectually employed in relieving sufferings, by artificial appliances?

This will bring us to an examination of solar heat in connection with light. The heat produced by the solar beams, must be viewed rather as an accident of solar light, than as an essential property of those luminous rays radiating from the central orb. In the limited space allowed on this occasion we cannot extend our remarks on the cause of solar heat. And it might not be deemed proper for members of the medical profession to theorize on subjects of a purely scientific character. It is however legitimate for them to do this so far as they can make their scientific researches subservient to their calling as physicians, in the treatment of disease. The ministers of religion will range through the fields of science, and look dilligently into the vast volume of nature to find illustrations for the enforcement of divine truth. And it is generally conceded that men are more anxious to prolong their stay in this world, than to prepare for that which is to come, therefore we should look in every direction to find means to lengthen the days of our patients, to their utmost limits.

If the disagreement of doctors have become proverbial it is equally true if not proverbial, that writers on physical science disagree in speculative philosophy. This is especially the case in reference to the source and nature of solar heat. Although the conflicting theories of different scientists claim to be based on facts, established on well known scientific laws, yet the difference between the views that in their turn have been supported by distinguished names, is so great that no positive reliance can be placed on any of them. It is not necessary that we fully understand the mysteries of any therapeutic agent. Our aim should be, as far as possible, to obtain a correct know-



ledge of the effect and influence of such agents on the life and health of our patients.

Whether the rays of light have a repellant or attractive force, or whether solar heat is a mode of motion, or whether it is produced by mechanical or chemical action in its passage through our atmosphere, or a direct radiation from the solar orb as heat—which can scarcely be admitted on scientific principles—these are all questions to be examined by the scientist. It should be the aim of the intelligent physician to know how these subtle agents can be controlled and applied in the treatment of disease.

The question, of course, will arise in the minds of Homœopathists, how can we apply solar light and heat on the principle of *similia similibus curantur*. Some efforts have already been made to potentize sunshine. How far this has proved a success I am not prepared to state, and your attention is not called to an examination of attenuated sunshine, but to its direct and visible effects upon the living organism. We are not bound by any law, neither should we be influenced by established customs to confine our provings of remedial agents to attenuated substances. In our practice we should feel ourselves at liberty to use any medicine that will act in accordance with the fundamental law of cure as enumerated by the founder of our system of practice, and which has been our guiding star during all these years of such marvelous progress. Our method of proving drugs upon the healthy organism with a view of obtaining a correct knowledge of its specific action upon disease, is now commending itself to progressive physicians, of all classes. Many among those who predicted our failure and downfall in the earlier days of Homœopathy are now ready to acknowledge its modifying influence upon old theories.

Instead of abandoning our chosen motto and departing from the land marks of our founder, we have made a constant progress in developing the fundamental principles of the immortal Hahnemann, and with anxious eyes and ardent hopes we should look into the future for new triumphs over the varied forms of disease that may lurk in our pathway.

Much as we may appreciate the wisdom and the skill of those who have gone before us, we should not, as a profession, allow ourselves to move in grooves and slide smoothly in tramways laid down by others, but with open eyes and ardent hopes and generous impulses we should look out on nature's vast resources, and lay a tribute upon them for the accomplishment of the work committed to our hands.

And here we have the fairest and purest thing in nature, in an unlimited abundance and always at hand, with a reputation for vitalizing power unequaled by every thing in material nature. The properties of this wonderful composite, blending its beautiful colors into the clear light of day, as already intimated, are not fully understood, and whether there are barriers here over which it is not allowed for mortal man to pass we know not. It is however laudable and allowable for us to make the effort and to gain all the knowledge we can on a subject of so much importance. In noticing the employment of solar light in the treatment of disease, we get our first and most important lesson from nature's own vast laboratory.

It is not merely the light from the sun that produces these vitalizing effects on the living organism. It is the heat combined with the light that awakens these energies. But whence comes this abundant supply of heat. By what chemical or mechanical combinations are these latent forces aroused from these rays of light, incessantly shot out from the central sun? Why is its intensity diminished or increased without regard to our varying distance from the source of light? These are questions to which science has hitherto given no satisfactory answer, neither would it be proper in this place to advance a hypothesis differing from long established theories. It is the therapeutic nature of sunshine we are inquiring for now.

The revelations of the spectroscope may, to a certain extent, reveal the materials of which luminous bodies are composed, but it does not explain the mysteries of sunshine. If we take it for granted that it is a composite of different parts, then we may assume that the different colors of the solar spectrum possess different qualities, and these in themselves, when properly brought in contact with diseased conditions may have different therapeutic values. These hints are thrown out with a view of encouraging researches in this direction. The value of all therapeutic agents is based upon experiments, or as we would say "provings," not by poisoning dogs, cats and rabbits, or risking the lives of hospital patients, but by a contact with a perfectly healthy organism. And to prove a remedial agent we must first know how to apply it. We must have it under our control so as to handle and direct it, and then carefully notice its operations upon the system.

Although, as already intimated we may not enter into a discussion of new theories of solar light and heat, we may however venture a few statements that will imply a different view from those now published in our standard works on this subject.

The same provident care that supplies all our wants, has, by the wonderful construction of our atmosphere, given warmth to sunshine, which is one of the essential qualities of its vitalizing power, and can its forces be controlled and intensified or modified to advantage in the treatment of disease? Perhaps no heat known to terrestrial chemistry is more intense than that produced at the focus of a properly constructed lens. Solids are immediately reduced to invisible gases. No living being can exist under such intense heat. In the hands of the skilful physician, by proper appliances its health restoring power may be increased; but our limited time and space will not allow an extended explanation on this subject. Universal observations prove that while the intensified rays of solar light disorganize compact bodies and destroy animal life, its mild application sustains and strengthens vital forces.

By an artificial concavo-convex lens we can imitate the action of our atmosphere upon the rays of light, and can increase or diminish their intensity at our pleasure according to the varying angle at which we allow the rays to pass through it. By the discoveries of Newton we can take sunshine to pieces and look at its beautiful colors in the solar spectrum and make our experiments with these colors and study the difference in their vitalizing energies.

These hints are thrown out, with a view, as stated in the outset, of calling attention to this subject. We are standing on the shores of a vast ocean of undiscovered truth in medicine, as well as in other branches of science. Persevering efforts will, in coming years, undoubtedly yield an abundant harvest of useful knowledge.

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### *CENTRICUS, EXCENTRICUS AND LOGIC.*

BY J. B. BRAUN, M. D., CHICAGO.

Do we belong to a mutual admiration society—Dr. Morgan and I? was my first thought after reading the article of my colleague in the issue of March 1st number of this journal. Well, no, not at present, and by no means, was the immediate answer given by my self-consciousness. As we are not members of such a society, I am fortunately, not bound by any code of ethics of the same to admire the whole form and essence of a new exhibition of his *excentric* or *illogical* reasoning.

If we have brains among us, let us recognize them, cherish them.

give them the stimulus of appreciation. I say like my opponent, but if the proper substance, the curative Homœopathic *simile* be wanting, either in a *high* or *low* attenuation, we surely cannot recognize, cherish and appreciate such a *negative* element.

Without any further bombastic or highfalutin introduction, such as a tunnel through a mountain of pride and self-sufficiency, a heat withal to melt the superincumbent glories of indifference, mere lack of physical endurance, etc., let us proceed directly to the very points in question.

“First, then, it was his duty to know what has been written on a subject before he assumes to *argue* it.” To this I must categorically respond that I did *not* assume to *argue* that subject of *centrics* and *excentrics* from the moment it was broached by Dr. Morgan, but left it an open question, and its merits untouched, supposing even its *possibility* right from the beginning.

On the other hand, it was he who made a fruitless attempt to criticise and denounce my conception and judgment rendered about a certain question of *logic* that I had propounded in regard to my therapeutics concerning a clinical case of mine, and previously described in the pages of THE UNITED STATES MEDICAL INVESTIGATOR.

If he should mean to say that it was my absolute duty to have known all about that topic of *centrics* and *excentrics*, as presented and transacted in the State Society of New York, dating back as far as 1868, before I ever dared to think and speak a single word about it, when he raised the question of its scientific value himself occasionally here, then I feel obliged to declare emphatically and substantially the same wording, which I have pronounced already once in the introduction of my article of December 1st. If we poor creatures of physicians (Homœopathic, Allopathic and Eclectic,) are bound to know exactly everything of a subject having been discussed in a medical society anywhere in the civilized world, before we may open our mouths and utter a few modest sounds thereabout, we might require a new creation beforehand, and brains and skulls as the very *biggest pumpkin*, or eventually, even as the very *largest doctor's office* to be found anywhere under the canopy of heaven !

“Second, the offense is greatly aggravated if he seize the opportunity afforded to a courteous response to a question of his own, regarding *centrics* and *excentrics*, to show an intolerance of pride, that refuses to be informed, if he can help it.” By this sentence of his

own, I would allude exclusively to the *logical* side of our question at issue.

Third, it is still further aggravated," assuming now perchance the dimensions of a '*crimen laesae majestatis*, when he, having been evidently shown the *three sole possibilities* of a *logical* problem, and these being *logically* concluded by the other party, he reasserts the problem, as if it had been untouched. To recall this, so as to be understood, I restate it. My *three possibilities* were: 1. That *Aconite low* and *Arsenic high* are improper associates. 2. That the substance administered by me from a vial labeled as *Arsenic 200* was no medicine at all. 3. That *high* potencies are *partly nihil*—*not altogether*, as Dr. Morgan quite erroneously and *illogically* infers from my utterance—in many acute and also chronic cases."

The above quoted words of his composition, directed as a vain blow against my person, would with a slight modification admirably well apply rather to *his part* of our dispute, and bouncing off on my impenetrable armor, they strike with remarkable force the *head of the nail*, as well as the *nail on the head* of my wantonly assailing antagonist.

For the convenience of the readers, I should like to recapitulate briefly this *great* and *vexatious* concern directly here, from its origin, passing its essential features in full dress parade and review; but the space allotted to me forbids me to do so, and I must, therefore, with reluctance refer the impartial observers to pages 520-525 and 358-360, as alike to some previous and original writing of last year.

Let us now analyze in short that very latest display of *logic* of my opponent. About the first question of a *possibility*, we both agree, in so far as I never doubted or disputed the mere *possibility* of *Aconite low* and *Arsenic high* being incorrect associates when given in alternation in the same disorder, with the only difference that Dr. Morgan wants to raise such a *possibility* to the rank of a *certainty*, by means of an insufficient amount of theoretical and practical grounds hitherto set forth by him.

Concerning the *second* and *third possibilities*, Dr. Morgan had left out of sight entirely the indispensable necessary links of the *dilemma*, or rather *trilemma*, in the commencement, which would give rise to our whole controversy, when I showed him the fault of such an omission. The *thesis* put up by me all the while for defense was simply this: Second, is it *possible* that the alcoholic substance administered by me from a vial pretending to hold *Arsenic 200*, contained no such medicinal molecules at all; and, Third, *high* dilutions are *often times* ineffective in

diseases, and for this very reason, the molecules of *Arsenic 200* may possibly also have been inert or inactive in this questionable case of mine.

The possibility of the *second* point is too well-grounded and apparent as to admit the least doubt about it. *High* potencies are not always prepared with the most careful accuracy, as they ought to be, and are therefore not every time perfectly sure and reliable. Moreover, they may lose their efficacy by being kept too long for use, handled too often, and exposed to the weakening influence of air and light, etc. Whenever such *high* attenuations are not prepared by ourselves with the utmost care and precision, and alike preserved, we can never say with *logical* consistency that we *positively know*, but merely *believe* to give such and such a *high* diluted medicine, although we generally say in the short conversational language that we *give* the same.

As to the *third* point, that *high* dilutions are *oftentimes* inefficient or useless in morbid affections of the human organism, I have explicitly expressed this idea on page 524 of this periodical, passing but a *partly negative* judgment on that subject, and by no means a *generally* or *entirely negative one*, as Dr. Morgan quite *falsely* understood, and apparently continues to do so still. Now I would candidly put the query: How can a person with the title of a "Doctor Medicinæ" ever misunderstand such plain and simple language? While he wanted to assert that *high* dilutions are *always* effective (in curable cases), thus pronouncing a *wholly affirmative* sentence, my sentence, on the contrary, was but *partly affirmative*, and consequently also *partly negative*.

To prove his advanced theory, he would maintain the *absolute infallibility* of so-called *masters* or authorities, which, however, to my intellect, is no convincing evidence whatever, since mankind have had ever so many *infallible masters* in religion, politics, and especially in medical science, the Old School exhibiting plenty of such patterns of old and modern times. According to that theory, as often as a man is called or looked upon as a *master* by a certain number of his fellow-beings, he is *eo ipso* and absolutely *infallible*. What is the *infallible* and positive proof, then, of the unconditional *infallibility* of such a pronounced *master*? He forgets that it is the theories of a *master* which are to be so critically sifted, says Dr. Morgan. Not a moment I forget it, is my reply. Does it follow with an absolute and *infallible* certainty of *logical* reasoning that *all* mental acts and observations of such a created and graduated *master* must be *per se* unexceptionally correct and *infallible*? Is there a perfectly sure and reliable mark or

criterion to determine an accomplished *mastership* and its *infallibility*? Where and when does the *falsibility* end and the *infallibility* begin of one who is developing or developed as a *master*? Hahnemann was at first an Allopath, and as such, no *master*. Having discovered the great law of *similarity*, he would use, at first, Allopathic doses with Homœopathic remedies, under that law, and observe sometimes fatal effects therefrom; so he gradually changed his treatment, and adopted the system of *high* dilutions, or at least of dilutions not below the 30th. Now the question arises, did he become a *complete* and *infallible master* in the very moment he adopted these *higher* potencies? No doubt he may have cured many of his patients, or benefited them, but did he benefit or cure *all* his patients that were curable or to be benefited by *high* attenuations? How many of the sick did he *not* cure or improve in this manner? Who knows that as a positive fact? Did he ever know it positively himself? Did he ever also try the *low* potencies in *all* of his patients, when the *higher* ones would fail? Even if he had been practicing both ways, which he probably did not, so as to be enabled to furnish comparative statistics as to therapeutical results, he could not have drawn a *general* conclusion from such a limited *matter of fact* on *all* individuals and races of *all* countries, in *all* diseases, and at *all* times. Why could not he do so? Because there is mother *logic*, the alma mater and supreme *master* of every individual and *master*, rigorously teaching that to draw an inference from a *part* on the *whole* of a thing contradicts its rules established as firmly as those of mathematics, which is a universally acknowledged *matter of fact* beyond the least dispute.

Suppose a few faithful Homœopaths take the therapeutical results of Hahnemann and some of his followers in regard to the exclusive use of *high* dilutions as an *infallible* matter of fact, is it also, then, such an *infallible* matter of fact to the greatest majority of the more cautious and sensible Homœopaths, who never observed with their physical and mental eyes such *questioned* and by no means in themselves absolutely *infallible* facts? Nay, it is but a matter of a *positive belief* to them, if they accept it, and a matter of a *negative belief* or *fallacy* to all those who reject it? And why is it this to the more judicious majority? Because it lacks the clear, positive, and unmistakable evidence of a problem of *logic*, *mathematics*, *chemistry*, *physics*, and the rest of the natural sciences, the effects of which may be demonstrated *ad oculos* in quite a palpable manner to any sane and properly educated person every moment. That somebody is a *master*,

and *infallible* as such, is nothing more than a mere *presumption* or *belief a priori* that such is the case, and a so-termed *petitio principii*, *id est*, the foundation on which a structure of ideas is erected, is not *proven* to be quite firm or solid beforehand, beyond any doubt, like a mathematical or physical problem, but only *believed* to be so. Does any *belief* involve the necessity *per se* that an object deemed to be true is really true? If that were so, how many contradictory truths should we not witness in this world?

How far mankind have progressed on the *high road* of errors since the oldest times by blindly following that principle of *masters* pronounced *infallible*, we may see printed in the very grossest letters on many pages of universal history. How many *masters* has the medical profession alone to show since the memory of our race, whose doctrines were blindly credited, with the greatest detriment to life and health of their fellow-creatures! Did not the majority of physicians ever quite unconditionally *believe* and follow their *infallible masters*, like a herd of sheep would follow their leading ram-buck?

On the other side stands an authority or *master*, stronger than any one since the days of Hahnemann, nay, even excelling in some respects that great, immortal, but by no means *infallible master*. I allude to Dr. v. Grauvogl, who, by his published writings, and especially by his *masterly* and classical text-book on Homœopathy, has furnished the amplest evidence that in a certain point of view, he projects not only above all Allopathic writers of the past and present, but above all distinguished members of our Homœopathic profession. He advocates *partly high* and *partly low* dilutions, from reasons well established, and explained in the second volume of his unparalleled book referred to. Those who do not recognize and acknowledge the unexampled services which this *gigantic* champion has rendered to our magnificent cause already, are either standing too far below his level in their scientific attainments to be enabled to pass a correct judgment on him, or are guided by the vile passion of *petty jealousy* and *pale envy*, because he eclipses them, and places himself more or less in their way. As to potencies, he walks in the *aurea media* or *golden middle way*, as the *old saw*, Horace, would call it, where truth is generally by far oftener located than on the *extreme*. Hahnemann has earned for all ages to come, the most enviable merit, to have discovered the greatest and all-important therapeutical law of *similarity*, and to have verified and demonstrated it to the world in practice. But he was not possessed of such an extraordinary quantity and quality of a general and



especially philosophical learning that he could defend his cause in such a pre-eminently successful manner, and silence all his *masters* of opponents, as Grauvogl has silenced Wunderlich, Virchow, Liebig, etc., being even bold enough to take the offensive, and declare the most defying and annihilating war to the Allopathic professors and doctors of Germany and the whole world. None of them has ever dared yet to engage in a public combat with this *heroic* champion; they all keep out of harm's way, seeking to silence him to death, if they possibly could. Not long ago, some supreme medical counselor and clinical professor in Germany did not hesitate to pronounce publicly in his clinic these words: "It is established by clinical reports that Homœopathy has greater and more favorable results than our system, but we should not let it pass up by principle." It was the irresistible argumentation of Grauvogl that has fundamentally shaken the therapeutical system of the Old School, by showing its weakness, and the strength of our own. Although sixty-five years of age, Grauvogl is in the capacity of a superior staff physician at Munich, a Bavarian soldier, with the light of more than a dozen field battles on his face, personally amiable and gentlemanlike, and yet full of *gluck* and *spunk* to combat all *illogical* or *excentric* minds of Germany and all countries combined. His writings form the most impregnable stronghold of our cause where he is located, safely ensconced, and defying the whole medical profession. Grauvogl's judgment on professional topics is equal, I venture to say, to that of an army of a hundred thousand *regular* and a division of *ten thousand irregular* physicians. How many Homœopaths are practicing solely on the *high* potency principle? It is but a small fraction and minority, I suppose. How large is the number of Homœopathic practitioners all over the globe? Maybe about fifteen thousand—one-half of them on this continent. Is the number of exclusive *high* dilutionists much above one thousand? I doubt if it is. Now, suppose their number amounts to five thousand, which seems to be a great exaggeration, we practitioners of the *high* and *low* or mixed rule of practice, outnumber the *highwaymen*, then, by the double already. Adding to our division of *ten thousand* such a person or *master* as Grauvogl, whose weight may be equal to such a figure for itself already, we get a respectable sum of twenty thousand of the *right* Homœopathic wing at least, overbalancing thus the small *left* wing by *four* to *one*, if I were to employ an arithmetical comparison by the way. There are no *idiots* or *insane* members on our side either, to my knowledge. If the other party

should happen to point some out among us, we would retaliate such an insult immediately by raising the cry, "you are another!" But notwithstanding this unessential discrepancy about *posology* or the quantity of dose, we are all firmly tied together by the inseparable bond of *similarity*. In quite a close connection with the question of *high* and *low* dilutions stands the most important *metaphysical* category of *relation*, which Dr. Morgan has disregarded besides. Age, sex, habits of life, constitution, climate, geographical and physical location, etc., are to be considered as highly important factors regarding the manifold relations a medicinal substance may have, when brought in contact with the human body under various circumstances.

My task I had to perform from a standpoint of *logic* was in this instance to prove the *possibility* of the *second* and *third* attenuations of the *trilemma*, which I have sufficiently and satisfactorily done as yet, I am persuaded. My antagonist, on the other hand, had to prove from his position just the contrary of mine — the absolute *impossibility* of these *two* alternatives, which he has taken pains in vain to accomplish up to this moment, as all properly educated and unprejudiced readers may distinctly perceive. Instead of acknowledging his palpable defeat, he caps the climax of our controversy by impeaching me wrongfully of the very blunders for which I had just accused and convicted him, by pretending that he had *logically* concluded the *three* sole *possibilities* of a *logical* problem, as if it had been untouched. In fact, have I concluded so the problem, whilst he would reassert it, and act just as if it had not been touched by me at all. He disposed of the *second* and *third possibilities* in a perfectly *excentric* or *illogical* manner, while I have evidently done so in a completely *centric* or *logical* way.

Did I ever testify to the world that I actually administered *Arsenic* 200, while I indeed perhaps did *not* give that substance? Of course, if I had done so, as Dr. Morgan boldly asserts that I only can *know*, *pro* or *con*, then I should be convicted of something worse than want of *logic*, or of clear thought, which is a *not obscure* fault in my replies, as it *seems* to him, etc.

What an extraordinary evidence of a most profound and sagacious reasoning! This is not only *mirabile dictu*, but also *mirabile risu*, if not *miserabile visu*. "*Risum teneatis, amici!*" What a *confusio divinitus data*, and a wonderful *negative logic* indeed! A pretty nice specimen of his argumentation is likewise exhibited by these words: "Why did he not assure himself of that fact," of giving perhaps no *Arsenic*

at all—"before he testified to it?" How long since, and by whom, has the discovery been made that a man may assure himself that a bottle of medicine with the inscription of a certain substance upward of the 30th attenuation really contains this infinitesimal substance? What a trespass against the code of medical morals on my part!

Touching once more upon the *possibility*, or rather *improbability*, of the action of *high* potencies in *some* diseases, we dilutionists of the *mixed* sort are exceedingly anxious to learn whether the polychrests employed in *diphtheria* as it was prevalent so extensively during the present winter, with and without scarlatina, would prove just as efficient and curative in *high* as in *low* attenuations. The principal remedies in that much dreaded malady, *Apis*, *Nitric acid*, *Carbolic acid*, *Brom.*, *Merc. cyan.*, and *Merc. iod.*, which are apt to destroy the minutest *bacteria* in the space of a few minutes, when these products of a putrid fermentation are brought in contact with these medicinal agents, have *no local* effect whatever on the vitality of such animalcules when given in *high* attenuations, but below the 6th show a very powerful action, as I understand from Homœopathic journals published in Germany. Is there a sufficient array of facts existing to demonstrate by statistical figures of both *high* and *low* potencies beyond doubt a matter of fact in favor of *high* dilutions?

When the doctor says that I object to his case of a choleraic dysentery cured by him with *Arsenic 200*, he commits a new logical blunder, and is mistaken again in this respect, because I never disputed the possibility or even reality of his cure, after I have made several such cures already myself. But I object decidedly to the logical stress he attempts to lay upon it, in so far as he would infer from this, or eventually from more such single cases with a *certainty* that, therefore, *all* disorders among *all* individuals and races, in *all* places and at *all* times, must necessarily be curable by *high* attenuations. Our alma mater logic being the supreme ruler of all *masters* unexceptionally in this mundane sphere invariably declares that it is the grossest error to conclude from the *single* or parts of the whole of a thing, as to say, for instance: "Whatever holds good of the single or part, holds necessarily likewise good of the whole of a thing!"

