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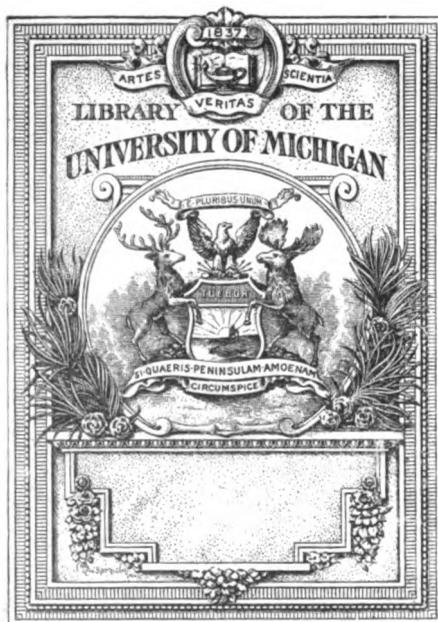
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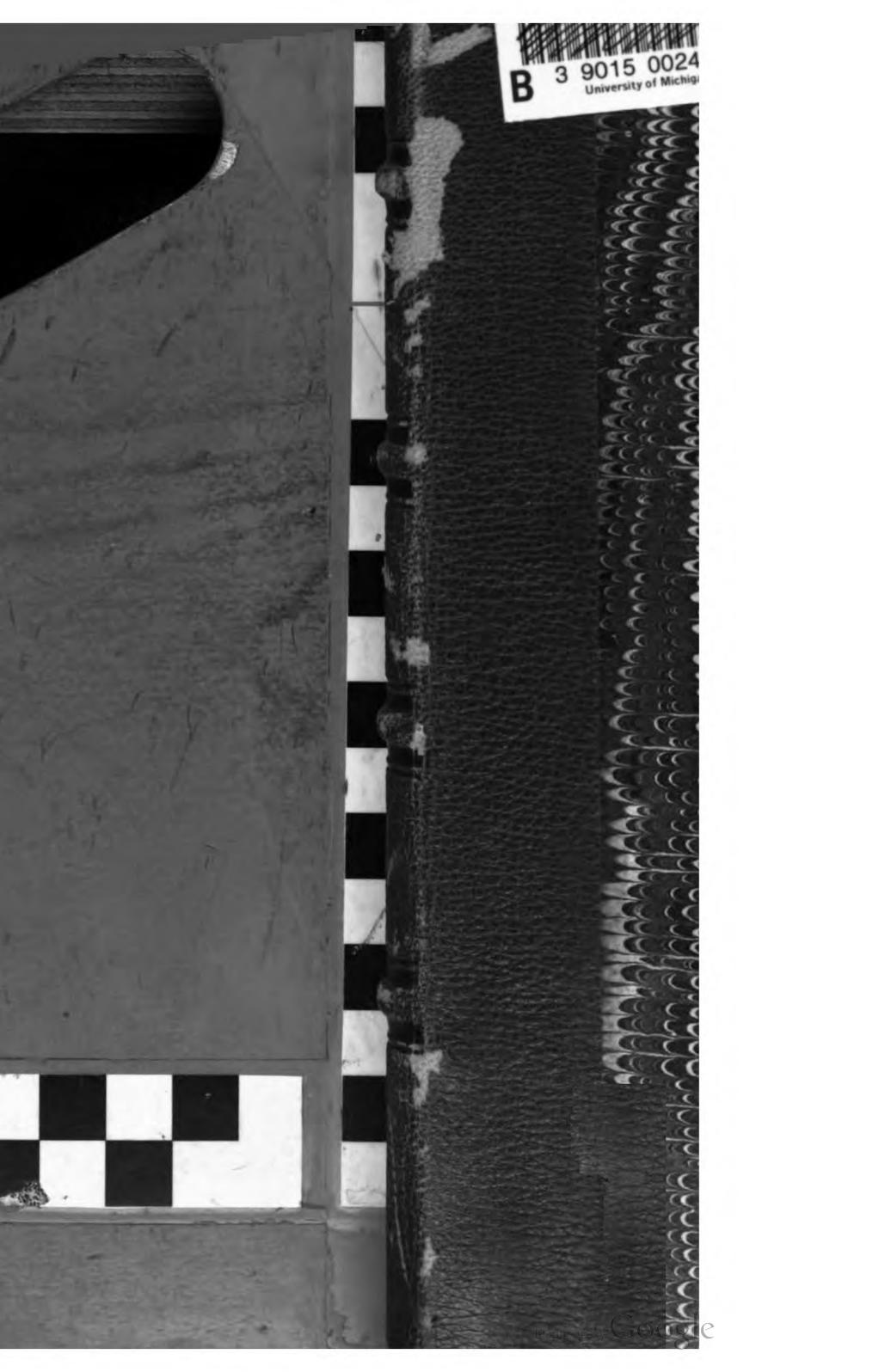
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OF
THE MEDICAL SCIENCES.