*Grand* we might perhaps call the doctor's method to dispose of the famous old Roman poet and philosopher, Horace, whose sentence, "*Nullius adstrictus jurare in verba magistri*," he may have found somewhat inconvenient as to his favorite theory of the unconditional trustworthiness and *infallibility* of some pronounced *master*. That

distinguished genius is simply styled an *old saw*. By this utterance he intimates his want of familiarity with, and his disrespect to, the great classical authors of ancient Greece and Rome, and cannot appreciate, therefore, the immense value of such *old saws*, or *saw-bucks* for him as well as for our modern culture. But if I could give him a most friendly suggestion, I should tell him frankly to go to work at once with quite a number of such *old saws* as Cicero, Horatius, Salustius, Demosthenes, Socrates, Plato, etc., learning to read and understand them in their original language. By the critical study of such old *saw-bucks*, his intellect will be considerably sharpened and modified, especially if he combines with it the study of mathematics, the science of properly balancing figures. In this way he will gradually acquire a certain instinct of *logic*, and the capacity of solving such *logical* problems without much difficulty, no matter whether one, two, three or more *possibilities* or *impossibilities* are involved. He must not be in a hurry, however, to get through with that study, and spend a couple of years at least for it exclusively. Yes, a *saw-mill*, constructed only of *old saws* or *saw-bucks*, that have commanded the admiration of *all* educated persons of *all* ages, might reform the gray substance (*substantia cinerea*) of the doctor's brain in a miraculous manner, if he were willing to expose the same to the *saw-dust* lustily flying about in all directions within such a mill for a sufficient length of time. Having thus duly prepared his brains with *saw-dust*, the doctor will not find it by far so difficult any more to study *logic* for himself by a good text-book, as he shall find it at present, and I would gladly refer him at this juncture to Dr. S. J. Bumstead, of Pekin, Illinois, who seems to be very well posted about such books and topics.

If Dr. Morgan entertains the least doubt if I ever have studied *logic* myself, I may assure him upon my word of honor that I have done so *ex officio*. in 1844, and passed an examination thereon before the philosophical faculty at the university of Munich, the testimonial of which is kept, for the doctor's and every body else's (?) inspection, ready in my office. Studying also, by the way, philosophy of history, he will learn to comprehend and appreciate the great value of these *old saws* of ancient Greece and Rome, and their relation to our present civilization. He will thus comprehend that those *sawing* instruments have partly prepared the way as pioneers to the *high* potency standpoint of mental culture of our days, by kindling anew the smoldering spark of enlightenment, when it was nearly extinguished, at the end of the middle ages. It is a well-known historical fact, not to be

disputed, that Christendom had most signally failed to compete successfully with the Islam, or Mohammedanism, during the middle age, when the enlightened and enlightening doctrines of the former had reduced civilization to a *low* potency, with bigotry, intolerance, horrid persecutions, and burning of heretics at the stake, etc. Mohammedanism had become the bearer of the world's culture at that time, under the rule of the Arabs in Spain, who had conquered the country, and established the renowned high schools at Granada, Sevilla, Salamanca, etc., where the youth of Christian Europe would gather for instruction.

In the fifteenth century, at the close of the middle age, Mohammedanism was going down, and Christendom took the ascendancy, when the erection of high schools was commenced in Germany, and the *old saws* and *saw-bucks*, taken from the libraries and covered with dust, were thoroughly searched, criticised and studied. Henceforth a new-born spirit of philosophical criticism was created, culminating in the pluck, spunk and science of Luther and his associates, the reformation, and all its consequences, the unparalleled war of thirty years for the exclusive purpose of mental and religious liberty, attended with its enormous horrors and sacrifices of no less than three millions of lives, etc. By the *logic* of events thus gradually an actual revolution of minds ensued in Europe, from which this country derives its present *high* potency standard of civilization. Therefore, doctor, become familiar with these *old saws*, then you will esteem them by all means, and inculcate on your mind forever the principle of our ancient ancestors, before Christ, with fiery words: "*Sit apud te honor antiquitatis!*"

If my opponent, by the phrase, "because he will not submit that every aspiring doctor shall tweak his nose or pull his beard at pleasure," should intend to allude to my person, I must solemnly protest that I don't consider myself an aspiring doctor any more, but rather a veteran, who has been in the service of *Æsculapius* ever since 1851, having practiced from 1851 to 1864 as an Allopath, and from that time until now as a Homœopath. My Old School studies I have finished at several German universities, for half a dozen years, and spent one year alone for clinical studies at Vienna, Prague, and Berlin, after I had graduated at the university of Erlangen. Thus, having practiced about a quarter of a century, and carrying a strong half century on my back already, I have no farther aspirations for this life on earth, since Hahnemann College, of Chicago, has dis-

tinguished me with the *ad eundem* or honorary degree, but a year ago, and I have become a double graduate in this manner.

If Dr. Morgan cannot see a little force yet of my argumentation concerning these *two* questionable points, then I must in company with the majority of my readers and Homœopathic practitioners, pronounce his mind incurable at present by any *low* or *high* attenuations. It would be quite fruitless to waste any more time or writing material on that subject, then, and I should in candor propose to choose some unprejudiced umpire to decide this mooted question as to its *logical*, as well as *therapeutical* value. For my part, I wished to choose as the nearest umpire, Hahnemann, and eventually, also, the Homœopathic college of Chicago. If they should happen to denounce my position, I would appeal directly to the greatest *logician* of the medical profession that ever lived, and to the most learned *master* of Homœopathy now living—Dr. v. Grauvogl. He may, upon his word of honor, or even under oath, pass an impartial judgment on this matter, and we both abide his decision as a final one. But if Dr. Morgan were not satisfied with such a sentence or settlement, he might then apply to the faculty by which he has been graduated. If that faculty would endorse his standpoint, it ought to be exposed to all the medical faculties of Germany, Great Britain and the United States, for its Solomonic wisdom. I, for one, should feel extremely anxious to learn what faculty in the world would like to *glory in the cause and spunk* of the doctor. I trust I have not been discourteous to Dr. Morgan. From all appearances of common or uncommon sense, he has, by his last attempt of a *centric* or *logical*, exposition, worked himself, not only by the full size of the biggest pumpkin, but also of the largest doctor's office on this planet, deeper into the quagmire of *eccentric* or *illogical* reasoning. It was evidently himself who has pulled his beard and tweaked his own nose, whilst he made a daring and unreasonable experiment to do the same to me, in a most flagrant manner.

Says the scripture: "Whatever measure we meet to others out of our mouths, will surely measure to us again." Says an *old saw* or *saw-buck*: "*Suum cuique!*" If, after a little while, a group of Allopathic doctors will perhaps be seen chuckling over some ultra-critical criticism of a *prominent* (?) Homœopath by a professional colleague, those gentlemen of the *old* and *infallible* therapeutical faith ought to bear in mind that there's infinitely more to laugh at, or rather, to weep over, as to the essential points of their confounded and *illogical* doctrines, on which life and health of a countless host of our fellow beings

depend. This is too serious a matter for laughing; but if a group of them be bound to chuckle any way, they will probably not find fault with me, I hope, for such a physiological process.

Dr. Morgan deserves the greatest credit and the warmest thanks, in that he has raised the most pregnant question of *logic* and subtle, delicate Homœopathic therapeutics, simultaneously. Thanks for a tremendous ripple on the stagnant pool of Homœopathic indifference! Let from that mighty ripple on the little pool of Homœopathic indifference, the immense cess-pool of a well-marked Allopathic difference in our nearest vicinity be thoroughly affected and agitated, so that our little pool will finally cease to exist, whilst the monstrous cess-pool of our Allopathic brethren will at length be reduced to the size of our present little quagmire! Yes, dear brethren, let us go to work, by energy and perseverance straining our nerves with a little bit of pride, pluck and spunk, until we shall triumph at last over the whole army of *eccentric* or *illogical* spirits and mischievous adversaries!

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## Materia Medica Department.

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### *THE ACTIONS OF ONE DOSE.*

[Continued from page 506].

#### OBSERVATIONS ON THESE EXPERIMENTS.

From an attentive consideration of the experiments, new and old, here described, it will be seen that

1. A dose may be small enough to produce but one action. In the case of *Opium* the dose may quicken the pulse, and do no more.
2. A larger dose may be followed by two actions; the second action being in the contrary direction to the first. In the case of *Opium*, the pulse is first quickened, and afterwards depressed.
3. A still larger dose may again have but one action, or one direction of action. In the case of *Opium*, this action may be one of depression only.
4. A dose which acts only in one direction in one organ may be

sufficient to act in the contrary direction in another organ. In the case of *Opium*, the dose may excite the heart, but may depress the stomach.

5. From a reference to experiments recorded in former Essays, as well as to those in this, it may be stated that all drugs which have been proved for this purpose, have an opposite action in smaller and larger doses; but it is not equally certain yet that all have intermediate doses with a double action. Some, as *Castor oil*, may have middle doses with no action at all.

THE CONNECTION BETWEEN THE ACTIONS OF ONE DOSE AND THE ACTIONS OF DIFFERENT DOSES.

This connection is now visible. In 1873 it was shown that small doses, having actions in certain fixed directions, occupied a chamber of their own; and that large doses, having actions in directions opposite to those of the small doses, occupied another chamber.

I have now the pleasure of showing that the same key which opened those chambers, opens the door of the vestibule which connects those two chambers together. The middle doses have two actions—the first action is that of the small doses, the second action is that of the large doses. These are the doses about which so much has been said as having primary and secondary or alternating actions. The nearer this middle dose is to the small one which produces but one action, the more will its action partake of the action of the small dose, and the less of the action of the large dose; and in like manner, the nearer it approaches to the large dose the less will there be of the action of the small dose, and the more of that of the large; finally, the action of the small dose will disappear, and there will be but one action which is that of the large dose.

THE DIVIDING LINE OR CONNECTING LINK BETWEEN THE OPPOSITE ACTIONS OF SMALL AND LARGE DOSES.

The separation between the actions of the smaller and larger doses has been spoken of in the previous Essays as a dividing line. It will be seen now that it will be better to call it a connecting link. It is not an abrupt division; but, like many other operations of nature, very gradual. This connecting link includes *all doses which have primary and secondary actions.*

These results reminds us of the rainbow in the cloud. This beautiful sign in the heavens has, it is well known, three principal colors—red, yellow, and blue, and these have between them other colors, pro-



duced by the blending together of those nearest each other. Between the red and yellow there is an orange and between the yellow and blue there is a green — so we can see clearly a bright bow in the dark cloud of therapeutics. Between the action of the small dose at one extremity, and the opposite action of the large dose at the other extremity, there is produced by the blending together of both these actions, the first and second actions of the middle range of doses.

The best medicinal dose is that which produces the action of the small dose only. If the dose belongs to the intermediate series, that is, if it has a double action, the nearer it is to the small dose which has one action only, the more appropriate it is; the nearer it approaches to the large dose which has one action only, the less likely is it to do good.

God has formed all things on a perfect plan, and these orderly arrangements have been discovered by following the example of William Harvey, who “searched out the secrets of nature by way of experiment.” They will be cavilled at, and, perhaps, even rejected because they are not explained by some fanciful hypothesis; for “the human mind has a singular capacity for rejecting that which it can not comprehend — for ignoring and forgetting all that does not fall within the range of its previous conception.”

#### THE SUBJECT CLEARED UP.

Homœopathy was a bright thought, but a vague one; and this vagueness was increased by speculative turn of Hahnemann’s mind.

Since his time we may, without arrogance, say in the language of Lord Bacon, “it has been more professed than laboured, and more laboured than improved.” It needs to be reduced to a series of definite general facts; and when each of these is clearly conceived, and allowed to take its place, like so many links in a chain, therapeutics will have become a science; physicians will have satisfaction in the study and the practice of it; and patients will receive all the benefit which it is possible for medicine to give them. There will be truth in medicine then, as well as in surgery.

It is believed that in former Essays several of these links have been brought to light, and the obscurities in which they were clouded have been cleared away.

In this Essay one more link has been discovered, and it is hoped that it has been so clearly shown that it may be seen at once, and without delay be made useful in practice.

It is presumed that no obscurity is left in the view to be taken of the action of all doses of drugs which come under the influence of the laws now suggested.

There is a series of doses small enough to produce effects of one kind only.

There is another series of doses large enough to be followed by effects of one kind only, but contrary to that of the first kind.

And there is an intermediate series of doses, the effects of which resemble, first those of the small doses, and afterwards those of the large doses.

And thus, to put a metaphor already used into another form, the white light reflected by the action of doses has been, hitherto, dazzling and perplexing; it is now decomposed into three softer rays, red and yellow, with the intermediate orange compounded of the two extremes.

It has been thought convenient to give to the contrary actions of different doses the name of *antipraxy*.

It will be convenient to give to the contrary actions of the same dose the name of *dipraxy*.

Only let it be remembered that these names contain no explanation of the facts they express. What Sydenham calls "the pomp of subtle speculations," and in another place, the "luxury of guesswork" is rejected, and as to all hypothetical explanations, the philosophy of ignorance is confessed.

Technical terms have been much abused, but they have their use. "I easily perceived," wrote Dr. Young, in 1753 "of what prejudice it was for young students to be imposed on by technical terms, that seem to have some meaning, though they really have none. Nevertheless, it must be owned that technical terms are of use for avoiding tedious repetitions, though it is extremely difficult to prevent the abuse of them." (Dr. Young's Treatise on Opium p. 98.)

Once more, then, antipraxy simply expresses that the large and small doses have contrary actions, or produce contrary effects; and dipraxy, in like manner, expresses the fact that middle or intermediate doses, doses between the large and the small, have each a double action, the second contrary to the first.

*What* the action is, or *how* it works, is not known; and it is vain to feign conjectural explanations. For all practical purposes it is sufficient to be well acquainted with the laws which govern the action and the phenomena which are produced by it.

## OBJECTIONS AND OBSERVATIONS OF OTHERS CONSIDERED.

Dr. Drysdale, (*Monthly Homoeopathic Review*, Nov., 1876, and *Transactions of the Congress at Bristol*, 1876), now claims my best attention and he shall have it. There is a touch of plaintive melancholy, and even of despondency, in his latest criticisms of antipraxy which gives me pain. He repeats his former objections, but in a manner which seems to imply that he despairs of bringing me to reason. He says, "Dr. Sharp has alway overlooked this, that one and the same dose produce two opposite actions." "There are always two actions from one and the same dose."

Seeing that all my experiments with doses, published before the present Essay, were made in order to discover the actions of *different* doses, it is puzzling to imagine what can have been his train of thought, when he mourned over me with this lamentation "There are always two actions from *one and the same dose*. This is a universal law!" It excites one's sense of wonder to imagine how the effects of *one* dose whatever they may be can be supposed to give a denial to a comparison between the actions of *different* doses. It amounts to saying, the actions of one are double, therefore there can be no difference between the actions of a small dose and the actions of a large dose, which is absurd.

The experiments recorded in this Essay do show that there is a series of doses, each of which has a double action; but they show further that there are two other series of doses, one joining each extremity of the middle series of two action doses, each of which series has, in this sense, for one dose only one action.

Dr. Drysdale remarks further :

"The opposite action of small and large doses has a certain amount of virtual (why not actual?) truth, but only in the fact that it requires to be merged into a higher and larger law," namely, it may be presumed, into his own law, that there are always two actions from one dose. In a former Essay I have remarked that, no doubt, the contrary actions of small and large doses is a law included in some other wider generalization, and have expressed the hope that this may be discovered, and I hope so still. But it is very plain that the law contended for Dr. Drysdale is a narrower law than that expressed by antipraxy, for it is included within it and is surpassed by it at each extremity. There is a series of small doses each of which has one action. There is another series of large doses each of which has one action in a contrary direction. And between these, and included

within them, and being a connecting link, there is a third series of doses, the action of each of which is first that of the small dose, and then second, that of the large dose.

This middle series includes all Dr. Drysdale's doses which "have always two opposite actions." And thus it is clear that his law is the more limited one, which is "merged into a higher and larger law." His "universal law" is pinched in on both sides by antipraxy.

Another remark, made in connection with the last is this: "If it (antipraxy) is true as an explanation of Homœopathic action it can only be proved universal by taking into account the therapeutic action; then of course, it is quite correct to say that a small dose in curing, produces the opposite effect of a large one which produces the disease. But this is nothing but a mere reassertion of the Homœopathic principle, and is in no sense an explanation of it."

In this observation on taking into account the therapeutic action as a proof of antipraxy, I have the pleasure of agreeing with Dr. Drysdale. The blow does not hit me, but it falls heavily on Dr. Dyce Brown, and I must leave him to defend himself.

Dr. Drysdale's further opposition to antipraxy is arranged under the following heads: "first, it takes no account of the numerous exceptions where no such opposite action has been demonstrated, even in affections of mere *plus* and *minus*."

The opposite action of small and large doses has been shown to belong to every drug upon which experiments have been tried with small doses, up to the present time. Dr. Drysdale has not named one exception, though he says they are numerous. The burden of proof lies upon him.

"Secondly, it takes no account of qualitative disease, such as gout, etc., of which no opposite producible by small doses is intelligible."

This difficulty attaches to Homœopathy with quite as much force as to antipraxy, and it calls for all Dr. Drysdale's skill to remove it.

What drug produces gout? or small pox? or scarlet fever? These are complex names, and have we not to reduce them, by an analyzing process, to their component elements, before we can go in search of a remedy? When each of these elements is looked at by itself, an intelligible opposite may be found, which is producible by small doses, as distinctly as a similar can be found, producible by large doses.

"Thirdly, a definite quantity of the antagonistic medicine will always be as necessary for the cure as for the production of the disease; and that quantity will be the same and even greater than what is necessary to produce the effect in health, e.g., if two drops of *Aconite* (pure tincture) quicken the pulse, and 1-20th of a drop slow the

pulse in health, it will always require at least 1-20th if not more to antagonise a quick pulse of disease.”

This is a surprisingly distorted view of antipraxy ; as may be seen clearly by a reference to the experiments in former Essays with small doses. The contrary action of the small dose applies, not to a single dose, but to a series of doses ; *e. g.*, from a small quantity of the pure tincture or crude drug to the third dilution or trituration, the millionth part of a drop or grain, thus leaving scope for the different susceptibility of the patient and the varying cases of disease. It will be remembered that the so-called infinitesimals have not been experimented upon with reference to this question ; and therefore, no remark applicable to them can be made on either side.

“ Fourthly, if the antagonistic theory were true, it would still be primary, and therefore liable to be merely palliative, requiring to be constantly kept up and in increased doses, being liable to the exhaustion and secondary opposite state of all primary actions.”

I can gather no meaning from these words which has any bearing on the subject. The only thing that I can think of is a cuttle fish, making muddy the clear waters in which it is swimming.

“ Fifthly, it takes no account of the double and opposite action of all agents in one and the same dose, if sufficient to exert any vital action beyond the line of health.”

This objection has been answered already. The statement is incorrect. It is contradicted by Dr. Drysdale himself. In his admirable proving of the *Bichromate of Potash*, he makes this remark : “ This medicine being a pure irritant and acting on a somewhat circumscribed series of tissues and organs, is well adapted for Homœopathic use, as the indications are not obscured in the way that occurs with the narcotics ; *we are likewise not embarrassed by the difficulty of distinguishing primary and secondary symptoms*, which meets us in the study of those medicines which act directly in producing functional derangements, such as the evacnants, etc.” (*Hahnemannian Materia Medica, Kali bich.*, p. 39.)

The statement, to the extent to which it is carried by Dr. Drysdale, is incorrect ; but within the limits in which the double and opposite action of one dose is true, it is a valuable fact, inasmuch as it constitutes the connecting link between the contrary actions of small and large doses. This connecting link ; though shown in this Essay for the first time, seems to be so plainly proved by experiment, that theoretical objections to it are vain. It will be well for the sick if

medical men will immediately make a practical application of it in their daily treatment of disease.

An attempt is now being made to introduce, as the law of the dose, this expression of it, "The medicinal dose must be less than the physiological one." By *physiological*, in this use of the word, is to be understood the disease-producing action of the dose in health, which until lately has been called its *pathogenetic* action. The expression is a deceiving one. There is no such dividing line between the effects of a drug in health and its healing power in disease. The small doses which cure in sickness, so far as they have yet been proved in health, also produce "physiological" effects.

Such is the latest form of the objections which the editors of the *British Journal of Homœopathy* have advanced against antipraxy. The objections are worthless. They are like the objections to Homœopathy which had to be dealt with in the early Essays.

The editors of the *Monthly Homœopathic Review*, Dr. Pope and Dr. Dyce Brown, have published four leading articles on the double action of large and small doses of medicines; the first in the number of July, 1875; the second in the following month; the third in October, and the fourth in December, 1876; Dr. Dyce Brown being the writer of them.

It may be doubted whether the calm whispers of truth will not suffer more from the enthusiasm, perhaps it should rather be said from the impetuosity, of these writings in its favor, than from the opposition of the *British Journal*. Mistakes made by an advocate are easily and surely taken advantage of by an opponent. To protect the truth of antipraxy from suffering in this manner I must be allowed to point out some of these mistakes,

1. These articles obscure the clearness of the proofs of antipraxy by the introduction of irrelevant facts; for instance, such as are taken from the phenomena of galvanism, heat, etc. The action of these forces ought not to be confounded with the action of drugs,

2. A narrow physiology and pathology are adopted — so narrow as to excite amazement. These are confined to the stimulation and paralysis of the nerves, and the contraction and dilatation of blood-vessels. Inflammation is "a type of disease in general;" or, as it is expressed by Dr. Pope in his recent address, "Every form of functional disturbance, however arising, whether from drugs, or cold, or what not, is traceable in its earliest phase to inflammatory action. *The first stage of inflammation is the first stage of every manifestation of*

*disturbed health.*<sup>†</sup> The stimulation and paralysis of the nerves, and the contraction and dilatation of blood-vesels form a portion of the pathology of the living body, but not the whole of it, unless it can be proved anatomically that the body is composed of nothing but nerves and arteries.

3. The action of a single dose is confounded with the actions of different doses. There are numerous examples of this mistake. To mention one will be sufficient. In the article for August, 1875, p. 462, the effect of an irritant is described, and then follows this remark, "Let it be particularly observed that the first and second stages are precisely the reverse of one another. \* \* \* And this double or reverse action is produced by the same irritant"—Yes, and by the same dose. This experiment, and others like it, so far from supporting anti-praxy—the opposite action of different doses—Dr. Drysdale would give as illustrations of his objection to it.

4. The treatment of the sick is confounded with experiments on the healthy, see pp. 470, 593, etc. "While dryness of tongue is the invariable result of the use of *Belladonna* in health, it is remarkable that the reverse effect occasionally follows its use in disease." There are several pages occupied in this manner which are so much waste paper. Experiments on animals are also largely referred to, which, as it seems to me, would be much better excluded.

5. Theory is confounded with fact. That small doses of drugs are always stimulants, and large doses always paralyzers, is not true as a fact.

6. No distinction is made between the observation of *individual* instances of opposite action and the suggestion of the *general fact*. An individual fact does not teach much, a general fact is a law of nature. The first is an observation; the second is an inductive discovery. The observation of an individual fact is seldom fruitful in results; the discovery of a general fact lays or helps to lay the foundation of a new branch of science. There is, therefore, a vast difference between them. In the four articles a large number of individual facts are collected from several writers; but the general fact is spoken of as if it had been long known and received, without a reference to any discoverer of it. That it has not been long known, and is not yet received and acknowledged, has been proved by Dr. Hughes and is notorious. Who made the discovery is of minor importance, and it does not become me to say much upon it. Dr. Dyce Brown, in a letter to me, says he lays no claim to originality in respect to it. and none of the

writers quoted by him, nor, to the best of my knowledge does any one else announce the discovery of it. It seems, therefore, to be beyond contradiction that the first time it was suggested was in the Leamington address in 1873. "As to antipraxy," writes Dr. Ker, of Cheltenham, "it requires only to look back to the past volumes of the *Review*, to show that you were the first to give that to the profession. It matters, therefore, little what the editors say in their individual capacity as to that doctrine. Their own pages contradict them." (Letter from Dr. Ker to the author.) Even Dr. Hughes, in his defence of himself against a criticism in the *Review*, is constrained to bear a clear testimony to the meaning of antipraxy, and to its "paternity." (*Monthly Homœopathic Review* for November, 1876, pp. 720, 721.)

These are some of the more prominent mistakes, and they are such that the perusal of the four articles leaves upon the mind an impression of doubt and uncertainty, rather than of conviction and satisfaction.

The addition made in this Essay to the picture of antipraxy painted in 1873 is the completion of it, and is a new testimony to the identity of the painter.

#### CONCLUSION.

It will not have escaped the notice of the attentive reader that the investigation of Hahnemann's Homœopathy, begun in the first Essay in 1851, was brought to a conclusion in the thirteenth Essay in 1856. During twenty years since an earnest endeavor has been made to discover, if possible, the true actions of medicines. Nineteen Essays have reported the progress of this endeavor. Notwithstanding the opposition and condemnation he has met with from both the Old School and the new one, the author ventures to think that God has granted some success to his labor. And "the sense of work achieved, to a right man, is both the fruit of life and its fragrance."

Among other things, he thinks that it has been clearly and distinctly shown :

With respect to drugs,

That all drugs act locally, *i. e.* on some parts of the body in preference to other parts; and that each drug may be distinguished from the rest by this local action.

That drugs are to be classed among the causes of disease; and that all the common causes of disease act, in the first instance, in a similarly local manner. So that the common division of diseases into general and local, which is still maintained in the official *Nomenclature of Dis-*



cases by the Royal College of Physicians, is in science incorrect, and in practice hurtful.

With respect to doses.

That the action of doses of drugs is governed by law; and that for the practical use of them, in prescribing medicines for the sick, they may be arranged in three classes:

1. A series of small doses having one action in a certain direction.
2. A series of large doses having also one action, but in an opposite direction.
3. A series of middle doses which have both these actions.

The author was indebted to Hahnemann for showing him a new path of research; but it soon became evident that Hahnemann was an unsafe guide, and that it was necessary to leave his company and attempt a solitary walk in the new path. A few steps have been taken, with much pains and caution; and now the path is left for others to pursue, who will find it become wider and brighter as they advance in it.

There are many stirring and important questions waiting for their answers; for example,

The condition—such as the predisposition, the sensitiveness, or the “toughness” of individuals—which influence the action of drugs.

How the kind of action varies with each drug, with each organ, and with the condition of the organ, which is acted upon.

The limits beyond which the best remedy has lost its healing power.

The repetition of the dose.

And, lastly, the transcendental question of infinitesimal doses, which he has scarcely had time even to touch.

He has now been a student of medicine fifty-six years; and this day is seventy-two years old. For twenty long years, the *British Journal of Homœopathy*, at every opportunity, has condemned what has been written as neither true nor new; lately it has been joined by the *Monthly Homœopathic Review*, which says that though true it has always been known; and posterity, to whom these Essays are bequeathed, will not blame him if he now suffers the pen to drop from his hand, notwithstanding that there is a truth in Waller's lines,

“The soul's dark cottage, shatter'd and decay'd,  
Lets in new light through chinks which time has made.”

In taking leave of Hahnemann it is difficult to know what to say. He has done so much good that one does not like to blame him; and he has done so much harm that one does not know how to praise him.

In taking leave of his colleagues of the New School, he thanks them for the attention which they have given him, and for the affectionate kindness which many of them have shown him. He would say farewell with the exhortation which William Harvey, whose example has already been referred to, gave to the fellows and members of the college of physicians, in his last will, "to search and study out the secrets of nature *by way of experiment.*"

In taking leave of his medical brethren of the Old School, he must remind them that they have rejected this attempt at a fair and independent enquiry into Hahnemann's laborious work, as if it had been a fantastic and blind partisanship of his numerous errors; and that they have not been willing to make the needful practical enquiry for themselves. They have forgotten that men who turn their backs to the light throw their shadow before them, and walk in its darkness; and that those only who turn their faces to the light have their shadow cast behind them, and their path is ever increasing in breadth and brightness.

Finally, in taking leave of the study of the action of drugs, which for so many years has been a labor of love, it is acknowledged with unfeigned humility that little has been accomplished in comparison with what remains to be done; with perfect frankness that that little is subject to correction by the results of further experiments, that is, careful, not crude experiments; and with a full consciousness of the immeasurable distance between the works and ways of God and the observations and experiments of men. God is before and above the laws of His creation; they reflect His wisdom and power; and He has said, "As the heavens are higher than the earth, so are My ways higher than your ways, and My thoughts than your thoughts."

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*WILLIAM SHARP, M. D., F. R. S. VS. SAMUEL  
HAHNEMANN.*

BY AD. LIPPE, M. D., PHILADELPHIA.

William Sharp, M. D., F. R. S. has issued his thirty-second, and as he announces it, his last essay, on the action of one dose. Dr. Sharp has often said many good things, and so has he uttered some sentences in this essay which are very good, and for which it is the duty of his professional friends to thank him sincerely. The best things he ever

said are to be found on the last page of his pamphlet. Dr. Sharp is an earnest man, and no doubt is full of good intentions; he says in the analysis of his essay, that the subject up to this time is in confusion, and finally says, that he has cleared it up. That almost all subjects appertaining to Homœopathy and to Hahnemann's teachings as we find them in his *Organon* and other writings, are in a deplorable condition is only too true. Dr. Sharp has been sharp enough to detect the true cause of this confusion; and the cause appears to us so clear that we take the liberty to point the cause out to him. Hahnemann was allowed to reveal to the world at large a rational system on which to base the healing art. Do we accept his teachings contained, say, in his *Organon*, or do we reject them? And why is it that no medical society or medical college have ever pronounced in good faith that *Organon* of the healing art as the text-book of Homœopathy? Because the acceptance of even the first paragraph implies the logical acceptance of the following logical development of the principles governing the new school of the healing art. The acceptance of these fundamental principles does not imply the necessity to accept all or any of Hahnemann's speculations or explanations of the deductions so laid down; nor does it imply a belief that Homœopathy and all that appertains to it is a finished whole, it does not imply a belief that further developments based on the fundamental principles (by his followers accepted), can not be made, not at all, a gradual development is a necessity, just as much as it is a positive necessity to accept certain fundamental principles derived from an observation of natural laws, if we will or can ever hope for a certainty in medicine. if we can ever hope that this confusion shall ever come to an end, giving finally away to this certainty in medicine. Dr. Sharp does not accept Hahnemann's teachings, he is especially opposed to his spiritual dynamism, to his totality of symptoms (p. 459), and to the transcendental question of infinitesimal doses (p. 569). Dr. Sharp evidently is driving at the play of Hamlet, with Hamlet left out! There is more confusion in store for us, he has not cleared it up, he has added to that confusion necessarily following the attempt to abridge or change and alter a logically developed argument such as we find in the *Organon*. And we shall attempt to show him that Homœopathy is one thing and Organopathy is quite another thing; that it is an utter folly to pervert Homœopathy into Organopathy, just as great a folly as that of his antagonist, Dr. Richard Hughes to put the physiological livery on Homœopathy, or to pervert our *materia medica* into pharmacodynamics.

Under the consideration of the action of one dose — the subject yet in confusion, (p. 455), our learned friend wanders away into dark passages where no light shines. When distinguished men (such as he mentions, (p. 456), have written papers on the primary and secondary action of drugs, it became apparent to the close observer that they were not written with the intention to clear up what our learned friend calls, (p. 455) “the contradictory teachings of Hahnemann, particularly on the contrary effects of doses of the same drug;” the intention of the writer of these papers was unmistakably to divert the attention of the profession from much more essential points, then this only apparent difference between the primary and secondary action of drugs. What light do those papers shed on Dr. Sharp’s attempted perversion of Hahnemann’s mode of proving drugs on the healthy for the purpose of finding their sick-making qualities, so that that so obtained knowledge may enable the healer to apply skilfully the law of the similars for the cure of the sick? Dr. Sharp wants to improve on Hahnemann and desires to introduce a new mode of experiment. Dr. Sharp wants to ascertain, 1. “The organs or parts of the body where the actions take place; 2. The kinds of action whether single, or more than one, and in more than one part; if more than one, whether these happen together, or one after the other; or whether in same or opposite direction.” And Dr. Sharp continues: “The local action of drugs has been studied in former essays (17 and 18), and need not now detain us long. It is true that this view is directly opposed to that of Hahnemann, whose whole sole was wrap’t up on one side by the “spiritual dynamis,” and on the other by the “totality of symptoms.” Dr. Sharp confesses that his views concerning the necessary knowledge of the sick-making properties of drugs on which he bases *his* Organopathy are in direct opposition to those held by Hahnemann; and while Dr. Sharp claims to be a Homœopathist such claim would imply that he differs from Hahnemann’s views only in this very particular point. To the true healer who must of necessity as a Homœopathist be a psychologist, this assertion of Dr. Sharp or rather the mode in which he exposes his position and views, offers a rich theme for study. Dr. Sharp sets aside all that Hahnemann enjoins on his followers respecting the mode of proving drugs, i. e., the mode to ascertain the sick-making power of drugs, and substitutes his research for “organs” affected by drugs. What then does Dr. Sharp hold to be true of Hahnemann’s teachings, or how much does he accept of the Organon? Why! positively nothing at all, not a syllable, and his claims to be a

Homœopathist are utterly preposterous! Why does he hold views directly opposed to those of Hahnemann? Is it possible, we have before this asked, to accept one, even the first paragraph of the Organon, without committing one's self to accept all logically following propositions as fixed truths? Dr. Sharp tells us on page 569, "that he was indebted to Hahnemann for showing him a new path of research; but it soon became evident that Hahnemann was an unsafe guide, and that it was necessary to leave his company and attempt a solitary walk in the new path." Now, if Dr. Sharp found Hahnemann an unsafe guide, if Dr. Sharp found himself unable to accept the "spiritual dynamism" or "the totality of symptoms," by what pretext does he claim to sport the name? How is it possible for a man to claim to be a Homœopath who rejects the most essential principles on which the system is based, and then finds the founder of the system an unsafe guide? Now he claims to be an Organopathist, which is quite another thing. The Organopathist having first rejected "the spiritual dynamism," without which Homœopathy cannot exist, now rejoins the materialists. Hahnemann clearly shows the absurdity of materialism and clearly illustrates that diseases are of a dynamic origin. Dr. Sharp accepts materialism. Hippocrates taught that diseases had a divine and mysterious [origin. Materialism followed, and no wonder that medical men taught by materialists, and who learned nothing save materialism, were taught the sole and only duty of the physician was to find the causes of diseases and that having found these causes to remove them by mechanical or chemical means. Dr. Sharp is not aware it appears, of the fact that dynamism constitutes the characteristic difference between Homœopathy and Allopathy, which latter is characterized by materialism, that therefore, as a logical necessity, Homœopathy must discard and forever exclude materialism, under whatever form it may be presented. When Dr. Bayes, ten years ago, undertook to graft ["Organopathy," the local action of drugs, on Homœopathy, his caricature was sufficiently exposed to public ridicule, but he did not mind it, he still holds on to Organopathy, and attempts to call it "Applied Homœopathy," while others call it perverted Homœopathy. Dr. Bayes, and the Organopathists in general, have been repeatedly asked to be good enough and "illustrate" their *modus operandi*, their mode of applying it in therapeutics and their superior success. They keep their superior successes and the modes by which they obtained them, a great *secret*! Now if the Organopathists had had success they surely would have taken great pleasure to

Under the consideration of the action of one dose — the subject yet in confusion, (p. 455), our learned friend wanders away into dark passages where no light shines. When distinguished men (such as he mentions, (p. 456), have written papers on the primary and secondary action of drugs, it became apparent to the close observer that they were not written with the intention to clear up what our learned friend calls, (p. 455) “the contradictory teachings of Hahnemann, particularly on the contrary effects of doses of the same drug;” the intention of the writer of these papers was unmistakably to divert the attention of the profession from much more essential points, then this only apparent difference between the primary and secondary action of drugs. What light do those papers shed on Dr. Sharp’s attempted perversion of Hahnemann’s mode of proving drugs on the healthy for the purpose of finding their sick-making qualities, so that that so obtained knowledge may enable the healer to apply skilfully the law of the similars for the cure of the sick? Dr. Sharp wants to improve on Hahnemann and desires to introduce a new mode of experiment. Dr. Sharp wants to ascertain, 1. “The organs or parts of the body where the actions take place; 2. The kinds of action whether single, or more than one, and in more than one part; if more than one, whether these happen together, or one after the other; or whether in same or opposite direction.” And Dr. Sharp continues: “The local action of drugs has been studied in former essays (17 and 18), and need not now detain us long. It is true that this view is directly opposed to that of Hahnemann, whose whole sole was wrap’t up on one side by the “spiritual dynamis,” and on the other by the “totality of symptoms.” Dr. Sharp confesses that his views concerning the necessary knowledge of the sick-making properties of drugs on which he bases *his* Organopathy are in direct opposition to those held by Hahnemann; and while Dr. Sharp claims to be a Homœopathist such claim would imply that he differs from Hahnemann’s views only in this very particular point. To the true healer who must of necessity as a Homœopathist be a psychologist, this assertion of Dr. Sharp or rather the mode in which he exposes his position and views, offers a rich theme for study. Dr. Sharp sets aside all that Hahnemann enjoins on his followers respecting the mode of proving drugs, i. e., the mode to ascertain the sick-making power of drugs, and substitutes his research for “organs” affected by drugs. What then does Dr. Sharp hold to be true of Hahnemann’s teachings, or how much does he accept of the Organon? Why! positively nothing at all, not a syllable, and his claims to be a

Homœopathist are utterly preposterous! Why does he hold views directly opposed to those of Hahnemann? Is it possible, we have before this asked, to accept one, even the first paragraph of the Organon, without committing one's self to accept all logically following propositions as fixed truths? Dr. Sharp tells us on page 569, "that he was indebted to Hahnemann for showing him a new path of research; but it soon became evident that Hahnemann was an unsafe guide, and that it was necessary to leave his company and attempt a solitary walk in the new path." Now, if Dr. Sharp found Hahnemann an unsafe guide, if Dr. Sharp found himself unable to accept the "spiritual dynamism" or "the totality of symptoms," by what pretext does he claim to sport the name? How is it possible for a man to claim to be a Homœopath who rejects the most essential principles on which the system is based, and then finds the founder of the system an unsafe guide? Now he claims to be an Organopathist, which is quite another thing. The Organopathist having first rejected "the spiritual dynamism," without which Homœopathy cannot exist, now rejoins the materialists. Hahnemann clearly shows the absurdity of materialism and clearly illustrates that diseases are of a dynamic origin. Dr. Sharp accepts materialism. Hippocrates taught that diseases had a divine and mysterious [origin. Materialism followed, and no wonder that medical men taught by materialists, and who learned nothing save materialism, were taught the sole and only duty of the physician was to find the causes of diseases and that having found these causes to remove them by mechanical or chemical means. Dr. Sharp is not aware it appears, of the fact that dynamism constitutes the characteristic difference between Homœopathy and Allopathy, which latter is characterized by materialism, that therefore, as a logical necessity, Homœopathy must discard and forever exclude materialism, under whatever form it may be presented. When Dr. Bayes ten years ago, undertook to graft "Organopathy," the local action of drugs, on Homœopathy, his caricature was sufficiently exposed to public ridicule, but he did not mind it, he still holds on to Organopathy, and attempts to call it "Applied Homœopathy," while others call it perverted Homœopathy. Dr. Bayes, and the Organopathists in general, have been repeatedly asked to be good enough and "illustrate" their *modus operandi*, their mode of applying it in therapeutics and their superior success. They keep their superior successes and the modes by which they obtained them, a great *secret*! Now if the Organopathists had had success they surely would have taken great pleasure to

enlighten the profession on the subject, and their silence can be construed in but one way: they have nothing to boast of, surely their *modesty* would not keep them from communicating glad tidings; let them speak out boldly but truly.

When Dr. Sharp found (page 569), Hahnemann an unsafe guide, we take the liberty to say to him that we have followed Hahnemann for forty years and found him more than a safe guide, we found that when we neglected to follow him, we were debarred of that success which we always obtained when we did follow him, or further developed his fundamental principles. If Dr. Sharp will be good enough to do, as we asked his colleague Dr. R. Hughes to do, and make himself familiar with the laws on evidence as laid down in the commentaries of Sir William Blackstone, he will find that his testimony (negative), to have found Hahnemann an unsafe guide will not stand the ghost of a chance to be of any value whatever if testimony like ours, corroborated by a host of conscientious men is to be overcome by negations, you "sir" and a host of other men denounce Hahnemann an unsafe guide because you never followed him! Now this may seem to you an offensive assertion; it is no such a thing. Let us have "*evidence*," let you, or Dr. Bayes, or Dr. R. Hughes, or any of the learned healers who call themselves Homœopathsists, illustrate their slander, "that Hahnemann is an unsafe guide;" let them illustrate, by giving a case of sickness, described as Hahnemann taught them to describe a case—after examining the sick as he teaches—then describe the "therapeutics" and the failure to cure, and then, to make their position doubly strong, show, how they "attempting a solitary walk in the new path," which they found *wider* and brighter? as they advanced on it, (page 569), accomplished that which under the guidance of Hahnemann they failed to accomplish. I. t us have one single illustration!

We can not take leave of Dr. Sharp, who misguided (as he says), by Hahnemann, the solitary walker in a new path, the great organ of the Organopathsists, without thanking him profoundly for the notice he has taken of Dr. Pope, (p. 459). Dr. Pope has attempted to saddle the caricature "Organopathy" on Samuel Hahnemann, and Dr. Sharp gives him three potent reasons why he considers Dr. Pope's assertion "unguardedly made." But why call it "unguarded?" Is it not the order of the day? Has not the assertion been made by an illustrious man of great celebrity that Hahnemann was merely the forerunner of the great Dr. Schuessler, who cures all ills with twelve tissue remedies? There are two celebrities before the profession, one charging Hahne-



mann to be the father of the organ-grinders, the other charging him with being the father of the twelve-all-curing tissue remedies. While the one is said to have made his assertion unguardedly, the other making quite a different assertion, has been charged with intentional perversiveness. What will Hahneman be charged with next? Notwithstanding all possible slanders which were hurled against the father of a new school of medicine — hurled against him by the materialists collectively, from among the Allopathists and pretending Homœopaths who will stick to materialism, his teachings will live forever. What do these materialists propose to do with the mental symptoms of the sick? Ignore them? Have not the healers who were guided, (not as Dr. S. was misguided) by Hahnemann, found the mental symptoms of the sick the most important symptoms? Are not the mental symptoms much more important than all other symptoms, and symptoms after all, showing that this, that or the other organ or tissue is singly or in combination or in succession attacked by sickness? Has not even the most progressive pathology shown not only the uncertainty of the knowledge of the very organ attacked? much less is shown to be the certainty in what manner organs or tissues are diseased; and now, pray, if you or any other Organopathist come to treat a case of sickness and attempt to apply the law of the similars — and that is exactly what you *profess* to do, with the bare presumable knowledge how drugs affect this or the other organ, are you not floundering between a hypothesis on the one side (disease), and another hypothesis on the other side (Organopathio Pharmacodynamics)? The Homœopathician quits all and every hypothesis; the totality of symptoms, mental and physical, subjective and objective are to him *all* that can possibly be ascertained of the so-called *disease*, he applies the law of the similars, resorting to a *materia medica* in which he finds all the known mental and physical as well as the subjective and objective symptoms produced on the well individual by a drug; and if he applies that drug well potentized under the restrictions laid down by the master — especially not to repeat the dose administered until that dose has exhausted its effects, he will realize the true meaning of “the action of one dose.”

A few more words about what Dr. Sharp calls, “the transcendental question of infinitesimal doses.” The question of infinitesimal doses is not a transcendental question, it is a question of *facts*! It is the easiest thing in the world to come to a satisfactory decision of all such questions; they are not solved by entering on transcendental theories

or speculations or hypothesis, they are solved by putting the question to "nature." Question: When does potentiation produce an inert dose? Does the 30th, or 200th, or hundred-thousandth, or the one-millionth potency possess sick-making and also curative powers? The only sole satisfactory solution of this question can be readily obtained by the actual experiment! Have we found by actual experiment that highly potentized drugs retain their sick-making power? We answer in the negative! The action of one such infinitesimal dose when taken by a well person who is susceptible to the action of drugs, (there are persons who are not susceptible to the action of most drugs), will develop its sick-making power on the third day (if not sooner), and continue for a considerable length of time, and finally and lastly the organism will rid itself of the sick-making, health disturbing drug just as the organism rids itself of all other noxious influences by way of what is commonly termed a crisis—an expulsion of the noxious disturbance. The experiment will be most successful and elicit very important symptoms if the individual which proves the infinitesimal dose is very susceptible to the influence of that drug. There are persons who may be termed over-sensitive, who never can take the smallest dose of crude *Chininum sulph.*, or *Calomel*, or *Opium*, or any other less frequently abused drug. Such a person will be readily affected by the very highest infinitesimal doses in our possession; and by a logical sequence, an infinitesimal dose possessing a sick-making power, must also possess to the same degree a healing (curative) power. To further discuss the question of the dose, is at present not desirable; it is the *last* question to be discussed, and while to our thinking the acceptance of the infinitesimal doses must logically, and therefore by necessity, follow the acceptance of the very first teachings of the master, i. e., that it is our first and only duty to heal the *sick*, *not* as Dr. Sharp has it diseased organs and tissues; or as the celebrated pharmacodynamist, (Dr. R. Hughes) has it, sick physiology or diseases; therefore these primary fundamental questions should be first settled. Dr. Sharp as well as Dr. Hughes present to the medical world two differently ridiculous caricatures, both oppose Hahnemann's very first teachings, both see *not* the totality of symptoms, both see not the dynamic causes of the diseases, both agree upon an opposition to Hahnemann and agree on the promulgation of materialism. How much Dr. Sharp will do in his suit *vs.* Hahnemann, the future will teach; but we make bold to predict that Hahnemann will live as long as there are people sick in this mundane world, will live to be admired

and to be followed by all conscientious and intelligent healers, to live, that his teachings adapted will be developed, when the pamphlets of Dr. Sharp will go — for old paper.

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## Hospital Department.

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### HAHNEMANN HOSPITAL CLINICS.

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#### *PUERPERAL PNEUMONIA.*

A CLINICAL LECTURE, DELIVERED BY PROFESSOR R. LUDLAM, APRIL 9TH, 1877, IN THE HAHNEMANN HOSPITAL OF CHICAGO.

Reported by E. S. Bailey, of N. J., Med. Student.

As members of the clinical classes which have accompanied me to my ward in the hospital for the especial study of the puerperal diseases, you will all remember case No. 2098. It was one of puerperal pneumonia, and possessed many points of practical interest. Despite our best efforts, the poor woman died. An autopsy was held last evening, but before showing you the results of that examination, I will refresh your memories with a very brief history of the case.

CASE 2098.— Aggie M., aged twenty-three, came to the hospital, thoroughly wet from walking in a snow-storm. Ten minutes after her admission she was delivered of a still-born male child at the seventh month. She had had two full-term children before. Excepting the signs of a bad cold, and a very troublesome dry cough, which she said she had had for several days, her condition was good. On the second day, the lochia, which had been very slight and offensive, disappeared, and did not return until the morning of the fifth day, when it came for a little, and then ceased altogether. She had no chill until the afternoon of the fifth day, and no pain in the chest until the eleventh day. The chill was repeated on the twentieth day. The pain began over the right lung, and extended to the left. It was worse when coughing, and from lying on the right side, and finally spread over the abdomen, and was accompanied by diarrhoea. During the night of the fifteenth day she complained bitterly of pain in the left ankle, which was swollen, but not discolored. For twenty-four

hours that ankle was exquisitely sensitive, and then the pain subsided. On the morning of the fifth day she had a dizzy headache, with slight epistaxis. From the first there were circumscribed flushes, of a carmine hue, on the cheeks, but the general complexion was dusky. Until the eleventh day, the most careful physical examination, frequently repeated, failed to elicit the signs of pneumonia. She did not expectorate anything, but swallowed the mucus, like a child. This evidently caused the vomiting, which began at the end of a fortnight. On the seventeenth day she had hoarseness, which continued, and the stools became more frequent and offensive. A typhoid condition supervened. On the twenty-first day she raised some bloody mucus, containing a small quantity of pus. The breathing grew more difficult, the stools involuntary, and she died on the morning of the twenty-fourth day.

The autopsy, made with the assistance of Messrs. Rockey, Lanning, Myers, Todd, Barker and Pillsbury, of the medical class, revealed an abscess filling three-fourths of the upper lobe of the right lung, and a smaller one, involving the internal and external surfaces of the left ankle. The liver was healthy. There was a clot in the right auricle of the heart, but there were no thrombi in the pulmonary vessels. In patches the mucous surface of the small intestines was ulcerated, and almost gangrenous. The uterus and its appendages were undergoing the proper changes. There were no traces of uterine phlebitis.

This record omits the treatment, of which you already have the details, in order that I may call your undivided attention to other points in the clinical history of this disease.