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THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, Vol. VI., No. 1.—JULY 1, 1877.—*Whole No.* 193.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

ERZEROUH, June 15.—Sickness, especially typhus, causes great gaps in the Turkish ranks. During the last six months at least 10,000 men have died in hospitals. Ex.

BROWNSVILLE, Texas, June 10.—The *Sentinel* announces that a disease something like cholera has broken out among the troops at Ringgold barracks. About thirty are in hospital, and six have died. The attack commenced with diarrhoea and colic. A similar disease has appeared in this city, and several cases have proved fatal within the past few days. So far there is no certainty that it is Asiatic cholera,

but appearances seem to indicate that it is more than the usual cholera-morbus.

ADEL, Iowa, June 5.—We are having a very severe epidemic of diphtheria at present and for some time past. I have had good results from the use of *Liq. cal.*, *Chlorate* and *Merc. cyan.*, *Kali bich.* as an intermediate remedy, the nose is ulcerated and discharges freely a thin, greenish, yellowish matter, which excoriates the nose and lips. For this I use *Arsenicum alb.* 30, with good results. I have lost but one out of some thirty; while my orthodox brethren have lost full one-fourth. This speaks for Homœopathy. J. F. IRVIN.

VIRGINIA, Nev., June 12.—We have a few more cases of diphtheria. Was called to consult with Homœopathic physician in the case of a child between two and three years old; been sick about a week. The exudation had commenced in the air passages; breathing very difficult; aphonia and cough almost suppressed. Remedies seemed of but little use. In the night the family became alarmed and sent for an Old School physician. He gave emetics, stimulants and the *Kalis*, with but little effect, continued to get worse, and died in three days. A younger child was taken the next day after, the Old School physician was called, so had the advantage of commencing the treatment his own way, with the advice of another physician of large experience, but the disease progressed unchecked, and died in thirty hours; both the children were buried at once. So the Old School treatment cannot boast over the new in these cases. Weather mild and pleasant now, and no more malignant cases. H. KNAPP.

MANITOWOC, Wis., May 30.—We are having considerable sickness of one kind or another here. Some scarlet fever has appeared again this year, and has been very "malignant" in Allopathic hands. Whooping cough has been very severe for nearly a year. Several cases this spring nearly died from spasm of the glottis at the beginning of a paroxysm of coughing. No single remedy would do, but by carefully selecting the remedy would succeed in giving relief. It seems to me all the old remedies for the cough were useless, or nearly so. Some of the worst cases, that were apparently in the last stage of consumption, recovered promptly on *Aconite* and *Phosphorus* in alternation. Such cases I always fed sweet cream, or fresh butter and honey in equal parts, several times a day giving a small teaspoonful. Such cases came to me from Allopathic and domestic Homœopaths. The latter had carefully selected, *Cuprum*, *Bell.*, *Puls.*, *Merc.*, *Verat.*, etc.,

to no avail. It has been very dry here for some time, and the winds so variable, in the morning and evening from the land, and in middle of the day from the lake, that it has caused much catarrhal trouble among all classes, and it has been next to impossible to do anything to help the difficulty.