Puerperal pneumonia is, comparatively, a rare affection. It may be either primary or secondary. In the first of these varieties it may have existed before delivery, as it undoubtedly did, but in a latent form, in this instance. The secondary pneumonia of childbed is very apt to terminate in abscess, and if my experience is a reliable criterion, the same is true of idiopathic puerperal pneumonia in those who miscarry with still-born children after the sixth month.

Secondary puerperal pneumonia most frequently succeeds or complicates the pelvic or abdominal diseases of the lying-in state, viz.: Peritonitis, metritis, metro-phlebitis, and inflammation of the broad ligament. In case of metastitic abscesses occurring in the lungs, the lesion is the consequence of embolic infarction, or of obliteration of some of the pulmonary vessels.

Primary puerperal pneumonia may be due to the same causes that will produce an attack of pneumonia in the non-puerperal state. Its most powerful predisposing causes are the existence of bronchitis developed by pregnancy, and the rapid evolution of tubercles which is

sometimes hastened by the same condition. It seldom begins with a chill, and it may be latent.

The pneumonia of childbirth is sometimes epidemic. In its secondary form it may commence as early as the fifth, or as late as the twentieth, day. In either case it is caused by an extension or translation of the disease from other viscera. The local causes which invite or suggest its development are the occurrence of very small purulent deposits, of metastatic abscesses, or of tubercles in the pulmonary tissue, or the previous existence of pleurisy.

There is a variety of this secondary pneumonia which was first described by Hervieux, in 1867, which he styled the *hypo-pleuritic*, caused by contact of the lung with an inflamed pleura.

The local symptoms of puerperal pneumonia are the same as in ordinary pneumonia. The only exceptions to this rule are in case the lesion is masked by pleurisy with extensive effusion, or is limited to one or more of the lobules of the lung. Our patient had lobular, instead of lobar pneumonia, and hence the obscure nature of the attack, the absence of the proper physical signs, and of expectoration, and the lingering nature of the disease. She was ill from the date of her delivery, with an unmistakable primary pneumonia, but the local symptoms did not correspond until the eleventh day.

Now, whether this limited, lobular inflammation was due to an infarction, or the blocking up of a small pulmonary vessel by a floating shred, which was detached from the thrombus, that we found on the autopsy in the right auricle of the heart, I cannot say. It may have been, for this is not a post-mortem clot.

Whatever its direct cause, the disease was circumscribed and essentially latent. You remember our search for the physical signs of pneumonia; crepitus, sub-crepitus, bronchial respiration, absence of the vesicular murmur, and dulness on percussion could not be recognized. We were equally certain that it was not hypostatic. My friend, Prof. John C. Morgan, visited her with me on the ninth day, and subjected her to a very critical examination, but failed to detect any physical trace of pneumonia. It was only when the lesion had spread and come toward the surface of the lung, when it had ceased to be lobular and had become lobar, that she began to complain of pain on coughing and in lying on the affected side, to expectorate like an adult with pneumonia, and to offer the proper physical signs of that disease. And this did not occur until the eleventh day.

If this had been a case of secondary pneumonia, the absence of these

signs might easily be accounted for. If our patient had first been ill with some pelvic or abdominal inflammation, and afterwards with pneumonia, the evolution of the chest symptoms would certainly have been delayed. But it was not so. Neither Dr. Pillsbury's record, nor the revelations of the scalpel, show that she had any primary disease outside of the thorax.

The course and duration of the disease confirm our view of the case. If puerperal pneumonia follows a serious attack of peritonitis, phlebitis, or of endometritis, it usually terminates fatally within three days. The same is true of the metastatic abscesses in the lung, when the patient has a marked purulent diathesis.

More than this, the general symptoms of secondary puerperal pneumonia very readily assume the typhoid character. If our patient had had that form of the complaint, the typhoid symptoms would certainly have appeared a fortnight sooner than they did. A knowledge of this fact will sometimes give you a great advantage in the treatment of puerperal pneumonia.

When the disease is complicated with tuberculosis it is necessarily of a serious character. I would not despair of a cure, however, unless the phthisis is far advanced, or the pneumonia is secondary upon some puerperal affection, as well as upon the tuberculosis. We must not forget that there are cases in which, while pregnancy has apparently arrested or suspended the development of tubercles, the puerperal condition may have an opposite effect. With some women this fatal acceleration of phthisis is very marked.

If this form of pneumonia is complicated with pleurisy, and more especially with pleuritic effusion, the risks are increased by the tendency of the contained serum to degenerate into pus, and to form an abscess. These cases recover very slowly.

Metastatic abscess in the lung, like the case of mammary abscess which I have shown you, may be salutary. They sometimes afford a means of escape and diversion for poisonous matters, a species of safety-valve for the organism, and are not of necessity fatal. In some cases there is a tendency in these abscesses to revert to their original site; and in others to locate themselves in the larger joints, and even in the pelvic articulations. Exceptionally, a secondary abscess in the ankle or elsewhere, in the course of a primary pneumonia, may be a good sign; but usually, as with our patient, it is not so.

Grisolle's idea that the pneumonia of pregnancy is a very serious affection is undoubtedly correct; but there are some cases of broncho-

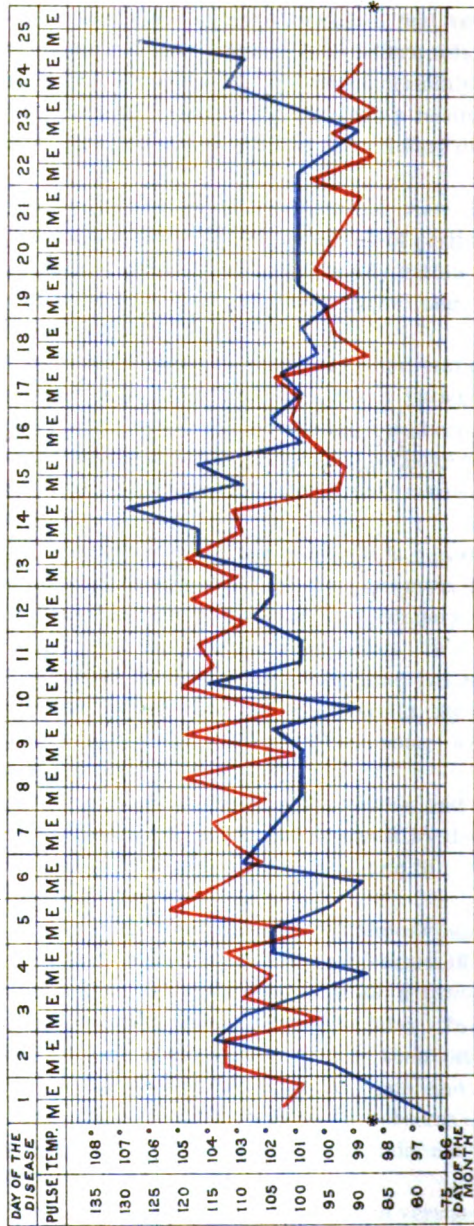


# HABNEMANN HOSPITAL OF CHICAGO.

## Woman's Clinic;

Case No 2098

Service of Prof. Ludlam.





pneumonia of a catarrhal nature which come over from the pregnant to the puerperal state, that are curable. So that the prognosis is not always unfavorable. It is said to be a bad sign when the odor of the breath distinctly resembles that of the lochial discharges.

When puerperal pneumonia is complicated with very grave general conditions, or when it is hypostatic, we should be chary of promising to cure it. Occasionally, no doubt, the pulmonary lesion affords a diversion, which, although it is beset with danger, may be salutary and curable. Usually, however, as in other puerperal diseases, the prognosis varies not only with the vitiation of the blood and of the secretions, but also with the more or less serious nature of the inter-current affections.

Exposure of the patient to cold and wet, and to injurious atmospheric influences, when it has caused pneumonia during the lying-in, sometimes appears to stamp it with an almost necessarily fatal character. It was for this reason, among others, that I felt extremely anxious in regard to our patient at my first visit. You cannot have forgotten my remarks upon this subject.

This drawing on the blackboard will give you the morning and evening record of the pulse, and of the temperature in the case under review. (See the accompanying illustration). The blue line indicates the pulse, the red one the temperature. The figures are already in your case-books, but this chart is more graphic and suggestive.

Observe that, in this instance, the septic period was extended until the close of the thirteenth day. This is somewhat unusual, and is referable to two causes; (1) to the total suppression of the lochia, and (2) to the fact that at first the pneumonia was circumscribed, and of very limited extent. For the space of eight days, with two brief exceptions, the temperature did not fall below  $102^{\circ}$  and then it only reached  $101^{\circ}$ . While this state of things indicated exemption from immediate danger, in so far as the lungs were concerned, it could not continue. The local lesion must declare itself, by lowering of the temperature, and by a disclosure of the physical signs which should and did unmask the pneumonia.

When this septic period had passed, and the pneumonia had become lobular, the descent in the scale indicated the drift towards suppuration. A falling temperature, in cases like this, always foretells one of two things, *id est*, either suppuration or convalescence. If the decline is gradual, and the general and local symptoms improve accordingly, the prognosis is favorable. But, if the local symptoms become more

extended and manifest, and a typhoid condition sets in, the very approach of the temperature to the normal standard implies the risk of abscesses, and is full of danger. It is under such circumstances that one may be gratified and encouraged, as we were on the eighteenth day, by a rise of the temperature; but, if it drops again suddenly, as it did on that day, and more especially at evening, our hopes will be blasted.

So that, in similar cases, it will not always be safe to conclude that, because the temperature has become more nearly normal, therefore our treatment has been most fitly chosen, or that our patient is getting well. Invaluable and indispensable as is the clinical thermometer in the diagnosis, prognosis and treatment of all kinds of puerperal affections, it nevertheless may be insufficient to meet all the requirements of the case. We must not rely upon it exclusively.

In the study of puerperal pathology there is nothing more tricky than the pulse. But the record of the pulse in our case had a certain significance, which this blue curve-line will keep in your minds. Observe that the relative position of these two lines is changed from the thirteenth day. Until that time (excepting for about twenty-four hours beginning on the evening of the second day), the heat-line was invariably the highest. But from the evening of the thirteenth day forwards, this order was exactly reversed. The inference to be drawn from this clinical fact (which is absolute and not fanciful) is that an exclusive reliance upon either of these two methods of examination would certainly have misled us. To have judged by the pulse alone in the first half of the period you would have said that the patient was doing well; and to have depended upon the thermometer exclusively in the last half of it, you would have decided that there was no danger. There are cases like this in which the contrast and comparison of these two curves is worth a hundred times more than either of them alone. This is one reason why I have had them arranged for you on the same chart. They should always be studied together, and compared with each other. Their conjoined use will enable us the more accurately to perceive the real constitutional condition of the patient, and therefore to make a better prognosis and a better prescription.

Here is the morbid specimen which illustrates our case. Three-fourths of the upper lobe of the right lung are involved in this abscess. You can see its outline, and when I turn it inside out the whole suppurating surface is exposed.

The pus is thick, and of a greenish yellow color, and we find by

cutting that it had pushed its way into the right bronchus. If this discharge had overflowed into the larger tubes the patient must have died from suffocation. For, in her weak state, it would have been impossible for her to have expectorated so large a quantity at one time. Whether this lesion began with the embolic infarction of one or more of the small pulmonary vessels, we cannot say. According to Virchow, if the abscess had been metastatic, it must have originated in that manner. It is very probable that the abscess at the ankle was due to the plugging up of some little vessels in that vicinity. But in this case the pneumonia must have followed the usual course in its local development,—always remembering its lobular character. There was probably engorgement, then effusion, fibrinous coagulation, extension of the disease, and a gradual coming on of the suppurative process.

When the stage of red hepatization is reached, in puerperal pneumonia especially, there is a fearful tendency towards purulent infiltration. Hence the simplest and most circumscribed attack of primary pneumonia in a lying-in woman may develop into an abscess, as this has done, and quite independently of pulmonary infarction. In secondary puerperal pneumonia this termination is the rule and not the exception.

I take pleasure in showing you the uterus and its appendages. You will be struck with the thickness and firmness of the uterine walls. As we cut through them there is no evidence of phlebitis, and the lining membrane of the cavity appears healthy. The ovaries and other appendages are normal. You can examine the heart-clot, and this section of the ulcerated intestine at your leisure. \* \* \* \*

These convergent facts are worthy of your notice, and study, not only because they will be likely to repeat themselves in your own professional experience, but also because, at present, there is almost nothing in our language on the subject of puerperal pneumonia.

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### COLORED SPECTACLES.

Dr. Magnus condemns the use of blue glasses as a protection for the eyes, and prefers the smoky glasses used in England. He considers blue glass specially irritating to the eye, and says that many birds, reptiles and amphibians have yellow or reddish oil drops in the eye to neutralize this blue color and protect the eye.—*American Observer.*

## Obstetrical Department.

### A CASE OF DISPLACEMENT OF THE OVARY

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

When we consider the extreme mobility of these organs and the laxity of their supports. We may well wonder why they are not oftener displaced than they are.

It is probable that they are much oftener displaced than we are aware of, for it is very difficult to diagnose the difficulty, unless we are allowed a thorough examination.

The case I am about to relate will illustrate the severity of the suffering which may ensue, and the method of treating similar accidents.

A young, married woman, previously healthy, with the exception of obstinate constipation, reports that her last menstrual period, which usually lasted six days, reached eight or ten days, and was accompanied by more pain than usual in the ovarian regions.

During the next month she felt a painful uneasiness in the right ovarian region, with dragging sensation all through the pelvis. These symptoms increased and became greatly aggravated when the menses appeared. She had flowed several days, when I was sent for one night when she was in great agony, with prostration and cold sweats.

Being ill I sent some *Viburnum* and some *Chloral* to be used if the former did not relieve the suffering. The next morning on visiting the patient, I found that the *Viburnum*, gave no relief, and the *Chloral* (twenty grains) was taken, with the effect of giving her a few hours of fitful sleep. The pain has returned, and from her vivid description I supposed it to be a case of *retroversion of the uterus*. It lacked, however, one essential symptom of acute retroversion — namely: *the constant desire for stool, with tenesmus*.

*On examination* I found the uterus high enough in the pelvis, but the fundus was thrown to the *right* and the cervix to the *left*, being a case of *lateral flexion*. The *right* ovary was found displaced and dropped into the *cul-de-sac* of Douglas, a little to the left of the median line. It was swollen to four times its natural size and so exquisitely tender that the slightest touch caused intense suffering

and faintness. She informed me that the only position she could rest with *any* relief was on the knees and shoulders. In this position the severe dragging pains were ameliorated. With the greatest carefulness and patience, using steady, upward pressure, while she lay upon her back I succeeded in elevating the ovary until it disappeared from touch, when a sense of great relief to the patient followed. She was ordered to lie on the left side, or on the face with the hips elevated, or if the pain returned, to place herself immediately in the knee and elbow position until relieved. There was intense tenderness over the entire lower abdomen, with soreness on movement, slight fever, pulse 96; temperature 102. *Aconite* and *Belladonna* was prescribed, with tepid compress of *Hamamelis* water.

The next day she was greatly improved, but had found great difficulty in preventing the ovary from falling. As the pain had subsided *Apis* was given instead of the *Aconite*, and an enema for the bowels ordered — as the rectum contained a hardened fecal mass.

The next day found the bowels had operated, but on examination found the ovary lying within reach and trying to fall into the *cul-de-sac*.

Fearing another displacement I placed an ordinary elastic ring-pessary in such a position as to prevent its occurrence. Continued *Apis* and *Bell*. During the next few days rapid improvement in all the symptoms followed but when she tried to sit up, or stand upright the dragging in the left ovarian region still annoyed her.

As *Lilium. tig.* covered all these symptoms, as well as many more in the history of the case she was placed under the influence of the 4th trituration of the *pollen*, which I consider the real medicinal portion of the plant. (I have been frequently disappointed in the action of *Lilium*, and had been somewhat skeptical of its virtues, until I procured and prepared a trituration of the pollen *just matured*. Since then I rarely fail to see prompt curative effects.)

Under this remedy my patient has steadily improved. The pessary was removed, and, with due care, no untoward symptoms have appeared. The pain, tenderness, and cramps have disappeared.

We should be cautious about giving a decided opinion, or even treating a case of abdominal and pelvic pain, in a woman, without primarily making an examination. This case might have ended seriously, by resulting peritonitis, ovaritis, or pelvic cellulitis, had the inflamed organ not been replaced and kept *in situ*.

**CHRONIC OVARITIS, WITH OVARIALGIA AND  
DISORDERED MENSTRUATION.**

BY B. H. CHENEY, M. D., NEW HAVEN, CT.

In the following case, italicised symptoms are those, the totality of which led to the choice of the remedy. They are noted in the course of the description, to avoid needless repetition.

The patient, Mrs. —, aged thirty, a medium-sized brunette, a woman of culture and sense, not subject to hysteria. Temperament, something between the timidity of *Pulsatilla* and the *hauteur* of *Platina*; not yielding, like the former, but *quick* and *excitable*; not egotistic, like the latter, but rather *fond of the good opinion of others*. *Disposed to use strong language*. Apparently imperious, yet essentially feminine.

HISTORY.

Although never robust, she formerly enjoyed ordinary health. Some twelve years ago she had an attack of typhoid fever. The second year thereafter, she went to Europe, and returned with her system saturated with the malaria of the Pontine marshes. Now, whenever exposed to malarious influences, she is made to feel her susceptibility in one way or another. She has, accordingly, been subject to derangements of the liver and spleen, and to neuralgia, variously located. In the meantime, she has given birth to two children, the elder now (June 1876), seven, the younger, one year of age. With the first child, the *menses reappeared* at the eighth month, *while nursing*; with the second, much earlier.

PRESENT CONDITION.

She now seeks relief from a distressing *pain in the right ovary*, with a *drawing downward*. This pain is more or less constant, but is especially severe before, during and after menstruation. It is aggravated by *standing*, and by *motion*; it is relieved somewhat by *rubbing* and warmth, and by *lying down*. It is accompanied by a *bearing-down sensation*, as of *weight in the pelvis*, or as if the uterus were prolapsed. Other accompany symptoms are, *headache*, some nausea, accumulation of *slimy mucus in throat* and mouth, together with *glairy leucorrhœa*, indicating a catarrhal condition of the mucous membranes; also, *soreness in the abdomen, especially on the right side*; pain shooting from right groin, down corresponding thigh; *pains in regions of liver and spleen*; *flatulence*; *constipation*; *frequent micturition*, with *stitching in the urethra*; *rheumatic pains in different parts, changing frequently*;

great disinclination to any kind of exercise; lassitude, and desire to lie down; cold hands and feet; inactive circulation, and tendency to venous congestions.

She is now *nursing* her second child, and is *menstruating* each month, with this peculiarity, that the interval is at one time five weeks, the next time three weeks and so on, with alternate regularity. The period following the five weeks' interval is characterized by menorrhagia, profuse and lasting; that after the three weeks' interval is natural.

Her general appearance is sallow and cachectic. There is no hardness or lump to be discovered in the region of the right ovary, but some tenderness on pressure. The pain is the chief thing in the mind of the patient. Neither vaginal nor rectal examination was made.

#### DIAGNOSIS.

This was evidently a case of chronic ovaritis, with ovarialgia. Its accompaniments, both local and general, were easily ascribable to the long continued operation of repeated attacks of malaria, aided formerly by the cumulative effects of large quantities of *Quinine*, *Arsenic*, and *Iron*. Latterly, the lady having become a strict Homœopathist, she has taken nothing except Homœopathic remedies, singly, and usually at the 36th attenuation.

#### TREATMENT.

For this difficulty, she had already, of her own accord, taken *Sepia* and *Belladonna*. My first prescription was *Apis* 30, which did no good whatever. As the period after the long interval was close at hand, during which she always flowed excessively, and as there was an undoubted malarious origin, to much in her condition, and as some slight nausea was even now present, she was advised to take *Ipecac* 200. This had the effect to make her feel better in a general way, and to modify the flow at the period. But it did not relieve the dull pain in the ovary. Following the period, she took *China* 200 for a day or two, but was still suffering, from time to time, with the ovarialgia, when I was again called to see her.

It was evident that this case demanded a more distinct individualization than was afforded by its pathological features alone. A careful study of its symptoms led to finding them nearly all under *Palladium*. This remedy was accordingly given at the 200th potency (Tafel), with a result very gratifying to both the patient and myself. The pain was promptly relieved, both at that time and on several

subsequent occasions of recurrence. The menses now (six months later,) appear at regular intervals, although how much of this may be due to the curative action of the *Palladium*, is, of course, open to question.

#### REMARKS.

The *Apis*, prescribed in a general way, from its pathological relation to the right ovary, was a poor prescription, as shown by comparison of its symptoms with those of the case, and by its result. *Platina* seemed on a cursory view, to be indicated, but a more careful study of the patient's temperament (an important element in the choice of the remedy), showed that it was not so much of the *Platina* type as it at first appeared; and farther, the menorrhagia of *Platina* accompanies *premature* menstruation, and its symptoms generally are aggravated by rest, and ameliorated by motion. The reverse was the case with the patient.

This simple case is only one of many which go to show that there are points in pathology which science cannot as yet determine, and which, for therapeutic purposes, only the symptomatic correspondence of the remedy can find out.

*Palladium* would seem to deserve, on account of its ovarian and uterine characteristics, more attention from physicians than it has yet received. It has many points of similarity to polychrests, such as *Bell.*, *Plat.*, *Puls.*, *Sepia*, etc., and yet is *sui generis* in both its mental and physical symptoms. In Dr. Allen's work we shall doubtless have its sphere and scope more fully defined.

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#### ON SEXUAL WEAKNESS.

The "reply" to "Sexual Weakness," on page 239 of THE UNITED STATES MEDICAL INVESTIGATOR, was of interest, and draws out a few thoughts from me.

Section four speaks somewhat of the woman's part of coition, to which might be added, the culmination of the act on the part of each depends much upon their individual movements. While they are usually harmonious, yet each may have those particularly calculated to excite their own passions. This being the case, the man has a decided advantage over the woman, who is cumbered, and borne down by his weight. He therefore is enabled to culminate the act



upon his part before she becomes excited to any considerable extent. To overcome this discrepancy, especially in cases where it is well marked, I have recommended that the woman take the upper side, and thereby facilitate free and easy movements, and if, by reason of weakness, he is particularly quick, let her make all of the manipulations in introduction (which may be facilitated by moistening or lubricating the penis with saliva, or whatever may be most convenient), and the subsequent movements, which will enable her to culminate the act upon her part in harmony with, or prior to him. While this may at first appear somewhat awkward and self-denying upon his part, it will, in my opinion (based upon observation), materially aid in bringing about that harmony which is so desirable in those who are "one flesh."

In addition to treatment, I would add cool water, either a sitz-bath, or applied locally, over the region of prostate gland and lumbar vertebrae. *Causticum* has cured a few cases of seminal weakness for me, in which the cracking of the joints was noticed. *Ferrum phosphoricum* (Schussler's) is known by me to have produced nocturnal emissions, and I believe has benefitted materially one case of seminal weakness in which venous congestion was apparent, was indicated in this case, by hæmorrhoids.

ALEDO, Ill.

T. J. MERRYMAN.

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## Medical News.

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### Removals.

Dr. E. C. Parsons from Rantoul, Ill., to Meadville, Pa.

Dr. W. A. Edmonds from Memphis, Tenn., to St. Louis, Mo.

Dr. J. G. Malcolm from Flint, Mich., to Memphis, Tenn.

Dr. H. N. Baldwin from 1002 Wabash avenue, to 364 Park avenue, Chicago.

Dr. G. E. Palen from Tunkhannock to Philadelphia, Pa.

Dr. S. J. Bumstead from Pekin, to Decatur, Ill., where he takes the practice of Dr. Routh.

Dr. J. W. Routh from Decatur, Ill., to San Antonia, Texas, where he will give special attention to diseases of the lungs.

Dr. C. R. Norton from Madison, Wis., to Philadelphia, Pa., to be resident physician at the Homœopathic hospital for children.

Dr. R. C. Sabin from Mukwonago, to Milwaukee, Wis.

Dr. E. E. Atkin from Oak Center, to Hustisford, Wis.

# The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

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

DUNCAN BROS., Publishers.

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## WANTED.

**WANTED.**—Medical Investigator, vol. 1, ii, iii, iv, *Old Series*. State condition and price. Address, D. A. H., this office.