R. K. PAINE.

TROY, Pa., May 29.—We are situated $41\frac{1}{4}^{\circ}$ north latitude, or thereabout. We have had more than the usual mortality among the oldest inhabitants—with lung troubles mostly. Not many deaths in our borough of any kind, still a great amount complaining of sore throat, erysipelas, and various kinds of appearing rashes all about the country here. There has been, not far from here, quite a number of sudden deaths of lung troubles called typhoid pneumonia, congestion, etc., died the second and third day, often after giving up to be sick. But the worst trouble in sickness is the so-called diphtheria. Only four miles north of our borough, two and three out of a family, and all these were known as children in the family. One, Dr. Moody, lost two, all he had, put into one coffin at Roseville, Pa. Mostly all die who have a putrid sore throat and an extensive membrane. I attended one family—mother of three children—first she was very bad, soon got better, then one five years old died in a week. I used *Sulpho-Carbolate of Soda* on the children, two died and one lived. The one that lived was two years old, came out with a scarlat rash, and itched and burned fearfully, (perhaps erysipelas), less membrane and less putrid in the throat. The wind and storms have been from the north and north-west, cold and dry winds, and cold rains. I think, to avoid these epidemics, the drainage will have to effect the atmosphere. Mothers in helping their neighbors have carried the disease home to their families, not the “sewerage,” but in their clothes or breath, and the little ones at home have soon died with the terrible scourge. So far as I hear it is not south of us but very little, but it has raged north fearfully. In Bradford county the highest hills have suffered full as much, or more, than the valleys, and where snow banks were seen until May 15. The north-east winds afflict the Germans in their country, the north-east and north-west our people.

S. W. S.

P. S. I ought to have added that *Acon.*, *Bell.*, *Hydrastis*, *Bry.*, *Nux.* and *Puls.* have been my best remedies. *Merc.*, *Rhus* and *Sul. 2*, but *Lach.* and *Hepar 3*.

S. W. S.

CONSULTATION CASES.

FOR DR. N. T. MGEWEN'S CASE,

in May 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, *Ava samoa* (*Ava* or *Kabra*), will ameliorate her condition. Can be had, *low*, of Boericke & Tafel, and *high*, of S. Swan, M. D.

D. A. H.

FOR DR. JOHN MARENBERG'S CASE,

in June 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, I would suggest *Santonin*, 6th trit., one powder, morning and evening. In my judgment, your patient exhibits signs of epilepsy, i. e., in so far forth as the few "general symptoms" would determine, or help to decide. Did you inquire into the condition of his kidneys, urine, mind (*fearful*, or otherwise), sleep, appetite, etc., etc., and especially examine him by question, with regard to his *sexual instincts* (impotence), and his emotional nature generally?

SAN FRANCISCO.

D. A. H.

FOR DR. MARENBERG'S CASE.

On page 537 of June 1st number, is a case reported in which *Bell*. seems indicated, would give it high. *Bell*. has obscuration of sight, which comes gradually and ends in headache, with numbness in hands and fingers, mostly right side; tongue thick and swollen; indistinct speech; headache in temples or over eyes, or front part of head; also impaired memory and confusion and weariness of head. Should expect to help the case with its use if given right. *Aconite* and *Cal. carb* correspond somewhat.

EVANSTON.

A. L. MARCY.

WHAT IS IT?

Wednesday evening June 6th, called to a boy of seven years who was taken Tuesday morning with a chill, followed by fever, delirium and opisthotonic spasm, during which, the mother said, his heels nearly touched the back of his head. I found him in a stupor; eyes half open; pupils dilated; stertorous breathing; almost impossible to arouse him; throat slightly congested; head boring back-

ward into pillows, and considerable rigidity of back. Gave *Bell.* 2x five grains to one-half tumbler water; teaspoonful every hour. Next morning father reported child perfectly rational and out of bed. No more medicine.