**WANTED.**—February 1st number, 1876 Twenty-five cents will be paid. Send to S 1, this office.

**WANTED.**—January 1st number, 1877: 25c. will be paid. Send to B., care this office.

**WANTED.**—Gross' Comparative Materia Medica. Address W., this office, with price.

## WANTED.

**WANTED.**—A lady physician who has considerable experience in hospitals of both schools, desires a position in hospital or cure. Address M. E. Hughes, M. D., Iowa City, Iowa.

**WANTED.**—A physician with cash capital of \$1,500 to \$3,000 to help enlarge my Sanitarium, and take a half interest in the same. Reasons for wanting a partner is the fact that I am but just recovering from consumption and do not wish to make the frequent examinations that they require. Address, G. R. PARSONS, M. D., Kerville, Texas.

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## SANITARIUMS.

**OAKGROVE SANITARIUM.**—Prof. H. P. and Mrs. A. M. Gatchell, M. D., Physicians—has been transferred from Kenosha to Highwood, Ill., twenty-five miles north of Chicago. Rooms and situation very pleasant, grand lake view from bold bluffs on the shore; fine drives and walks in summer, besides good boating and fishing. Horace Gatchell, Associate Physician and Business Manager.

**THE KERRVILLE SANITARIUM.**—The mountainous country of southwestern Texas is now acknowledged to be the most healthy resort in the world. Travelers, tourists and invalids declare the scenery beautiful beyond description. I have opened near the head of the Guadalupe river, sixty-five miles northwest from San Antonio, a "Sanitarium" for the reception of "Consumptives" and others needing a change of climate. Correspondence solicited. Address, G. R. PARSONS, M. D., Kerrville, Kerr county, Texas.

THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

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New Series, VOL. V., No. 12.—JUNE 15, 1877.—Whole No. 192.

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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

ALBANY, Oregon May 18.—A few cases of measles, and any amount of intermittents, and a few cases of typhoid. The latter were treated principally with *Bap. tinct.*, *Bry. alb.*, *Rhus tox.* For the intermittents of Oregon, I would have to refer the reader to Lord, or Bönninghausen.

G. W. WILCOX.

SOUTH TOLEDO, Ohio May 22.—Health is remarkably good here just now. No epidemics of any kind. However, intermittent fever is cropping out in many families, which yields readily to *China*, *Ipecac*, *Eupat.* 3 and other indicated cerebro-spinal remedies. THE UNITED STATES MEDICAL INVESTIGATOR, is a welcome visitor.

C. W. MEELY.

ALBERT LEA, Minn., May 18.—We are now having a severe epidemic of whooping cough. In uncomplicated cases *Cuprum* 30: with this epidemic we have very many cases of sympathetic cough in older persons, which often lasts for weeks and is very troublesome, nothing

that I have used seems to cut short the cough except *Opium*. I use from one-eighth to one-quarter grain of *Morphine* to a teacup of water, teaspoonful every half hour.

M. M. DODGE.

GRAND RAPIDS, Mich., May 19.—Scarlatina and diphtheria have prevailed here to some extent for the past six months. Latterly both diseases have assumed a malignant type, and have proved quite fatal under "Old School" treatment, while there is hardly an instance where a Homœopathic physician has lost a case of scarlet fever or diphtheria. This statement is verified by "registration of deaths" in the city clerk's office. My own experience in the treatment of malignant scarlet fever has been that *Rhus tox.* 3x is oftener indicated and cures the worst forms of this disease. There are many indications for this remedy also in diphtheria. My friend Dr. Brigham, of this city, has had admirable success in the use of *Lycopodium* for diphtheria also in the use of *Lachesis* and *Crotalus horridus*. Dr. Brigham usually uses the 30th attenuation.

DEFOREST HUNT.

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### CONSULTATION CASES.

#### PARTIAL PARALYSIS.

Will you be so kind as to tell me whether you would think Hall's voltaic belts would be of any service in a case of *partial* paralysis of the arm and hand, resulting from an injury to the head and spine from a fall.

H. E. B.

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#### ŒDEMA GLOTTITIS.

My experience in cases similar to those stated on page 476 No. 10 of THE UNITED STATES MEDICAL INVESTIGATOR, by Dr. Pittman, suggests *Apis* 3 in acute stage, and 30 later, with no local treatment.

J. R. PIRTLE.

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### SCROFULOUS ULCER CURED.

Mrs. S. aged thirty-nine, nervo-bilious temperament. Applied to me for relief from a scrofulous swelling located on the upper third and the outer side of the left leg. This swelling began about a year ago,

and the *Elixir Iodo-bromo Calcium* compound which she took did her no good.

Oct. 4. I prescribed *Bell.* 30x.

Nov. 1. No improvement but development of a scrofulous ulcer, pale around the edges, and torpid in appearance. Prescribed *Ars. iod.* 3x trit. and Liebig's extract beef locally.

Dec. 2. Patient no better, so I discontinued treatment for a few days. Upon looking over the INVESTIGATOR, I concluded to try the "earth treatment" given in Vol. III., page 543.

I had my patient apply fresh clay (free from grit) three times a day for ten days. I selected *Silicia* for the following symptoms: "Ulcers on lower leg; extraordinary control over the suppurative process; worse at night, better in a warm room; inflammatory redness extending for some distance around the sore; parts surrounding are hard, swollen and bluish-red."

I gave two grain doses of the 30x morning and night for one week, the next week a dose every other night. This finished the treatment, and my patient was entirely cured at the end of six weeks.

GEO. R. MITCHELL.

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## INDICATIONS FOR MUREX PURPUREA IN DISEASES OF WOMEN.

BY B. F. BETTS, M. D., PHILADELPHIA.

By the publication of the following comparisons between *Murex* and some of the other animal secretory products useful to us in the treatment of diseases peculiar to women, I do not wish to be understood as recommending it as a remedy that will supersede any of the old polychrests, such as *Sepia*, *Sulph.*, *Calc. carb.*, *Puls.*, *Lach.* or *Lyc.*, for, as is very well known, each one of these has its own appropriate place, and they have all done so much for "the gentle sex," that their record is imperishable; and not to give them credit for much of the favor with which our system has been received, would be like treating old friends with disrespect. But as *Murex* can sometimes be summoned to our assistance with advantage when other remedies, apparently well indicated, fail to cure, the following comparisons may be of service.

Both the cuttle fish, from which we obtain the *Sepia*, and the *Purpura*, which contains the remedy under consideration, inhabit the same

localities, particularly the Mediterranean and Adriatic seas; and each pours its own secretion into a pouch or bag located near the centre of its body. And, as we might expect from these *natural* relations, we find these two remedies having very similar pathogeneses. If with these we classify *Apis* and *Lachesis*, we will have four animal secretory substances which act upon the female reproductive organs in a marked degree. If we generalize, we may say that *Apis* and *Lachesis* act upon the ovaries especially, whilst *Sepia* and *Murex* act more upon the uterus. *Sepia* and *Murex*, more than *Apis* and *Lachesis*, disturb the regularity of the menstrual flow. (If we adopt the nidation theory of menstruation, we can account for a remedy acting upon the uterus to disturb the regularity of the menses without actually causing the rupture of a Graffian follicle each time to produce the flow.)

The *Sepia* patient has *late and scanty menstruation*. The *Murex* patient has *frequent and profuse menstruation*. (This is the great characteristic difference between the two remedies.—C. Dunham.) And there is usually an attendant upon the latter condition, a *strong sexual desire*. The *Sepia* patient has but little sexual desire; she is melancholy, sad and indifferent, even towards those she loves, and members of her own family. The *Murex* patient is of a nervous temperament; a lively and affectionate disposition, or the opposite condition of melancholy may prevail from the effects of disease, as has been noticed in conjunction with cancer of the uterus, for which *Murex* has been given with good results in some cases. *Apis* and *Lachesis* both have *suppression* of the menses, with congestion to the head; and *Lachesis* may sometimes be indicated in *scanty* menstruation, but mostly after *Sepia* has been previously administered, and when the flow of blood from the vagina produces marked relief. *Murex*, *Sepia*, and *Lachesis* will each produce favorable results in ulceration of the os uteri, when indicated by the symptoms; whilst *Apis* will have but little influence upon the *ulcerated* condition. *Murex* will be indicated when there is soreness complained of in the region of the cervix, or a feeling as though something was pressing on a sore spot in the pelvis, with pain in the right side of the uterus going into the abdomen or thorax; with watery, greenish, leucorrhœal discharge that is irritating to the parts; with dragging and relaxation in the perineum; pains in the hips, loins, and down the thighs, with great suffering from exertion. The indications for *Sepia* are very similar. It produces the same kind of leucorrhœal discharge, and similar painful sensations in the hips, loins and thighs, but when the menses are *early and profuse*, *Murex* is to be

preferred. *Lachesis* will be indicated in ulceration of the os, when the ulcer is very sensitive to touch, bleeds easily, when there is a sensitiveness (no soreness) about the abdomen that renders the contact of the clothing very disagreeable; strong sexual desire, and menses regular (*Lyc.* is often indicated *after Lach.* and will produce a rapid change in the condition of the ulcer).

*Sepia*, *Murex*, *Apis* and *Lachesis* are frequently indicated by the character or location of the pain complained of. The pains of *Murex* are described as sensations of soreness, or there may be stitching pains in the os uteri. The pains of *Sepia* are shooting, stitching, and burning in character. *Apis* has sharp, plunging, *stinging*, stabbing pains in the uterus or in the head; sometimes followed by convulsions during the menses, pain in the *right* ovary. *Lachesis* pain grows gradually worse and worse, until a flow of blood occurs from the vagina, when the pain is relieved; after a while it gradually comes on again, to be again relieved by a similar flow, pains going up into the chest; *left* ovary affected, with aggravation after sleep. The frequent and profuse menstruation of *Murex* renders it similar in this respect to *Calc. c.*, but with *Calc. c.*, the abnormality seems frequently to depend upon some dyscrasia of the system, unattended by pathological changes in the uterus. And, as with *Nux. vom.*, and other remedies having frequent and profuse menstruation, the symptoms are sufficiently characteristic to distinguish between them.

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## Ophthalmic Department.

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### ON THE TREATMENT OF MYOPIA.

BY S. J. BUMSTEAD, M. D., DECATUR, ILL.

The history of controversies, were it written, would show in many instances an important omission in the beginning, which used, would have prevented altogether the long and tedious arguments *pro* and *con* that followed. I am of the opinion that an omission of this nature on the part of the writer on this subject in the April 15th number of this journal, in his first articles upon this subject, has made necessary the

questioning of his results by others. I think those who read the articles upon this subject will generally agree with me, that the whole claim and stress was laid upon the medicinal cure of myopia, for assuredly this was the essentially novel feature of his statements. We all knew him to deal with apparent myopia before, and we are forced to the conclusion that Dr. W. meant to inform us how to cure myopia, at least in many instances; and this we must believe, notwithstanding his many explanatory statements. If this view is not correct, why did he not at first state explicitly, as he now endeavors to do, that he had added another means to the curative measures against *apparent* myopia, whether existing in myopes or hypermetropes? Then the whole gist of the matter would have consisted in this: His statement about the action of potentized doses of *Physostigma* being true, a pleasanter and readier method of combating apparent myopia would have been before the profession, and no doubt would have met with a cordial reception, and been submitted to the test of experience without much prejudice against it. The whole question should have been as to the action of *Physostigma* upon ciliary spasm; but being put forth in the unfortunate manner he saw fit to do it, he should adopt the only manly course left to a scientific man, viz: apologize to the profession for his previous hurried and incomplete statements, and state now what he does claim, and what he does not. He should not consider it derogatory to his character or attainments, to make an acknowledgment of this kind, for it is a distinctive feature of scientific men, that they do not hesitate to give up a pet theory, so soon as one capable of explaining a larger number of facts than their own is presented. Taking this view of the case we certainly, in a friendly spirit, would advise Dr. W. to avow any errors of statement he may have made, and from this time forward to place himself right upon the record. The profession will then have but the one question to decide, viz: whether the *Physostigma* internally, will be as reliable as *Atropine* in all cases of ciliary spasm, in myopia as well as hypermetropia. Dr. W. will certainly find it quite a relief to unload himself of a part of his burden, and we shall all be gaining something thereby.

A very pertinent question in the outset is, what constitutes myopia? and we think it must be answered in only one way, viz: that condition of the eye in which the rays of light are focused anterior to the retina, and fall upon that membrane only in circles of dispersion; and this either on account of a lengthened antero-posterior axis, or the axis remaining the same as an emmetropic eye, the lens having a perma-



nently increased refractive power. Now we do not think this is any forced definition of myopia, and if correct it will easily be seen that all the cases Dr. W. has given us as samples of the cure of myopia, cannot be brought in this category, because the very results he boasts of would remove them from any other class than that of apparent myopia. Here then is the omission the doctor was guilty of from the first, in not having written *apparent* before myopia, then all would have been clear as day-light, and the only question, that stated above, would have remained. Even in the cases he recites, where a certain degree of myopia existed, upon first examination showing a much higher degree, leaving after treatment only the lesser, no cure of myopia can be talked of, because it was not permanent, and whether this state would finally have resulted in the higher degree, becoming permanent or not, it is clear that it cannot be considered anything but false, or apparent myopia, so long as it can be set aside in this way. While there is some probability that myopia may be acquired, I hardly think it is regarded in the positive manner spoken of by Dr. W., though the opinions of Professor Arlt have great weight with me. What would the professor think of me if I had announced with considerable flourish, a new remedy for whooping cough, and after considerable discussion and denial of its efficacy by many, should smilingly come to the front with the declaration that my remedy was not so much for whooping cough, as for its various complications; that as they were all one and the same, there could be nothing justly urged against the scope of my claim? Another point: If *Physostigma* acts just as well as *Atropine* in ciliary spasm, why will it not overcome that state in cases of hypermetropia? If it does, Dr. W. has not given us any examples of its efficacy in such conditions. I have also been accustomed to doubt results which can only be perceived by rare and gifted mortals or believers, and when these cannot be perceived by skeptic and believer with equal readiness, I unhesitatingly pronounce the thing in question a fraud. If no one but Dr. W. is able to get such results from *Physostigma*, then I shall have no hesitation in considering his claims fraudulent. I would also suggest to the doctor that it might throw some light on the subject, if he would give us a report of some of the cases where, after glasses had been used a long time were dispensed with, vision being greater, rather than less, in consequence, the period of a year or more had elapsed, in order that we might better judge of the *success* of even the cases so *apparent* to him. In conclusion we would say that inasmuch as Dr. W. quotes himself to prove that he only meant apparent myopia in the

beginning, we are surely justified in quoting Dr. Woodyatt again, to prove the contrary, and for that purpose insert the following from his June article, 1876: "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, (in fact universal, with one exception, viz., Dr. W.) 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." (Italics are his.) If the above language is not intended to convey the idea that the prevalent notion that myopia is incurable is incorrect, and therefore curable, we do not know what it does mean, and will look feverishly for Dr. W. to rise and explain.

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## Surgical Department.

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### *A POST MORTEM OF A CANCER CASE.*

I assisted a short time ago at an autopsy of a lady aged forty, who was attacked by a cancer in the left breast, some two years and a half ago, and the breast was entirely removed, a short time after, with the knife. It was not long, however, before two more tumors appeared in the axillary lymphatic glands, which were also removed in the same manner, only to be followed by two more of like character near the same place, but closer to the axilla. These two tumors were treated by electrolysis, and internal administration of Homœopathic remedies. Still the disease advanced, and the patient after awhile employed a cancer doctor, who applied his blisters to the tumors, only to see them increase in extent, and discharge an excessive amount of offensive pus. The pectoralis major muscle was now nearly severed, and the cavity produced by suppuration reached far up into the axilla. The former physician was recalled, but death soon resulted from apparent destruction of the lungs. The post mortem revealed the following conditions:

The whole thoracic cavity was invaded by a cancerous deposit. The right lung was entirely destroyed, and reduced to a pultaceous mass, the cavity being filled with serum and pus. The upper portion of left lung presented a normal appearance, but the lower lobe contained a large cancerous tumor. There was also a cancerous mass, weighing four or five pounds, which included portions of the pleura, pericardium and lung lying immediately under the sternum. The ribs were completely studded with small tumors. Otherwise there was nothing unusual in the appearance of the internal organs. I report the case as one remarkable in extent, and will add in conclusion that the patient was treated by both Allopathy and Homœopathy, and the internal administration of remedies was persisted in by both schools of practice. \*

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#### ON SYPHILIS.—A PREVENTIVE TREATMENT.

BY P. W. POULSON, M. D., SAN FRANCISCO, CAL.

Several years since a gentleman called at my office and told, very anxiously, that I had under treatment a friend of his for pox, and that he himself had during the last week several times cohabited with the same girl, who was suffering from a hard Hunterian chancre on the labia. He had at that time no symptoms except this dread, and some, maybe, imaginary, irritation. I gave him *Merc. cor.*, 30, six and eight globules three times a day, for a few days, and he escaped entirely all trace of syphilis. The girl went to northern Iowa, and died shortly after. The friend suffered extremely from anginal ulceration, and was at last cured by *Plat. mur.*

In after years I have given the *Merc. cor.* 30, very frequently, as a preventive, and never yet saw a case of syphilis contracted of those persons who used it, and several had been exposed at places where the female was very conspicuous, and in other instances, a notorious sufferer from syphilis. I will only call attention to this fact, which ought to be tested thoroughly.

Dr. C. Rosenberg, of Vienna, published ten years ago a book on preventives of venereal diseases by Homœopathic specifics, but he kept his remedies as a secret, and called them by numbers, No. 1, 2, and 3, and did no benefit to the medical profession, but made considerable money by the operation, which proved to be a success.

Besides the *Merc. cor.* 30, cleanliness is a necessary factor, and the

*Merc. cor.* gr. one to *Aquæ* iv  $\frac{5}{8}$  or *Arg. nit.* gr. iv to *Aquæ* viii  $\frac{3}{8}$ , used internally for one or two days after every doubtful coitus, has been of good effect.

In order, generally, a small piece of linen to be saturated in the solution, and applied around the caput, and where it is possible the præputium pushed over the linen covering. As the *Thuja*, 30, is the true preventive for small-pox, and *Belladonna* for scarlatina, also is the *Merc. cor.* 30, most valuable in syphilis.

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### *DIFFERENTIAL DIAGNOSIS OF SUB-MUCOUS FIBROIDS AND SUB-INVOLUTION OF THE UTERUS.*

C. H. VON TAGEN, M. D. \*

The following is the history of two cases which came under the care of the writer during the early summer of eighteen hundred and seventy-four, within a brief period of each other. The chief object in embracing them in one statement is for the purpose of contrasting the differences between the two affections, for the very cogent reason that they have not unfrequently been erroneously differentiated, and the consequences have, in several instances, not only been fatal but very humiliating to those who are chargeable with such grave errors.

One who is acquainted with the frequency with which amputation of an inverted uterus, has been performed under the erroneous impression that a fibrous tumor, or polypus was present, will doubtless be surprised and wonder how such blunders could have occurred, especially if it is known that there are so many points of differentiation at command. A report of fifty-eight cases is on record in the "Beiträge Zur Geburtskunde, and Gynakologie," in which no less than seven amputations were made of "inverted uteri," mistaken and operated on for "uterine polypi."

No less skilled an operator than Prof. Willard Parker, of New York, committed the same error, an account of which he magnanimously furnished for publication. It is but justice to the author to state that in this instance the patient, a young lady, recovered. He informs us that the inversion had been induced by a violent effort while rolling ten pins. At the same time the patient felt a severe pain about the uterine region and became completely disabled. The patient menstru-

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\* Professor of Clinical and Minor Surgery, Hahnemann Medical College, Chicago March 1, 1877.

ated after recovering from the operation, a circumstance by no means rare, for we must bear in mind that the uterus is not entirely removed in the operation; the remaining portion or stump being still capable of partially discharging this function.

Others who have committed the same error have not been so favored. More frequently death has resulted from fatal metritis and peritonitis. Such grave mistakes in the light of our present knowledge can only be regarded as inexcusable and criminal. The leading, in fact the sole object of this paper, is to point the way to the uninitiated and inexperienced, so that all of that class who peruse these lines may "*mark, learn, and inwardly digest them.*" It is now my purpose to take up the history of these two cases in the order of their presentation, for the reason that the success which attended the first operation was calculated to induce a hasty conclusion in the second case, particularly as the second case had been previously examined by two experienced physicians and pronounced by them to be a case of uterine polypus, and thus lead to error; fortunately such did not prove to be the case.

CASE I. Was summoned May 24, 1874, by Prof. H. H. Baxter, of Cleveland, Ohio, to see Mrs. S., aged forty-six, married, complexion dark, nervo-bilious temperament. She had been an invalid for seven years, with uterine hæmorrhages, bearing down pains, particularly at the menstrual periods, which recurred with their usual regularity. During these years, had passed under the care of several physicians, all of whom, until she had consulted the professor, had failed to recognize her actual condition, and therefore could not afford her the relief demanded by the nature of the case. She stated that one physician had treated her for painful menstruation (dysmenorrhœa), and the other for threatened miscarriage. She continued in this condition until the time intimated, early in this report.

The following was the physical condition of the patient when I was called. She lay prostrate from weakness and exhaustion, presenting an almost ex-sanguinated appearance, with paleness of the vermilion surfaces, (lips, tongue, ears and finger nails, nasal passages, etc.): was much emaciated; breathed with considerable effort, in other words oppressed; appetite was variable, capricious, "*non est,*" in fact. Stomach was irritable; hands and feet, likewise limbs up to elbows and knee joints, were cold and clammy; eyes sunken and listless; cheeks were emaciated; pulse weak and slow, with much thirst. In fact the case presented the appearance of complete prostration, due in a great measure, no doubt, to the repeated hæmorrhages and sufferings through

which she had passed. A thorough examination was not to be thought of while the patient was in this condition, but a careful introduction of the finger into the vagina and os, with gentle manipulation elicited the presence of a tumorous mass within the uterus, around the lower portion or convex surface of which the finger could be swept without exciting much if any pain. A thin bloody sanies, or fluid escaped, emitting no very marked odor. It was thought best to defer any further exploration or examination until the patient could gather more strength, and she was accordingly put upon a good nourishing light diet, with some mild stimulants. The remedy, *China* 30th dilution, was administered. In the course of a few days she rallied sufficiently to undergo examination and operation. Prof. J. C. Sanders, of Cleveland, was requested, by the writer, to examine and give his opinion of the case. A more thorough examination was entered into on the twenty-fifth day of the same month, and a digital exploration was made. A large pear shaped mass was found occupying the entire uterine cavity, which of course was much enlarged. The patient being placed under the influence of an anesthetic, a free manipulation was made by the entire hand, being introduced so as to grasp the growth, which was also as large, and much the shape of a pound-pear, which from its pendent position, it was inferred, had its attachment to the fundus of the uterus. A uterine sound was now passed, and could be made to circumscribe the cavity of the organ, around the growth, and this organ was found to be largely increased beyond its natural capacity. Manipulation over the hypogastric region in the dorsal decubitus likewise revealed the presence of the uterus which was much enlarged. Rectal examination was made with the same result. Manipulation of the tumor while the patient was conscious yielded no symptoms of pain, but only uneasiness. The growth had been gradual, as its history proved, having been upwards of two to three years in attaining its present size. The surface of the tumor was somewhat irregularly nodular, hard and non-elastic. The conditions above enumerated contra-indicate inversion of the uterus.

All things being favorable as far as could be expected, under the circumstances, it was unanimously determined to operate forthwith. Obtaining the bearings of the tumor by means of our hand and with the other introducing a pair of Volsella forceps, the tumor was seized firmly at its lower and convex surface. By gradual and persistent traction, during fifteen to twenty minutes, it was drawn down into and through the vagina and made to project at the vulva; this accom-

plished, a wire ecraseur (Hicks'), was looped around and carried well up and over the tumor at its point of attachment, and by operating the instrument, very gradually, the entire tumorous mass was removed in a few moments. The loss of blood was very trivial, but to insure against bleeding from the point of separation an application of *Persulph. of Iron*, about one grain to the fluid ounce was made locally. The tumor upon inspection proved to be a fibroid growth of the pediculated sub-mucous variety, and was of the size and shape of a large pound-pear, its point of attachment being two inches and a half in diameter. After the removal the parts were thoroughly syringed with warm carbolized water, about five grains to the fluid ounce; the organ was now carefully and *gradually* replaced. Here let me add that it is an important step in the after part of the proceedings, to see that the *cornua* of the uterus are pushed well up into their proper places, otherwise you may some day find a second affliction in the form of a sub-involuted uterus, an affection even more serious than the present one. The patient was placed in a slightly inclined position on the back, and hips somewhat elevated. Ablutions once or twice daily, of weak carbolized water were administered, per vaginam. A properly regulated diet of light and nourishing food was ordered, and the patient regained a comparatively good state of health, in a brief period of time. Up to the present time, more than two years have passed, and no similar uterine troubles have recurred.

#### PATHOLOGY.

Fibroid tumors of the uterus are of three varieties, viz: Sub-mucous, interstitial and sub-serous, sometimes called sub-peritoneal. The first named is the most common. It forms, as in the present instance, contiguous to the maternal surface or mucous coat, and as it attains its growth it is forced by uterine contractions (which its presence excites), toward the uterine cavity, and gradually assumes a slender or pedunculated stem, hence the name "*Fibrous Polypus*." Another variety of this form presents a broad base. If the growth be situated in the wall proper, of the uterus — interstitial — it then assumes immense development, gradually involving the entire body and walls of the uterus, Fallopian tubes and ovaries, attaining a weight from an ounce to seventy pounds, and more. Should it form contiguous to or beneath the serous or peritoneal coat of the uterus, the same contractile force as in the sub-mucous variety would then be present.

The weight of the mass was nearly twenty ounces. These growths are not unfrequently mistaken for uterine polypi, but differing materi-

ally from these in density and structure. Until late in the eighteenth century fibroid tumors of this locality were confounded with malignant and cancerous affections, and it was not until Dr. Wm. Hunter first described them that their true nature was appreciated. He described them under the title of "*Fleshy Tubercles*," and contributed somewhat largely to their pathology. Sir Chas. Clark wrote extensively and elaborately on the subject in 1814. As late as 1844, Dr. A. Shuell, a careful observer, asserted *most strenuously*, that fibroid tumors, were identical with cancerous growths. Recent observers attest the contrary, and reluctantly admit that there is such a circumstance possible, as degeneration even into cancer, but no relationship appears to exist or is admitted. It is stated that the Salsburg museum contains a degenerated specimen of this kind. No other portion of the body of the patient appeared to be involved in cancer. No other instance of the kind, as far as known, is in existence. It may therefore be regarded as one of the greatest rarities in pathology. As a rule uterine fibroids grow singly and at times attain to a very large size; especially is this the case in the interstitial variety. Of some eighteen cases of the latter, seen and examined by the writer, they varied from thirty to ninety pounds. Upon two of these, exploratory operations were made, and extensive inflammatory peritoneal adhesions were found and dissected up, further procedure being stayed on account of the complications that were found to exist. One of the cases operated on recovered fully and regained her former health; the second one survived the operation for some thirteen days, and died. In both cases the uterus Fallopian tubes, ovaries, and much of the contiguous structures were implicated and all formed one conglomerate mass of fibroid degeneration. The exploratory incision, made in the case that recovered, extended from the ensiform appendix of the sternum to the *symphysis pubis*. For full history of this case see *North American Journal of Homœopathy*, Feb. 12, 1872. Fibroids of the uterus are more commonly met with in the African than in the white race, and the most common locality is the fundus of the uterus, and the most frequent variety is the sub-mucous. Under the microscope the ultimate structures seem to be composed of long, fine fibres accumulated in bundles of fusiform fibre cells, not unlike fibro-plastic elements, of circular and elliptic granules, small in proportion, the entire structure being bound together by fine inter-cellular substance. In fact they are but the hypertrophied elements of the uterus, in which organ they seem to be much at home. Recent researches go to prove that connective tissue enters



largely into the construction of these growths, but there is always a certain degree of muscular hypertrophy noticeable in their development, and this latter material appears to preponderate in some cases. Uterine fibroids may degenerate into *Calcareous* matter, and these were formerly denominated "*Uterine Calculi.*" They are likewise liable to a variety of diseases, viz: Inflammation, œdema, fatty colloid, apoplexy of the uterus, gangrene, etc.

CASE II. I was called July 20, to see Mrs. R., aged twenty-four, of light complexion, nervo-sanguine temperament; had been married about one year, and the following is the history of her case: She conceived November, 1874, and carried the fœtus until late in February or early in March, when, for some reason, a jar or fall occurring, abortion followed. The placenta remained for some days after the fœtus had passed, and finally it was removed by some considerable traction, at the hands of a midwife. Soon after, or within a few days following this event, she complained of distress and bearing down pains, accompanied at times, with more or less sharp cutting pains; nervousness; trepidation; palpitation of the heart, and occasional hæmorrhages followed. Periodical and spasmodic spells with symptoms much the same as those described, would appear daily, and at the menstrual epoch, increasing in severity, until her nervous system became so disturbed that scarcely anything could be done to pacify her. She would writhe and scream and attempt violence upon herself, and those who were near her; any member of her family and a stranger were alike to her, she made no distinction during these outbreaks between foe or friend. The appearance of a new and strange face would sometimes induce these paroxysms and excite her very much. Two physicians had, previous to this, examined the patient and pronounced her case one of uterine tumor (Polypus.) I found the patient extremely reticent and it was very difficult to glean any information from her, she made efforts to escape from the room. I was consequently obliged to depend for information upon her then medical attendant. After much persuasion and considerable trouble we succeeded in *Etherizing* her. This accomplished an examination was made, and the following were the results obtained: The uterine sound passed up into the uterine cavity, and revealed a marked diminution of that space. Introduction of the index finger and hand disclosed the presence of what appeared to be at first impression, a tumorous mass, its base encased as it were in a dense and rigid ring. The patient was now permitted to partially recover from the anesthesia and then upon manipulation,

this mass was seized, and compressing it with the hand she evinced symptoms of pain from contact. This the attending physician had likewise noted, on a former occasion, when she had *very reluctantly*, consented to permit an examination at his hands. Some bleeding followed after the exploration just mentioned. A rectal examination disclosed the absence of the fundus of the uterus; in other words it was sunken in; depressed. Conjoined manipulation, by pressure, without the abdominal wall, and the rectum within, revealed a depression and ring or ridge where the fundus should be. These facts, together with this sudden occurrence, and following as it did in the wake of undue traction of the cord and placenta, after the abortion, etc., all clearly point to inversion or, sub-involution of the uterine fundus and body. It was therefore speedily determined upon to take advantage of the occasion and situation, and immediate efforts were made under the full effects of an anesthetic, to restore the organ, which was accomplished in the course of an hour of careful manipulation, care being taken to ascertain that the *cornua* were well up in position.

The following are some of the most approved methods of replacing an inverted uterus, and may serve some of my readers, who are not familiar with these various plans :

Taking for granted a clear and decided diagnosis has been made, the lower bowel should be cleared of its contents; likewise the bladder, (the former had better be done by an enema than by a cathartic.) Introduce into the anus the night previously, one-eighth grain of *Belladonna* extract, suppository. Place the patient on the back and administer an anesthetic, with three or four assistants at hand, not only for council, but likewise for physical aid. By thus having ample aid, success may be obtained by relieving one another in rapid succession, whereas one man's strength would fail, unquestionably. *Continued and persistent* pressure is required, in long standing cases, and for a considerable time. It can only be successfully maintained in this way. Pare first and smooth well the finger nails of both hands, oil the fingers and hand of right arm, form into a cone and gradually introduce it into the vagina. This requires time and patience to effect an entrance. When passed sufficiently high, grasp the tumorous body, or sub-involuted mass in the palm. The disengaged or left hand, is now to be pressed upon the abdomen, just over the uterine ring, that the non-inverted cervix is encircled by, which must be located by sense of touch. The upward force now exerted by the hand in the vagina, is thus opposed, preventing a too great stretching and tension of this canal. It is very

important to bring an equal amount of pressure to bare upon the constriction within the cavity of the uterus. To facilitate this movement, I can conceive how a small stout tumbler, like those used by "drain drinkers" might be made available, when nothing else better is at hand; by passing it in advance of the hand, mouth foremost, and engaging the lip or margin of the glass in the inverted ring or ridge. Gently and persistently pressing upwards and backwards, the "cul-de-sac" or constriction, and thus urging onward, while the same outward manipulation is being practiced, as above described. This appliance might be retained, *in situ* for some time, between such efforts, by means of pledgets of soft old linen, or tampon and belt, the former introduced into the vagina, the latter applied outwardly to serve as a basis of support.

[To be Continued.]

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**INFLUENCE OF THE MIND OVER SURGICAL AS  
WELL AS OTHER DISEASES.**

BY E. PARSONS, M. D., KEWANEE, ILL.

Read before the Illinois Homœopathic Medical Association.

Having been appointed at our last meeting to prepare a report on surgery I present for your consideration a few thoughts on the influence of mind over surgical as well as other diseases. The surgeon as well as the general practitioner is too apt to overlook the mental condition of his patient, and administers wholly to the seeming defects and wants of the physical, I say seeming defects and wants of the physical, because it is not generally conceded that very many of our ailments are but an out-growth of the defects of soul. Of course injuries are not included in this category, and yet the state of the patient's mind has as much influence over injuries as it has over diseased conditions. And to verify this proposition one needs but observe his patients closely and notice how much better those get along, who are always cheerful and hopeful, even when suffering from the severest injuries, than those who are continually complaining and mourning over their hard fate and completely hopeless and demoralized even though the injuries, in themselves are not in the least dangerous. The one will rapidly rally and recover from the

most severe and dangerous injuries while the other will make but a very slow recovery, if he recovers at all, even from slight injuries, and not of a nature to cause any apprehension in the surgeon's mind as to the final favorable result.

Perhaps no injury is dreaded more by the surgeon and general practitioner than is the bite of a rabid dog or other animal. The wound of itself is usually so slight as to be the source of no uneasiness, but the terrible disease that is most sure to ensue causes the gravest apprehension to the surgeon, and is the source of untold anguish to the patient and friends, and so great is the dread of this disease that many bitten even by non-rabid dogs contract hydrophobia and die with it. Almost every season in our larger cities are reported one or more cases of hydrophobia caused by the bite of dogs which proved not to have been rabid. To account for this some have advanced the theory that the dogs at the time of biting, though not rabid, yet were thoroughly mad and that the saliva of the dog when in this mental condition is as liable to cause hydrophobia, as is the saliva from a rabid dog. Now, if this is the case, why do not fighting dogs, and even swine and other animals bitten by them contract the disease? Surely dogs when fighting are mad, and so too are they mad when they bite swine and other animals, but who ever heard of dogs or other animals becoming rabid under such circumstances? If it is true that the saliva taken from a dog when mad, though not rabid, will cause the disease in man, then certainly would every animal bitten by a dog in this state run mad, because the animal is by nature more subject to the disease than is man, as the disease originates spontaneously with the dog, cat, fox and wolf, but never thus with man.

Now, as the saliva from a mad though not a rabid dog, cannot possibly cause hydrophobia in man, then why is it that he contracts the disease after being bitten by a dog in this state? Why should man contract this terrible malady under such circumstances, while under similar circumstances the animal is exempt? To my mind the reason is very clear, and yet I fear I shall not be able to convince all here that the position I assume on this point is wholly tenable, so apt are we all to view things through our own peculiar mental glasses, and hence no two see things exactly alike. I hold to the opinion that when man is fully enlightened upon the subject of hydrophobia he will rarely be affected with it, at least he will not be nearly as susceptible to it as is the animal, because from his superior knowledge he can ward it off. But in his present mental condition he knows enough of the terrible

sufferings resulting from this disease and its almost invariably fatal termination, to cause a constant dread or horror of it, and hence when bitten by an animal supposed to be rabid, and especially of a fearful turn of mind, he begins to think of hydrophobia and conjure up in his mind the terrible sufferings of those afflicted with the disease. He thinks about it continually by day and dreams about it by night, and he awakens unrefreshed in the morning, to be continually harrassed during the ensuing day with forebodings of the terrible ordeal through which he is absolutely certain he will sooner or later have to pass. Now is it possible for one in this state of mind to escape the disease? Most assuredly not, and I firmly believe that ninety-nine out of every hundred in this frame of mind would contract the disease and even die with it, either after having been bitten or not having been bitten by a non-rabid animal! But when a strong minded man, one who is not disposed to look upon the dark side or borrow trouble, is bitten by a non-rabid animal, he thinks nothing about it and suffers no more inconvenience from the bite than he would from just as severe a hurt received in any other way.

A man once dreamed that he was bitten by a snake on the breast and that he died from the effects of the bite, and the dream had such a powerful impression on his mind that a sore was absolutely formed on his breast at the very point where, in his dreams, he had received the bite. In a short time death resulted from his hallucination. A man dreamed that a nail was driven into his brain and that it resulted in his death, and the dream produced such a strong impression upon his mind, that in a few days after, he was taken with a violent pain in his head at the point, where, in his dream, he had felt the nail being driven in, which resulted in delirium and death in a few days from the onset of the disease. Is not the presumptive evidence very strong indeed, that in these cases at least, the powerful impressions produced upon the minds of these persons by their vivid dreams, was the sole cause of their disease and death?

Many a one has died through the influence of fear, and many have been brought even to death's door from some mental hallucination, and who undoubtedly would have crossed over, had it not been for some timely intervention or some fortunate circumstance to dispel the illusion.

Where there is a severe injury and if it is not of such a nature as to materially impair the mind, the person thus injured at first experiences a feeling of great anxiety and apprehension in regard to his

condition, and if he is of a naturally gloomy, forboding disposition and the injury very serious, unless the surgeon exercises his utmost skill in counteracting the effects of the extreme dispondency by seeking to displace it by a more cheerful, hopeful state of mind, his patient will succumb to the combined influence of the injury and morbid state of mind.

But, on the other hand, let a very cheerful, buoyant person receive just as severe an injury, and, after the first shock is over, the mind rallies and assumes its wonted cheerfulness and buoyancy, and he gets along finely, his wounds heal rapidly, and he is soon able to be about his business again. Many a one has died from a very slight injury, a mere scratch, and again, many a one has recovered from the most severe injuries, and from the severity of which it did not seem possible for the patient to rally. And what in the one case but the extreme mental depression prevented the patient from rallying, and in the other the cheerful, hopeful state of mind of the patient that enabled him to recover. I am of the opinion that if less attention was given by physicians to therapeutics and more paid to mental influences and hygienic measures it would be much better for the sick, and especially is this true of physicians who rely wholly on crude drugs in treatment of disease. And as proof of this and as illustrating other points in this paper, I will relate several cases that have come under my immediate observation either in my own practice or of others.

CASE I. A little girl seven or eight years of age, being left at home with other small children, while her mother went to a neighbors. in some way while playing about an open stove, caught her clothes on fire, which being made of cotten, blazed up rapidly, and the child ran out doors and screamed, and a neighbor hastening to her assistance. succeeded in putting out the flames, though not till she was terribly burned. She was burned on the thighs, the hips, the abdomen, chest, arms and shoulders and neck in a frightful manner, the flesh being literally cooked in places. They sent for their family physician, an Old School, who gave them no encouragement whatever, but told them they could apply, if they chose, a plaster composed of beeswax and tallow to the burn. Not being satisfied with his prognosis and prescription, through the influence of friends they sent for me. When I examined the child, which I did very carefully, the prognosis I formed in my own mind was as unfavorable as the one expressed by their family physician. But I was very careful not to express an opinion to them then, but telling them so long as there was life there

was hope, and thus I endeavored by encouragement to give nature the best possible chance to rally, and this I discovered to be the more necessary, as the mother was so much excited and was continually telling the child she would die, and there was no possible chance for her. Even after the child was convalescent she still would persist in telling her that she would die in a few days, and hence the child's mind was wrought up to a very nervous excitable state, which continued during the whole time of treatment. It was heart rending to hear the screeches and screams every time I visited her and attempted to dress the sores. The sores did not heal kindly, and unhealthy granulations were the result, and a much longer time was taken her for to recover than would have been the case, had the surroundings been better and the mind thus rendered more hopeful. I am giving you my candid opinion on this point, and I am fully satisfied there was no other cause to prevent the sores healing kindly, as the child had always enjoyed good health up to the time she was burned, and even since she has entirely recovered and now enjoys good health.

CASE II. Mrs. L. aged about forty, mental motive temperament, was riding in a buggy when the horses commenced running, which so frightened her that she jumped from the buggy and broke her leg, and otherwise injured her. The accident happened near a physician's house, and she was taken to his house, and he assisted by another physician, dressed the limb and prescribed for her. Both bones of the leg were broken in its lower third and the fracture was a compound comminuted one. The physicians told her that amputation would probably have to be performed, but she declared she would not submit to an operation. Said she would rather die. She came under my care a day or two after receiving the injury, as I was employed by the county to treat those unable to pay. When I examined the limb I told her the chances were all against her for saving the limb, and advised an amputation. But she plead so hard for me to try and save the limb that I concluded to make an effort. I procured a fracture box and placed the limb in the best possible condition for it to heal, and made use of the best hygienic and other means to give nature a chance to rally if she would. But after treating it for a time I became satisfied from the unhealthy appearance of the sore and the fetor of the discharge, besides its profuseness, that amputation would have to be performed speedily if I would save the patient's life. I candidly expressed my opinion to her, and told her that I would come

prepared to amputate the next day. But ere my return she had called in an Old School physician, and he in company with another doctor, had examined her limb and plainly told her that it was too late, that even an amputation would not save her, that die she must either with or without an operation. I did not thank him at all for telling the patient she would die, but did not object in the least to his telling everybody else so, provided it did not get to her ears, as she was as much discouraged as one could well be before the doctors told her she must die. I assured her that by an amputation her life could be saved, and assisted by Drs. Pratt, Lowry and Dickenson, students of mine, I amputated in the upper third below the knee. She stood the operation well and rallied finely from it. The loss of blood was but slight and everything thus far promised well for the patient. Yet I had many misgivings in regard to her recovery, from the fact that her reputation for virtue stood at zero or below, as also from the fact that she had at one time the syphilis, though she said she was entirely exempt from it at the time she received the injury. But I did not like the appearance of the limb at the point of fracture. It had assumed a very unhealthy appearance and did not manifest the slightest disposition to heal. I watched the stump closely and sure enough gangrene set in soon after the operation. I at once applied *Carbonized Cosmoline* to the stump and administered *Lachesis*, and put her upon Scotch ale and a good nourishing diet.

In the mean time I was careful not to drop a hint but what she was getting along as well as could be expected, and I encouraged her both by words and actions, and assured her she would soon be able to be around as well as ever, only minus one leg. My plan of treatment had the desired effect. Gangrene was arrested, the dead portion sloughed off, and the discharge became healthy and much diminished in quantity, and I had no further trouble with the case. I observed during her treatment, that as soon as she became encouraged and cheerful, that a decided change for the better was plainly observable in the appearance of the stump.

The remedies administered during the treatment were *Merc.*, *Nux v.*, *China*, *Lachesis* and *Bell.* either singly or two in alternation, as deemed best at the time. But I am fully satisfied in my own mind, that these remedies in her case would have had little or no effect in restoring her to health had I been unsuccessful in making her believe that she would get well. I know full well the beneficial effects of our remedies, when selected in accordance with the law similia, and especially when the



patient has faith in their efficiency. But in some forms of nervous disease I have seen them fail entirely of affording relief when the patient was wholly faithless in regard to being benefitted by them. Yet we do know our remedies exercise a curative influence many times when patients are faithless, as to their efficiency, but who are cheerful and hopeful that they will get well. We know our remedies act like a charm on small children, and here we are absolutely certain that faith cannot possibly increase their curative virtues in such cases nor fear retard them. But not so when prescribed to adults, and especially in some forms of nervous diseases. In my humble opinion it is a very delicate point to decide just how much curative influence to ascribe to the remedies, and how much to the faith of the patient, or how much the curative influence of the remedies is retarded by the lack of faith and discouragement of the patient. At all events it is a very safe rule, to cheer our patients up and render them hopeful. From close observation for years, I am satisfied that the most successful physicians are those who possess the ability to inspire their patients with hope, and faith in their skill, even though their prescriptions may not be so accurate as are those of others who unfortunately do not possess the tact of inspiring confidence and faith in their patients. You doubtless all remember the celebrity that an old physician obtained in one of the New England states in curing his patients with a wonderful pill he had discovered. Patients flocked to him from far and near, and his success in comparison with physicians around was truly wonderful. The pills were composed of bread, and they are the best pill made except the little pill, and physicians of the Old and Eclectic schools of medicine would meet with much better success if they would prescribe bread pills to the majority of their patients instead of crude drugs. Else why this long array of names of men eminent in the profession, who after having practiced medicine nearly a life time, come out and boldly proclaim their total lack of faith in medicine as a curative, nay even go further and declare them to be absolutely injurious and retarding to the cure instead of hastening it. This certainly is very suggestive, and should be a warning to physicians of these schools to prescribe much less medicine, and place more reliance in other and more natural means. And it seems to me that our school also would do well to heed the lesson taught by the experience of those physicians. It seems to me that the great majority of physicians of our school place their whole dependence too much on our remedies. Would it not be better to prescribe less medicine and resort more to

hygiene, and mental influence, electricity, magnetism, water, heat, light, movement cure, etc. I fear very many of the boasted cures made by one single dose of a remedy, very high, if fully analyzed would prove to have been as much or more the result of other means made use of, than the single dose of medicine prescribed. I am aware that very often a remedy is so well indicated that a cure is most certain to follow its use, but many times remedies are not thus well indicated and the case has to be studied over and over, and even then the physician is frequently in doubt as to the appropriate remedy. But if the patient has a good deal of faith a cure is usually accomplished and the credit is all ascribed to the remedies, when perhaps they had not a particle of curative influence in the case. The tyro in medicine starts out firm in the faith that he can cure every disease to which flesh is heir and yet how soon is his delusion dispelled, if any should be so unfortunate as to employ him. And yet there are many tyros in medicine, even after having practiced it a lifetime, because they have not the sagacity to see, as others have done, that their medicine kill far more than they cure. I have seen patients kept down month after month, just from the depressing influence of the medicines prescribed, and yet physician and patient believe that was it not for the medicine death would certainly ensue in a short time. Will the world ever be relieved from its shackles of ignorance and superstition? Many and many are the scores of patients drugged and drugged till reduced down even to death's door, and then given up as hopeless, and abandoned by their physicians, and medicines discontinued, and the patient have rallied and finally recovered. Homœopathy has won many a laurel from just such cases given over by the attending physician, but not unfrequently they give up the case a little too late. They have reduced it past hope. I remember well of the case of a railroad conductor on a construction train, in a collision got his foot crushed, and the friends called upon an Old School physician to amputate. He commenced by making the patient drunk on brandy, and after the operation gave him brandy and *Morphine* as a constant diet, and the result was that death in a few weeks came to his relief. Dr. Hoffman and myself were called to see him a few days before his death, but he was then delirious, and did not rally from this condition. This man was of the mental motive temperament, rather spare, yet had always enjoyed good health up to the time of receiving the injury. There is not a shadow of doubt in my mind but what he would have recovered, if the physician had only given nature half a chance. But like many other tyro in the healing

art he attempted to run the whole thing himself, and thus leave nature entirely out in the cold. This same physician was called to see a strong healthy looking man, as one would wish to see, but who unfortunately had induced an attack of cholera morbus by indulging too freely in green corn and vegetables. In this case also the doctor attempted to take the business of curing his patient all into his own hands, and prescribed good round doses of *Morphine*. This of course had the effect to silence for a while the efforts of nature, to relieve this man of his load, but as the effect of the medicine wore off, she again rallied to the rescue and commenced again to throw off the offending substance by vomiting and purging. Patient and friends were alarmed at this and sent again for the physician. The dose of *Morphine* was doubled, and this time it had the effect to silence nature's efforts entirely. The man gradually sank into a comatose condition, from which he never rallied.