I have had eighteen cases similar to this one, but not so bad, within the last two weeks. In some the spinal, and in others the throat symptoms predominated, but all were met by *Bell.*, and cured within twenty-four hours. Is it a precursor of cerebro-spinal meningitis?

O. C. EVANS.

THANKS FOR SUGGESTIONS.

On page 537, June 1st number, I inquired, "What can be done for her?" and have received suggestions from a number of physicians, from Massachusetts to Kansas. I wish to return thanks to all, and will, when through with the case, give it to the profession, through THE UNITED STATES MEDICAL INVESTIGATOR, simply stating, at this time, that the little girl is progressing favorably, having begun to walk!!

ROCKVILLE CENTER, L. I.

HOMŒOPATHIC PHYSICIAN.

REPORT FROM DR. SIBLEY'S CASE.

For case reported in the UNITED STATES MEDICAL INVESTIGATOR, Vol. V., No. 7, page 325, I feel greatly obliged to Drs. Chapman, Pittsburgh, Pa.; (*Lyc.*) R. E. Jameson, Jamaica Plain, Mass.; (*Lyc.*) W. L. Hedges, Warrensburg, Mo.; (*Lyc.*) S. Bishop, Bloomington, Ill.; (*Lyc.*) A. Putsch, Winona, Minn., (*Merc. viv.*) for their promptness in responding to solicitation for counsel. On receipt of postal from Millie Chapman, M. D., I commenced giving *Lyc.* every six hours, which was continued three weeks with an amelioration of many of the symptoms. *Cham.* was then substituted one week, followed by *Lyc.* every twelve hours. This course has been continued until the present, and I am happy to say the patient has continued to improve steadily, though slowly. THE UNITED STATES MEDICAL INVESTIGATOR invaluable.

S.

SHALL TEETH BE EXTRACTED DURING GESTATION?

Is it wise to extract decayed, aching teeth from the mouths of pregnant women? If not, why? I wish some of our professors of

obstetrics and gynæcology, say, Dr. Ludlam, would give deliverance upon the subject. There seems, and is, a timidity manifested upon the part of physicians and dentists, to extract teeth from women who are pregnant, and yet I cannot see why more harm should result from the extraction of the tooth than from the hours, days, and even weeks of suffering occasioned by its retention. I am inclined to think more harm results from its being permitted to remain than there would from its extraction. The only valid ground of objection in memory at this moment, is, the shock to the nervous system in some cases—not all—which might have its influence over the uterus, none over the child, for how could it, there being no direct nervous communication between mother and child.

This seems a very simple question, yet I venture the assertion that it has given physicians more anxiety of mind than some of much graver importance.

C. J. WENDT.

WHAT WILL CURE?

I have been suffering for three months now with these symptoms:

When I get up in the morning my head feels heavy and dull, and sometimes aches in occiput. For ten or fifteen minutes after breakfast I feel some better, but usually by the time I reach the office, my eyes feel weak, and strained sensation in them, with dimness of vision and some *vertigo*. Usually from 9 to 11 A. M. am better. At 10:30 or 11 A. M. begin to feel depressed; languid; stomach feels empty; head thick; eyes feel glazed with a film; sensations like those that go with so-called dumb ague. All symptoms increase until I get my dinner, after which I am sleepy until 3 P. M., then feel good, barring an occasional *vertigo*, until next morning, when I go over the same round, some days worse, others better.

Vertigo, the most troublesome symptom, comes on regardless of time of day or position, is sometimes so severe that I must hold to a fence, telegraph pole, or some other object, to keep from falling. Is very rarely accompanied by slight nausea, never by vomiting. Bowels irregular, but inclined to constipation. Urine sometimes very high color, but about normal as to quantity. Sometimes profuse and very clear for half a day, at which time I am always nervous. Appetite regular and good; tongue coated yellowish white at base, and every week or ten days very red and elongated, at which time I am always worse. If I am called up at night to see a patient am worse next day.

Always nervous in morning. Live plainly; use no wines, liquors or beer. Chew tobacco.