CASE III. A young man aged about twenty-five, a prodigal son who had wandered from his father's house in Ohio, out to Kansas, the land of droughts and grasshoppers, and failing to find employment there his money soon became exhausted, and as want stared him in the face, he thought with yearning of the comforts of his father's home in Ohio, and he determined to return to his father and receive a portion of the fatted calf. So his wandering feet were turned homewards, and he begged and worked his way along, till he arrived at Kewanee, where failing to procure work, and not applying to proper parties for assistance he became completely discouraged and reckless as to what became of him, and the supposition is that after leaving Kewanee, while walking on the railroad, he purposely let the approaching train run on to him. But he attempted to save himself just as the engine was about to strike him, and sprang one side, but did not succeed in clearing himself entirely, as one foot was caught and crushed by the drive wheel of the engine. Otherwise he was not seriously hurt. He was taken back to Kewanee, and two physicians called in, who amputated the leg in the upper third below the knee. The case was turned over to me in a few days, as he applied to the town for assistance, and I being employed to treat all such cases, I learned that the treatment was whisky and *Morphine*, and even whisky enema. I found the patient pale and haggard, and his facial expression indicated that he was suffering much, both mentally and physically. I tried to rally him and cheer him up, but could get nothing but a grunt out of him. He was about as gloomy and hopeless looking object on my first visit

as one can imagine. I persisted in encouraging him and cheering him up, and soon had the satisfaction of seeing a smile on his hitherto gloomy face, and also of hearing him talk hopefully about getting well and returning home. At the time I commenced the treatment he was suffering severely from diarrhoea, and extreme prostration of strength. I gave him *China* and *Nux v.* which soon controlled the diarrhoea, and very soon his face lost its woe-be-gone expression, and was replaced by a cheerful hopeful one, and from the very day he became cheerful he commenced to gain rapidly, and continued to improve rapidly till he was able to return home, which was within four weeks from the time I commenced the treatment.

Old fogyism still insists that it was the amount of whisky this man received under their jurisdiction that cured him, although while they had him under their care they said there was but very little hopes of his recovery. If it was the whisky that cured him, then why did not the rail road conductor recover, who was under just such treatment as they were giving him, and whose surroundings were much better, as he was at home with his family, and had the very best of care, while the other was among entire strangers, and dependent on the county for support. It will not do to say that the conductor's system was not in as good a condition at the time of receiving the injury, because the reverse was the case. His health was perfect at the time, and there is no earthly reason why that man should not have got well, except improper treatment. But my patient was in poor health and in a worse state of mind when he received his injury. The injuries of the two were just alike, and the amputations were both performed about in the same locality, below the knee, and hence the inference at least, is very strong, that cheering, encouraging words combined with Homœopathic treatment, are much better adapted to cure very serious injuries, than is the brandy and *Morphine* treatment so popular with the Old School physicians. Nature must ever succumb to the combined influence of powerful opiates, stimulants and a severe injury or disease. She may in most cases overcome the effects of either one singly, but combine them and they render all her efforts for the weal of the patient abortive. I know physicians prescribe them with the view of relieving pain, promoting sleep and keeping up the strength of the patient, and if they did not interfere with the wise provisions and operations of nature it would be all well enough. But experience conclusively demonstrates that patients do not get along well under this treatment, and, to my mind, the reason is clear

and conclusive. One to recover from a severe injury or disease needs the full exercise of his mind, or at least as much as is possible under the circumstances, as, by the exercise of the will power, great assistance is rendered, and not unfrequently, is alone sufficient to overcome the disease or injury. But if the patient is kept constantly stupefied with opiates or drunk on alcohol, the mind has no chance to exert its magic influence in overcoming the disease. I firmly believe there is more potency in the human will, when properly directed, to arrest and throw off disease than there is in drugs and other means made use of by physicians of all schools. A strong minded man physically and mentally well balanced, is rarely ever sick, and should he accidentally become so he soon can cure himself by the exercise of his will power alone. But stupefy him with opiates or render him drunk on alcohol, and you take from him the very elements of health, you unbalance him mentally and physically, and he never will recover so long as kept fully under their influence.

## Obstetrical Department.

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### *HYGIENE DURING THE PARTURIENT PERIOD.*

BY J. C. CUMMINGS, M. D., PROFESSOR OF CLINICAL MEDICINE IN  
THE HOMŒOPATHIC COLLEGE OF ST. LOUIS.

Read before the St. Louis Society of Homœopathic Physicians and Surgeons.

That system of medicine which alleviates the pains and dangers of giving birth to man, confers the greatest blessing possible on the race. It would not only greatly increase the number of safe confinements, but would prevent thousands from criminal abortion. Dr. Storer gives a most shocking insight into the lax state of morals—not to call it by its right name of murder—now existing to a very great extent in this country.

Doubtless very many premature births are caused by the dread of the great pain that is experienced at the “full time;” so that if the timid wife could be convinced that delivery would be quick, and com-

paratively free from pain, and danger to herself, she would consent to fulfill her mission, otherwise—prevention of conception, or abortion would ensue—or perhaps as great a calamity to her child, as death itself, would follow conception—diseased, inefficient life,—caused by her great dread of pain, her mind always dwelling on the agony, that she has to endure in giving birth to her child. Thousands of cross, disobedient children, so called ungrateful children, are born yearly because one, or both parents objected to their conception and mature birth. It is proverbial that farmers give great thought to the improvement of their stock, but little or none to their children. And after all, they are not as censurable as their family physicians are. It is the physicians duty to point out to the mothers, what their diet should be, how to bathe and exercise, and above all, towards the end of their term, the great importance of controlling their tempers, and directing their thoughts.

Fowler says, that a mother can make her child an orator, poet, painter, or whatever she likes, by directing her thoughts exclusively to the object desired, the last three months of her pregnancy. But we can see that she may fail, because of hereditary taints—both moral and physical—still if both patients do their entire duty, very great improvement can be made. We know this, from the stock raiser. Two essential things are to be accomplished—first, to render labor easy, and without danger, to mother or child,—second to improve the race. The first can be insured to a very great degree by diet, baths, exercise, and the necessary Homœopathic treatment. The second, by blending the right temperament and physiques, and controlling the passions and thoughts during pregnancy. From Dr. Holbrooks little book, “Parturition Without Pain,” and other sources, I collate a few facts for discussion to night. We know that the most certain way to make labor easy, is to keep the sutures open as much as possible, and the bones as soft as can be done, without injury to the offspring. This is accomplished by a diet of fruit, vegetables and farinaceous substances, to the entire exclusion of the phosphates, such as graham flour, oatmeal, cracked wheat, cornmeal and hominy. From experiment it is found that the system soon becomes enured to the fruit diet, and the excessive acidity, that we imagine would ensue, does not occur. I once found in my own person, the great benefit from fruit diet in fever. It was in the last stage of enteric fever. I was having from six to eight copious, offensive, watery discharges from the bowels daily. It was in the sixth or seventh week of the fever. I commenced by

eating a half of a large peach ; in an hour or two, feeling no bad effects, I ate the other half ; then one or two more, and the next day as many as I desired. My bowels got better at once, and my recovery was rapid. In 1841, a druggist in London, Mr. Rowbotham, whose wife in her two previous parturient periods, had suffered from varicose veins, and general bad health, rendering her helpless the last three months of her period, and whose sufferings were intense at the birth of her children—finding his wife pregnant concluded to try the fruit diet. His argument was, in proportion as a woman abstained from food which contained earthy and bony matter, will she avoid pain, and danger in delivery. His wife had advanced to the seventh month,—varicose veins, and general bad health had already ensued, when he commenced the fruit diet. All of which was relieved before her accouchement, which was very easy and free from much pain.

Many successful cases are reported from following the fruit diet, and the health of all the patients were improved, in a ratio with their strict compliance with the fruit diet and out-door exercise. I call it fruit diet, because the patients subsist almost entirely on fruit,—but they use sago, tapioca, rice, young meat (veal, lamb, fowls), and vegetables. No milk is allowed, and no drink except tea, and lemonade made with distilled water. Mr. Rowbotham made a table of substances, showing the proportion of phosphate of lime in each article of diet, in which he states, that fruits on an average, are two hundred times less ossifying than anything prepared from wheat. I believe that all analytical chemists say, that wheat contains more phosphates than any other grain, except perhaps southern corn. But it is stated in the list above referred to, that common salt contains more earthy matter than wheaten flour, and that pepper, cinnamon, nutmeg, cloves, ginger, coffee, and cocoa, are nearly as deleterious as salt. Hygienists exclude all the above condiments from their diet list, because they say that the system does not assimilate these, when taken in the crude state : that it is the function of the vegetable world to take up inorganic matter, and organize it, before the animal system can appropriate it. There is a delusive idea, that the pregnant woman should “eat for two.” Dr. Dewees says, “that a table of 7077 births in Paris, gave an average for each child at birth, just over six pounds. Now a daily supply of less than three-quarters of an ounce, during the average two hundred and eighty days of pregnancy, will amount to ten pounds ; and this daily supply is decidedly less, than the average quantity of unnecessary food which is usually eaten.” It is claimed for the fruit

diet, that it prevents indigestion, and nausea; it avoids the dangers of plethora, and it prevents too great a hardening of the bones of the embryo. They say truly, that "pregnancy is a state of health, not of disease and suffering." Of course as soon as the child is born, all this diet is changed, and *that* containing the phosphates is substituted—and one of the chief of these is milk. As it is known that the mother will loose her teeth, if she does not supply earthy matter in excess of the needs of her own system, it is necessary to urge her to eat cracked wheat, oat meal, etc., freely. As an adjunct to this diet, exercise in the open air, and sitz-baths play an important part. The sitz-bath is said to relieve pruritus—the bath to be taken as often as the symptoms occur—relieves flatulency, and is claimed that it will relieve headache, also congestion of the pelvic viscera, piles, etc. The bath should never be taken on a full stomach; the best time perhaps, is just before retiring—blankets should be thrown over the shoulders, and the patient's spine rubbed by the bare hand of an attendant. The bath should never shock the patient; perhaps 90° F. would be comfortable. These baths can be taken daily if found agreeable to the patient.

As to the prophylactic treatment, instituted by Grauvogl to prevent hydrocephalus acutus, and of which he speaks with so much praise—and I think deservedly—namely, *Sulphur* and *Calc. phos.*, should never be neglected by the Homœopathic physician. A few years ago, Dr. Baker of Kansas City, had a little patient born, with an abscess opened into the spinal marrow—of course the child died in a few weeks. During the next pregnancy of the mother, he put her on *Sulph.* 6, and *Calc. phos.*—result, a healthy child. Dr. Bahrenberg of this city, told me of a patient of his, who had to be delivered with forceps, and who had great trouble in her confinements. From the use of *Sulph.* 200, *Calc. phos.* 200, and *Sepia* 200, she had such an easy labor, that she was attended by a midwife.

I have tried the fruit diet, hip-baths, and the medicines above mentioned in three cases. In the first case, I treated her first child, the last two summers, for cholera infantum, and chronic diarrhœa. This patient observed the treatment pretty closely, and though she resided only four squares from my office, and said she sent for me, before she undressed, when I arrived at the house the child was born. She said she only had three strong pains. I reached her house in less than fifteen minutes after being called. The child is nearly four months old, and has been very healthy thus far. The second lady had nine chil-



dren previous to this—two last were still-born, and all the rest were revived with great difficulty; but at this time the child cried as soon as born, and the mother said, she never had such a comfortable time and nice recovery. The labor was easy, but there was adhesion of the placenta, and considerable hæmorrhage, but this patient did not strictly adhere to the treatment. Her child unfortunately has to be raised on cow's milk, but is doing very well.

The third case was a very easy and quick confinement. Her previous child had to be delivered with forceps, on account of the very large, unyielding head of the child—mother having subsisted on graham flour and cracked wheat, during the embryo period. I think physicians pay too little attention to the diet of their patients.

With Dr. Bellows' little books, "The Philosophy of Eating," and "How not to be Sick," and Dr. Ruddock's "Essentials of Diet," and proper Homœopathic remedies, we ought to cause healthier children to be born, and prevent tubercular, and scrofulous affections, from developing in those families who entrust their lives to our care.

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## Hospital Department.

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### HAHNEMANN HOSPITAL CLINICS.

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#### *A CLINICAL LECTURE ON VENEREAL AND SKIN DISEASES.*

BY PROF. T. S. HOYNE, M. D., IN THE HAHNEMANN HOSPITAL OF CHICAGO.

Reported by E. A. Rockey, Assistant House Physician.

#### SOFT CHANCRE.

CASE 1872.—I bring before you to-day a poor, unfortunate man, who is the possessor of a large soft chancre on the prepuce. This chancre made its appearance, or at least was discovered, some five days after an impure connection, but was thought to be nothing but an abrasion of the prepuce, by the physician who had compared notes with some



old sinners who were able to make a correct diagnosis of the case. Under regular, or Allopathic, treatment, this sore would be burnt with lunar caustic to destroy the specific poison, and to prevent the contamination of the system, and *Mercury*, in one-grain doses, would be given once or twice a day. The result would be rapid healing of the chancre, and discharge of the patient, cured (?). In three months or sooner, however, he would return with all the signs of secondary syphilis. So constantly does this state of affairs follow the treatment here described, that our regular friends deny that syphilis can be cured. They consider chancre merely a local disease, insisting that if destroyed before the fourth day, the contamination of the system is prevented. This is not my opinion, however. I believe the sore is only the local manifestation of the disease, and not the disease itself. What happens when you vaccinate a person? The virus is absorbed directly into the circulation, and the resulting sore is only a local manifestation of the disease. So I conceive it to be with the syphilitic poison; it is absorbed directly into the blood, and is a constitutional disease from the start. I know I differ from nearly all writers on this subject, but I think the facts bear me out in this assertion. If those who hold the opposite opinion are right, that is, that chancre is purely a local disease, why is it that *Nitrate of Silver*, locally applied, does so constantly fail to cure? I have shown you many cases of secondary and tertiary syphilis in this room, where the patients have told you that the primary sore was destroyed with this caustic, and that they thought themselves entirely cured, until the skin disease or the sore throat sent them again to the physician for advice and treatment.

Now, write this down in your note books, in large caps,—*do not destroy a chancre with caustic!* Why? Because by so doing, you not only fail to cure your case, but you destroy your most valuable guide, and cannot tell when your patient is rid of his complaint. If you leave the sore alone and confine yourselves strictly to internal treatment, when the chancre shows signs of healing, you may be sure your patient is improving, and when it heals, your patient is cured, and will not afterwards come to you with secondary symptoms. I speak thus strongly against the use of caustic because I am aware that many so-called Homœopathic physicians habitually resort to it, and the result is the same as in cases treated by our regular friends.

In cases like the one before you, where the patient has received no treatment whatever, I always begin with *Merc. cor.* In private prac-

tice I use the 200th, but in hospital or dispensary practice, the 30th. This patient will therefore take *Merc. cor.* 30 every three hours, keep the sore clean, and report at the next clinic, a week from to-day. We shall not be surprised if he is entirely cured when he comes again. [NOTE.—Ten days later patient reported cured.]

#### TERTIARY SYPHILIS.

CASE 2,046.—As I have stated, time and time again, one great disadvantage in dispensary practice, is that the patient will not come after real improvement sets in. The lady before you made her appearance at our clinic seven weeks ago with syphilitic bone pains in the tibia, aggravated at night, a profuse, dusky eruption on both arms, legs and body, pains in joints, etc. Under *Nitric acid* 30 you saw the improvement from week to week, until the bone pains had disappeared, the eruption had faded away, and other signs of returning health were manifest. Three weeks ago she concluded that no more medicine was needed, and stopped coming, and what is the result? We find to-day that the pain in the tibia has returned; that the eruption is blossoming out again, and that her general health is again failing. Now, if left to herself, without treatment (for syphilis is not a self-limited disease), she would gradually get worse and worse, until death ended her sufferings. She promises hereafter to be regular in her attendance, as she now realizes the importance of continuing the treatment until completely cured. We shall again place her upon *Nitric acid* 30, a dose three times a day. [NOTE.—Improvement for two weeks under this remedy, and then lost sight of the patient.]

#### RESULTS OF GONORRHOEA.

CASE 2,096.—The case before you is a very interesting one. This girl, aged eleven, has incontinence of urine, supposed to have been brought on by an attack of gonorrhœa, from which she suffered when a year old. The parents not being present, many of the facts needed to elucidate the case are wanting. Suffice it to say, that when a year old she had gonorrhœa, probably contracted from one of her parents; this continued for some years, as I understand it, until she had scarlet fever, when the present symptoms made their appearance. These symptoms, which were present to a slight extent before the scarlet fever, are: Leucorrhœal discharge; high-colored and offensive urine; frequent urination; has no control over the bladder, passing her water at any time, and often without being conscious of it. Is this leucorrhœal discharge a gonorrhœal discharge? It is hardly possible. Should one wish to examine the discharge there is nothing about it

chemically or microscopically that would distinguish the one from the other. In fact it is a matter of the greatest difficulty to diagnosticate a leucorrhœal from a gonorrhœal discharge, unless the woman confesses it. As one celebrated author says, we never can say positively that a woman has gonorrhœa when she denies it. In the case before us, the parents say the child had gonorrhœa, and they probably knew. The symptoms she has now may possibly be due to gonorrhœa. *Nitric acid* seems to be indicated by the high colored and offensive urine, and if there is a specific taint it will prove curative. We would give her to-day, then, *Nitric acid* 30, and ask her to come next week. [NOTE.—One week later reported much improved in every way. Had complete control of the bladder. Had however a bad frontal headache for which she received *Bry. 30.*]

## BUBO.

CASE 2,111.—This young man says he had a chancre three years ago, which was followed by a bubo. After a continued course of treatment it disappeared. Four months ago he contracted gonorrhœa, which was also followed by a bubo. This latter swelling he has painted with *Iodine*, and otherwise treated, for six weeks, but the bubo still remains. The swelling, as you see, is not very large, is indurated and not inclined to suppurate. It is not a scrofulous bubo, for it is situated above Pouparts ligament, and affects but one gland, while the scrofulous bubo is situated below the ligament and affects more than one gland. Its presence denotes in this case, I think, syphilis. We shall give him *Nitric acid* 30 three times a day for a week. [NOTE.—The bubo entirely disappeared under this remedy.]

## FIG WARTS.

CASE 1,974.—G. has a fine crop of fig warts about his penis, which he first noticed some weeks ago. You can see from your seats, by looking sharply, that each has a distinct pedicle. He is very anxious to get rid of them, as he does not consider them much of an ornament. Various remedies have been recommended for the cure of these growths. *Thuja* is the best, particularly for warts of this description. The house physician will give him *Thuja* 200, and we shall expect to cure him in a week or two. [NOTE. Reported cured in two weeks.]

## WARTS.

CASE 2,144.—In this connection I want to show you a warty boy. This boy, aged twelve, came to the hospital on March 14, with one hundred and sixty warts on the hands and feet. The assistant house physician, Dr. Rocky, gave him *Thuja* 200. A week later he reported

again, having lost during the week about sixty of these troublesome growths. To-day he says he has fifty-three left, showing a loss during the past week of forty-seven. At this rate he will soon get rid of the rest of them and be able to hold his head up with the other boys of the neighborhood. Prescription to-day, plenty of soap and water, and *Thuja* 200. [NOTE.—A week later he had forty warts, and he has not been seen since.]

#### ECZEMA RUBRUM.

CASE 2,112.— This case you will remember, was presented to you last week at the close of the hour, at which time we had no opportunity to more than show the child and prescribe *Sulphur* 200. Eczema, as you are well aware, is the commonest of all the diseases of the skin. The first stage consists of hyperæmia, followed by the appearance of slight points or papules, quickly changing into vesicles, and discharging a sero-purulent fluid, which on drying forms crusts. This particular variety of the disease, eczema rubrum, is attended with considerable inflammation, much disturbance of the constitution, malaise and constipation; it is apt to be chronic and does not readily yield to treatment. The eruption in this case you will observe covers the scalp, face, arms, legs and to a slight extent the body. You can all see that the child is much better to-day, although the mother says there is no improvement. We will not take her word for it, for the change from day to day has been slight, and has escaped her notice; but will continue *Sulphur* 200, three times a day for another week. *Sulphur* I think is the best remedy for this variety of eczema. [NOTE.—*Sulphur* 200 continued three weeks longer, or four weeks altogether, cured the child.]

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## Children's Diseases.

### DISEASES OF CHILDREN.

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

MR. PRESIDENT: In accordance with the constitution the chairman of this committee will report on the discoveries, improvements, advancements, etc., in this department of medical science, Pædology, while the other members will report on special subjects, which will include reports from the three public institutions for children in this city.

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, the relative conditions of legitimate and illegitimate children, as observed in the Home for the Friendless.

#### NEW FACTS IN PÆDOLOGY.

MR. PRESIDENT AND MEMBERS OF THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION: I have the honor to report some advancements in this field of medical science, which I trust will prove of practical benefit.

I will call your attention first to

#### THE EFFECT OF THE GENIUS EPIDEMICUS UPON CHILDREN.

The first query that may arise, Is there such an influence? To answer that, it will be necessary for me to briefly recapitulate the substance of a paper, on the Modifying Influence of Epidemic Prevalence upon Therapeutics, which will appear in the Transactions of the World's Convention (a volume, by the way, I hope you will all secure).

In that paper it was necessary to trace the influences of the greater epidemics, as cholera, plague, as well as of the lesser epidemics, and especially of that erratic epidemic, influenza. Due attention was given to endemic or local influence, and still back of all we found that there was a more potent influence, constant in character but changing in quality, which has been given different terms. Hahnemann designated it, the genius epidemicus; Rademacher styles it, "stationary epidemic constitution;" Dr. Howden, of London, terms it, "a pandemic wave."

Hahnemann found, from his experience with intermittent fever, that this genius epidemicus varied from year to year, so that different remedies seemed to be required to meet the cases, e. g., now, *Natrum mur.*, *Carbo veg.*, *Canth.*, etc.

Rademacher found that now *Cuprum*, again *Iron* or *Natr. nitr.*, would cure a large mass of cases during a given time.

Grauvogl, that wonderfully accurate generalizer, divided the epidemic constitution into three, to correspond to his three bodily constitutions, e. g., oxygenoid, hydrogenoid, and carbo-nitrogenoid.

This triple nature of the genius epidemic is very practical, and in looking back over the last few years it would seem that the carbo-nitrogenoid constitution year is about every fourth year, which had proved a severe epidemic year. This triple nature must also sweep

through larger cycles, for since 1852 the general type of disease has been that of debility, while before that it was inflammatory. Then the nature of the epidemics every fourth year varies in kind, as well as in character, e. g., in 1860 we had diphtheria, severe; 1863, meningitis; 1866 (fall), cholera; 1869-70 (winter), relapsing fever; 1873, choleric yellow fever.

In 1873 I met many cases of spasm of the glottis, but have seen no cases since till the past (75-6) winter.

From all I can learn, the change in the epidemic constitution is not sudden, but sweeps over the country like a wave, from east to west. I think it is chiefly atmospheric, and that we encounter, in our sweep around the sun, more cosmic dust of one kind at one point, another at another, and so on. Professor Colbert has computed that there falls to our earth about 200,000,000 tons of meteoric matter annually. This dust is composed largely of metallic iron, *Phos.*, *Cobalt*, etc.—deleterous elements to health.

Whatever may be the cause, careful observers have recorded the fact, that each epidemic seems to be best cured with different remedies.

#### SCARLET FEVER.

From various quarters are reports of much scarlet fever, and *Apis* seems to be the chief remedy. The fall of 1875 being a hydrogenoid one, *Apis* has proved to be the epidemic remedy.

Dr. Lippe gives us the resume of his observations, on scarlet fever remedies, as follows: *Amm. carb.* was an important remedy in the scarlet fever epidemic of 1840, and later, it often yielded to *Capsicum*, and in turn, to *Nitric acid* or *Lyc.*, and in later years to *Arum tryph.* or *Apis mel.*, etc. (MEDICAL INVESTIGATOR, Vol. X, p. 171).

The importance of recognizing the genius epidemicus may be shown by the following extracts from the current numbers of THE UNITED STATES MEDICAL INVESTIGATOR:

In Tidioute, in March, 1875, an epidemic of influenza passed over. *Bell.* 10,000 was reported to be the indicated remedy. A month after, a severe epidemic of scarlet fever prevailed, and here *Bell.* was prophylactic, but not in all cases curative. But was it the epidemic remedy? (p. 211.)

Dr. L. B. Wells, of Utica, reported an epidemic of scarlet fever, meningitis and diphtheria. *Apis* proved the remedy for both meningitis and scarlet fever. Dr. Wells proved *Apis* in 1850, and therefore was the more acute in diagnosing the remedy.

From various points where the disease was prevailing, when *Bell.* was prescribed, *Rhus*, *Merc.* or *Apis* were also needed to complete the cure. Troublesome sequelæ, with fatal terminations, were frequently reported.

In the September 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, Dr. C. C. Smith reports great success with *Apis*: reporting no sequelæ and no deaths. In New Albany, intermittents were complicated with angina, and from the demand for *Apis*. Dr. McNeil predicted an epidemic of scarlet fever.

*Whooping Cough.*— In no disease, if we except intermittent fever, is this change in the genius epidemicus more apparent than in whooping cough. Hartmann truly says: "Every epidemic of whooping cough is more or less distinguished from those which preceded it, and has, therefore, to be treated in accordance with its own characteristic symptoms. This is probably the reason why Hahnemann's specific for whooping cough, *Drosera*, has not produced equally fine effects in all cases." (Diseases of Children, p. 357.)

In 1869, *Corallium rubrum* was the whooping cough remedy in Detroit, Indianapolis, etc. In 1873, *Veratrum* was the remedy in California, and *Ipecac* in Tennessee. (JONES, UNITED STATES MEDICAL INVESTIGATOR. Vol. 2, p. 102.)

In 1874, *Drosera* was the remedy in Oregon, and in Lewiston, Ill. (MEDICAL INVESTIGATOR. Vol. XI, p. 59.)

In April, 1869, Dr. Lilienthal, of New York, reports that diseases take on an intermittent type, and even in whooping cough the epidemic remedy there, *Arsenicum*, is indicated. The weather was wet, and very changeable. (MEDICAL INVESTIGATOR, Vol. XI, p. 174.)

In April, 1875, *Kali carb.* in powder, was the whooping cough remedy in Hackensack, N. J. (UNITED STATES MEDICAL INVESTIGATOR, Vol. I, p. 375.)

Never has whooping cough given me the trouble it has this season. *Ipecac* helped some, at once, still it did not prove the remedy. *Apis* never occurred to me, as being the possible epidemic remedy for this disease, till writing up this subject. Bœnninghausen and Dunham both omit it in their excellent work on whooping cough. Its spasmodic symptoms are too apparent for it to be overlooked.

#### EFFECTS UPON OFFSPRING.

The following interesting letter from that aged and careful observer, Dr. Baer, will be interesting in this connection :



DR. T. C. DUNCAN—*My Dear Sir:* Your suggestions are good ones, too good to be lost sight of, or passed lightly by. There are certain times in almost every year when atmospheric disease waves pass over parts, or the whole country, causing many susceptible persons to fall under its stroke. There are certain general waves, affecting all, more or less, then there are certain other waves, affecting only enfeebled persons. There are also moral waves, equally effective in producing various nervous weaknesses. For instance, in 1861, 1862, 1863, and 1864, almost all ladies had their accouchments short of count, and aside from criminal efforts to effect abortions, there were hosts of abortions induced from great grief, caused by mental worry over lost friends, and near and dear relatives. Fruits fell prematurely, and animals lost their young. People as a general thing sickened easily, and responded slowly to medicine. In 1865, 1866, and 1867, there was more fruit and grain—though no excess. In 1868 we had a great deal of fruit, both small and large, followed with a great deal of gastro-enteric troubles. In 1870 we had but little fruit and grain, yet quite a sickly fall. 1871 and 1872 were dry, and but little fruit, though what we had was good; health pretty good both years. In 1873 we had a good fruit season, bowels easily disturbed. Several cases of cholera morbus, but no cholera proper. A great deal of mental anxiety, and many premature births. A strong tendency to premature labor. Labors slightly under time of count, and lighter than usual. In 1874 and 1875 but little fruit and grain. Sickness light; but little east winds, mostly western. For the last five months from the 1st of April backward, out of ninety-four cases of accouchment, sixty-eight have gone from one to four weeks over count. Labors harder and more lingering; have had to use the forceps oftener; more threatenings of puerperal fever than for some years past. No deaths thus far—through much vigilance and good nursing.

I have long since been of the opinion that general morals and its influence had much to do with us all. So also, atmospheric waves of a depolarizing influence—inducing disease and death.

RICHMOND, April 1876.

O. P. BAER.

We all know that premature children are reared with difficulty, and are almost always sickly. This is one reason, I believe, why foundlings seem to die so easily. Children carried over time are unusually well, strong and vigorous. It will be noticed that 1868 was an oxygenoid year; 1869 hydrogenoid; 1870 carbo-nitrogenoid and sickly; 1871 and 1872 dry, oxygen, good health; 1874 oxygen, little fruit and little children; 1875 hydrogen, and a good year for children. 1874 was so dry that those that died were just dried up. Last year (1875) I never met so little trouble with children. The ones chiefly affected were the extra fleshy. The chief disease was a lientery, which is due to a hyperactivity of the alkaline glands, chiefly the salivary.

It would seem that every fourth year is a carbo-introgenoid one; if so, this year, (1876) will be sickly, especially toward winter, as the changes seem to occur about mid-summer. Whether this rule of three runs through months, weeks and days, I am curious to learn.

#### THE CAUSE OF GREEN STOOLS IN CHILDREN.

The cause attributed, is, the action of the acid contents upon the alkaline bile. Some have supposed they were inflammatory, and diagnostic of entro-colitis. In a recent number of *THE UNITED STATES MEDICAL INVESTIGATOR* (p. 435,) Grauvogl, that astute observer, states that green stools are never produced by congestion of the brain, but are due to anæmia. The real cause, and the physiological changes that take place, he strikingly illustrates as follows:

“ 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 diarrhœa 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, from the lack of lime in such a nourishment, as the blood simultaneously loses alkalis 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 comes 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 diarrhœa spoken of is generated, which detracts from the body a great quantity of water, and aggravates the whole disorder to the utmost. One may sometimes 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 phosphatic 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 diarrhœas signify in teething; they do not arise in consequence of teething or a teething irritation, but from quite other reasons. We know further,

why *Calc. carb.* 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 combination.

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 diarrhœa. But where lime is wanting in consequence of its solution by organic acids, diarrhœa 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, *Calc. carb.* 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 of 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 *Argent. nit.* 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 *Argent. nit.* Therefore it is in the diarrhœa of children an equally much extended Homœopathic remedy as the *Calc. carb.*, but from different pathological reasons."

Three years ago, I called attention to the fact, that *Lactic acid* dissolved the bony system. Now I am pleased to note the remedy. It is a hint worth remembering, that the mischief of softening is going on while the child seems to be fleshing up, to suddenly go off with diarrhœa, convulsions, etc.

#### THE EFFECTS OF DIFFERENT REGIONS UPON THE DEVELOPMENT AND DISEASES OF CHILDREN.

This is an interesting field of inquiry. In a paper read before the

Western Academy of Homœopathy I attempted to point out the effects upon childhood of new and cultivated countries, dry and moist sections, sandy and clayey, or limestone regions. I will here give a brief resume :

“In a healthy child the alkaline elements predominate. In new countries the same elements predominate, hence the vigor of children in new countries. Prolonged cultivation renders soil sandy (acid), the grains starchy, fruits acid, etc. The starchy food is transformed into acid rapidly, and hence retards development of bone and muscle in the child.”

This, I believe, in a great measure, accounts for the physical degeneracy of the American people. “We can retard this degeneracy in the west by insisting on our people and children taking more alkaline food, and especially matter which is loaded with the alkaline elements.”

With the hope that you will find some practical hints, this report is respectfully submitted.

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## Hygiene Department.

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### *DRY AIR AND PHYSICAL DEGENERACY.*

MY DEAR “INVESTIGATOR:” While reading your kind criticism on my modest work, “Mothers and Daughters,” or, “Practical studies for the conservation of the health of girls,” in April 1st number, 1877, my attention was arrested by the following lines: “Here, however, we have looked in vain for the emphasis that should be placed upon the *dry air of America*, out doors, and especially indoors, upon the health of our people. *Dry air and dry food is the cause of the degeneracy of Americans.*” (Italics are mine).

This proposition rather startled me, and I tried to capture your full meaning. I must frankly state, that after a considerable thought, I failed to grasp it. *The dry air of America!* Do you mean the whole American Continent, or simply the United States of North America? Pardon me the question, but the error is often increased, and in a scientific subject it is necessary to be explicit, as the United States

form but a small part of the American Continent, and the climate and physical nature of the soil vary greatly, even in those states. Whatever you may mean on that score I still fail to see that the hygromic condition of the atmosphere of the United States of America as a continent, falls, in a general sense, below that of any other continent. Lying between the Atlantic and Pacific oceans, dotted by several spacious lakes and traversed by numerous wide and lengthy rivers, the continent lacks no water surface for needed evaporation. The rain-fall is also considerable over a large area of its territory, and certainly compares well with the Continent of Europe. But you may be able to give me proofs to the contrary, for which I would certainly be obliged to you. But allowing, even for the sake of argument, that you were correct in your general statement, is "*the dry air*" the cause of the "degeneracy of Americans?" Statistics have shown that mortality is greater in the Atlantic states, where a humid atmosphere prevails, and our people flock to the comparative dry air of Colorado in quest of health. As the moisture of the air diminishes in proportion to the altitude, mountainous regions are dryer than the plains, yet people go to the mountains for health. It is true that people often seek the sea and the lake shores, and that their health is benefitted by such sojourns, but those are they who generally live in the vitiated air of crowded cities or towns. Mountaineers do not go to the sea or lake shores for health, while millions who inhabit the proximity of sea or lakes, go to the mountains for a healthful change. Dry air increase the evaporation of the body, humid air impedes it, and its hygromic water held in suspension, is heated at the expense of the heat of our body. If the dry air is not too cold, as it may be in the extreme north, as to abstract too much animal heat, or too hot, as in the tropics, so as to abstract too much of the fluids, dry air cannot be fatal to animal life. Water is a great moderater, or rather a great absorber of heat, hence the humidity of the air, hygromic water has the power of absorbing the heat of our body and to chill it, even at a medium temperature. Moderate clothing will keep a person warm in a few degrees of heat, but if that body is plunged into water of the same degree, even if covered with the same clothing, it is immediately chilled, even unto death. When you speak of dry air indoors then the subject is at once altered, for it is not so much the indoor dry air that is so pernicious as what that air contains. Dry but *pure* air, if not of too high a temperature, is not hurtful, whether indoor or out of door, but the indoor we inhabit; in that atmosphere we exhale the

impurities of our bodies, and if not quickly and constantly changed, it becomes surcharged with obnoxious substances, animal and vegetable. But I will not now go into a dissertation of this subject, I would prefer to leave you explain your premises, viz: that dry air is noxious to human life. Then will I gladly answer you, it may be that when you explain we will agree, if not I should take the liberty of controverting and discussing.

Again you mention "*dry food*" as a cause of "American degeneracy." Here you also mystify me, for I find, in comparison, that the American food is not drier than the European. It is true that the Europeans make more use of soups and ragouts, but Americans make more use of vegetables, which are composed nearly all of water. If the former drink wine, the latter drink water, tea and coffee, without mentioning alcoholic beverages. Even on this score I refrain from debate now, for you have merely made an assertion, and it is possible that you may have excellent reasons for it.

Your propositions have excited my love of inquiry, and I would thank you for your reasons, as I take great delight in the study of these questions so important to human life. I believe also that your readers would find pleasure in reading such weighty matters in your valuable journal.

TULLIO S. VERDI.

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### *HYGIENIC PREVENTIVE MEDICINE.*

BY LEWIS DODGE, M. D. CHICAGO.

Read before the Illinois Homœopathic Medical Association.

**PRESIDENT AND MEMBERS OF THE ASSOCIATION:** In treating of that department of medicine relating to the preservation of health, I hope to so state the prodromic symptoms that forshadow threatened diseases from the commencement of conception. During intra-uterine growth and delivery of the mother, and the period of childhood of the offspring. Principally from my own experience in a practice of more than thirty years, as well as the knowledge obtained from books, in the course of studies pursued during my student and professional life as to prevent the full development of disease. The hygienic agencies comprise air, light, water, food, temperature, exercise, sleep, clothing, the passions and dwellings, the last of which I considered in a former article read before you last year and published in last year's proceedings in the May number of *THE UNITED STATES MEDICAL INVESTIGATOR*. The

mental emotions have a much greater influence on health than we are apt to consider and this is specially pertinent to that part of the subject I shall make more prominent in this paper.

To prepare the way I shall treat first of the evils to be avoided arising from the common use of drugs and destructives, in order that pure hygiene may be unobstructed, while bringing its benign influence to sustain the vital machinery during the period of pregnancy, delivery of offspring, convalescence from confinement, and the period of nursing (in many respects, the most critical and interesting period of the mother's life, and on the successful management of which depends more pure happiness, and the mismanagement of which leads to more suffering and misery than most any other period of life.)

To preserve health we must avoid the avoidable causes of disease, and of these, domestic and professional drugging, may be considered. But I pass over the long catalogue because the time allotted to this essay will not permit, and will consider some of the elements of hygiene by which every part and organ of every living animal is nourished, built up, sustained, and finally changed and decomposed.

The proper use of these agencies, and the avoidance of disease creating influences may constitute complete remedial means so far as regards functional derangement, and, if temperance in all things were the rule instead of the exception in our society, but little else would be required of our profession than to teach how best to avoid disease and prolong life.

Mechanical injuries are always liable to occur, displacement of parts, organic lesion, etc., will often furnish business for the surgeon, and require mechanical agencies of some sort, while the primal cause "That in sorrow and pain the human mother shall bring forth her child," will even furnish employment for the obstetric practitioner.

I confidently predict that a more thorough and correct knowledge of all that pertains to hygiene, will greatly reduce the amount of sickness and extend the average duration of human life,

Even with the comparative neglect of this department of medicine, the much greater attention bestowed on the subject by the Homœopathic and Hydropathic physicians of this and foreign countries, and their influence successfully demonstrating the injury to health of the noxious overdosing of former times. It is shown by the recent tables compiled from vital statistics, especially in connection with life insurance, that this and other causes, have added nearly two years to the

period of expectancy so called, or in other words to the average duration of human life.

What an achievement is this, to add two years to the duration in life of each of the forty or more millions inhabiting the United States alone, and further-more the lives so extended are infinitely more happy by means of these salutary laws of health to those who observe them. Those physicians who give a little brandy in emergencies on the absurd notion of keeping up the vital powers, do not fully understand the philosophy of vitality, the intrinsic character of disease, nor the scope and power of these hygienic agencies when unobstructed in an organism free from the poison of drug action, and the pernicious influence of folly, sin, human depravity, vice, licentiousness and evil passion, we cannot fully delineate as its merits deserve in this essay.

I do not mean by this to ignore all medicine. I believe medicine and its practitioners will always have a sphere of necessary action, and that when the community better understand that a physician who gives such instruction to the young man and maiden about to be married, and to the father, mother and children of a family as shall enable them to avoid disease, preserve health, and consequently promote happiness, does the most valuable and important work. Few families living in crowded tenements fully apprehend the danger that is around them in the vitiated air they are compelled to breathe, or understand the relation of an abundant supply of pure fresh air in the lungs, to the maintenance of health and the attainment of longevity.

Fresh air is so immediately essential to life that most animals in less than one minute when deprived of it suffocate, become unconscious and appear to be dead, real death occurring in a few minutes if air is not supplied.

Oxygen (which has been called vital air is the vivifying principle of the atmosphere,) may by a system of inhalation be made to increase vitality, strengthen the system, and eliminate disease to a certain extent, while an atmosphere very much overcharged with this element is injurious.

When persons or animals are confined in a close room they continue to breathe until the oxygen of the inclosed air is exhausted, when death is the result unless oxygen is supplied. The flame of a lamp in like manner will go out when the oxygen is consumed. In a room where the air is vitiated by a large collection of persons or from want of ventilation, the purest air is in the middle of the apartment, hence the ventilators for letting impure air out ought to be near the floor,



or in the wall, and the fresh air let in near the ceilings. A dog has been suffocated by *Carbonic acid* in a room in which a man standing erect felt no inconvenience. The remarkable benefits frequently experienced when the inhabitants of crowded, dusty cities rusticate in the country for a few days, or when invalids exercise themselves in traveling and amuse themselves with a variety of new scenery, has led to the opinion that the advantage was in the change itself more than the better quality of the country air.

Another prevalent error is that human beings require changes of location, climate, etc., hence the unrest and desire to move so prevalent, also that change of food and drink are requisite and that a greater variety of food is desirable above the due proportion of animal and vegetable food, merely as changes; such notions have no foundation in physiology, philosophy or reason.

[To be Continued.]

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## Medical News.

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**The London School of Homoeopathy.**—Would you believe that some opposition is raised against this school, on account of its name, by professed Homœopathic physicians, in England?

**New York Ophthalmic Hospital.**—Report for the month ending May 31, 1877: Number of prescriptions, 3,353; number new patients, 396; number of patients resident in hospital, 36; average daily attendance, 129; largest daily attendance, 200.

ALFRED WANSTALL, M. D., Resident Surgeon.

**Sexual Weakness.**—We have received some articles commenting in a jocular way on the articles on "Sexual Weakness." From the spirit of these we can not publish them. Sexual weakness is a disease that every physician meets, and it demands scientific consideration.

**American Institute of Homœopathy.**—Will you please insert in the next issue of your valuable journal, that the next session of the American Institute will take place at Lake Chautauqua, New York, on June 26th, and continue *four* days, according to custom, and not *three*, as advertised by the committee of arrangements in your last issue.

E. C. FRANKLIN, President of American Institute.

**Erratum.**—For “glories,” (p. 548, line 7), read “glaciers.” Also “infinitesimal” is wrongly spelled, repeatedly; of course, the fault of the types.

**Homœopathy Preserved.**—Our European friends are now very ready to acknowledge that the spread of Homœopathy in America is largely due to our separate schools. Many students Homœopathically inclined who have attended Allopathic colleges, are astonished to find that they cannot practice Homœopathy, alteratives, tonics, stimulants, formulæ, etc., befog their vision constantly. Said one to me the other day, “I am sorry I ever attended an Allopathic school.”

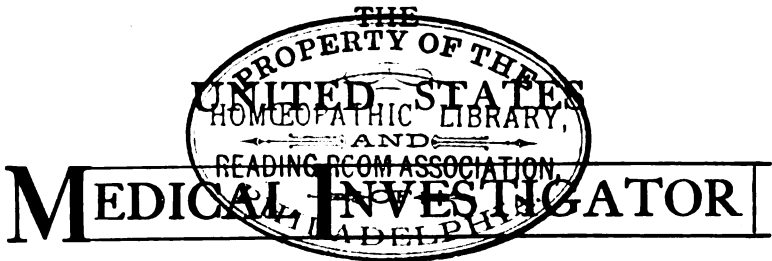
*Moral.* Homœopaths should attend Homœopathic colleges, consult our own practical works and read our own journals. Self preservation demands this.

**The Illinois Homœopathic Medical Association** session at Peoria, May 15 and 16, was a success, thanks to the committee of arrangements, Dr. M. M. Eaton, Chairman. There were plenty of papers and lively discussions. The session was very harmonious and profitable, and augers well for future meetings throughout the state. The editor personally would thank Dr. E. Perkins, whose guest he was, and Dr. M. M. Eaton for many kindnesses. The Peoria profession, with Drs. I. W. Johnson, M. Troyer, J. M. Colburn, E. Brubaker and J. H. Timkins, and those already named, our cause is well represented in this pleasant city.

The following were the officers selected: President, J. A. Vincent, M. D., Springfield. Vice Presidents, W. Danforth, M. D., Chicago; M. M. Eaton, M. D., Peoria; C. H. Vilas, M. D., Chicago. Secretary, T. C. Duncan, M. D., Chicago. Treasurer, A. G. Beebe, M. D., Chicago. Board of Censors, R. N. Tooker, M. D., Chicago; W. M. Bascom, M. D., Ottawa; M. B. Campbell, M. D., Joliet; L. C. Grosvenor, M. D., Chicago; H. N. Keener, M. D., Princeton.

**The Western Academy of Homœopathy** this year met in joint session with the Indiana Institute of Homœopathy at the hospitable city of Indianapolis, May 29, 30, and 31. When we arrived the second day we found a large and enthusiastic meeting. Some who had been at many a meeting of our largest societies declared they never saw such a mass of excellent papers presented at any other session. A jolly time occurred at the Hotel Bates, Thursday evening. The following were elected officers: Dr. R. H. McFarland, of Henderson, Ky., president; Dr. J. H. Miller, of Abington, Ill., first vice-president; Dr. J. A. Campbell, of St. Louis, second vice-president; Dr. G. S. Walker, of St. Louis, third vice-president; Dr. C. H. Vilas, of Chicago, general secretary; Dr. O. S. Runnels, Indianapolis, provisional secretary; Dr. G. W. Foote, of Galesburg, Ill., treasurer; Drs. Eaton, Duncan, Wilson, Miles and Eggert, board of censors.

Editorially we tender our thanks to Drs. O. S. & M. Runnels, and W. Eggert for many courtesies shown us.



A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

JUNE 15, 1877.

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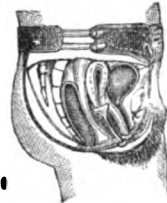
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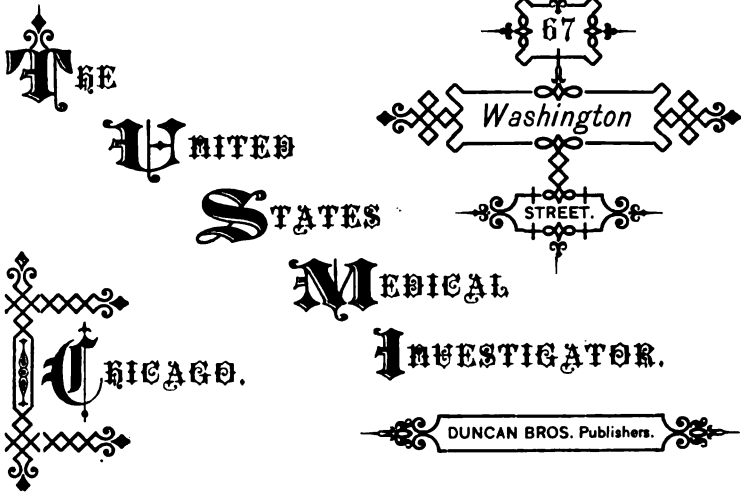
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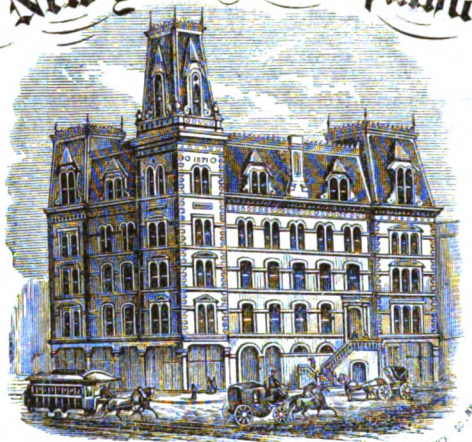
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THURSDAY,	at 2.00 p. m.,	— Surgical - -	(PROF. G. A. HALL.)
FRIDAY,	at 10.30 a. m.,	— Children's - -	(PROF. G. A. HALL.)
SATURDAY,	at 11.30 a. m.,	— Medical - -	(PROF. W. J. HAWKES.)

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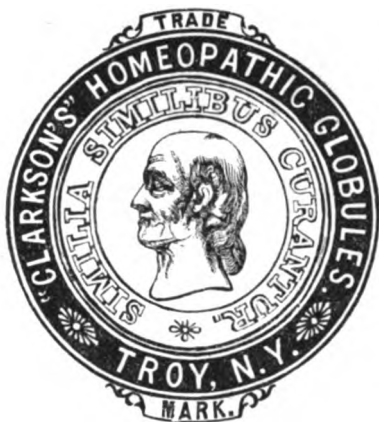
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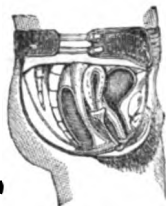
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I. T. TALBOT, Dean,  
31 Mt. Vernon St.,

or J. H. WOODBURY, Registrar,  
61-6m. 165 Boylston St., Boston.

## Homeopathic Medical College

OF MISSOURI, ST. LOUIS.

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