Mental condition. Sometimes despondent, at others hopeful. At times dreamy during the day time. Memory defective at times and good at others. Perceptive faculties good in all cases but my own, there I am at sea. I am aged thirty-two, five feet ten inches high, dark complexion, hair and eyes; bilious temperament; weight one-hundred and forty-three pounds. No pain anywhere except the headache I spoke of.

Will some of the readers of THE UNITED STATES MEDICAL INVESTIGATOR, be kind enough to give me diagnosis and treatment.

PERU, Ind.

O. C. EVANS.

REPORT FROM CRATER'S CASE.

Allow me, through THE UNITED STATES MEDICAL INVESTIGATOR, to return sincere thanks to those who so kindly responded to my call for assistance in a difficult case.

By permission, I will now explain to Dr. Smith, (the only complaining brother), why the description of my case was not more definite. Being young in practice, and desirous of being successful, this case gave me great anxiety, and, one morning, feeling quite despondent because of the poor success with this case, I thought if I could write it off at once and send with that morning mail, I might get it in the April 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, and, when half written out, I was interrupted, consequently I had no time to be more explicit.

I had diagnosticated the case, incipient tuberculosis. By percussion I found dullness over the lower half of the right lung, and under right scapula. By auscultation, some crepitant sounds in breathing amounting to slight whistling, during forcible inspiration. I do not subject a young Miss to measurement unless really necessary—but if the “high or highest potency” is to be given, why do you require all this—will not the *symptoms* of the patient guide you in choice of the remedy? I did not “forget the patient in my efforts to make an impression on *that* cough”—but it was when her strength became so reduced she was unable to scarcely move at all, or keep her eyes open, and had prostrating night sweats, and could only speak in whispers, that I concluded her cough and night sweats *must* be controlled or I would soon have one patient less. The tonics used were

Wyeth's beef iron and wine mixture, and the *Ferri pyrophos, Quinae Strychnia* mixture, which did just what I wanted it to do—that is, give her strength and stop the sweats.

From lying on her back nearly four months, and the partial results of successive pneumonic inflammation, I found a hypostatic condition of the lung had developed, which I intended to say was absorbing.

For the benefit of those interested, I will state what the remedy is that relieved. As soon as I could get time to make a very careful study of the case, I concluded *Ipecac* must be the remedy, and gave the 3d, 1st, 30th, 200th in the order mentioned, with no results, but after giving the 500th two days, the cough began to yield, and the 1000th stopped it, except the slight hacking which yet remains.

She is still quite weak indeed, and has a sore, heavy pressing over the lower part of the bowels, and sometimes quite sharp over the left ovary, with constant dragging pains in the sacrum and hips, (a result, no doubt, of prolapsus, which she is too timid to have treated). Considerable leucorrhœa of a yellowish color, and once in a while a yellowish brown color, and fetid odor. The bowels only move by the use of enemas most of the time; appetite scarcely any improved.

I hope now the case is sufficiently definite, and that I may receive some valuable suggestions about future treatment.

SOMERVILLE, N. J.

H. CRATER.

PODOPHYLLUM IN HEPATIC DERANGEMENTS.

Just at the close of winter I had occasion to prescribe for a woman over sixty years of age, the mother of a large family. Her symptoms were as follows: For years (she told me) she had been subject to a diarrhœa, which would come on every now and then *after eating breakfast*; in her case they were attended with considerable pain in the rectum, obliging her to remain at stool as long as the pain lasted. At the time referred to, she was suffering from an acute attack induced by bad news, causing an *early morning* aggravation, as well as after eating. Like *Gels.* also, an attack would be induced by any *depressing emotions* or *excitement* of any kind. Stools variable, mostly deep yellow or greenish. There was as much belching present as you would expect to find under *Carbo veg.*, and often severe *retching*, with almost complete *anorexia*. There was great distention of the *right* hypochondriac region, but no painfulness to pressure. She

would complain also of a sense as of "a thousand live things" moving about in her abdomen, or of a number of fish turning over each other, also of chills occasionally, which would commence over the region of the liver, and pass around to her back. *Pod.* 1 aggravated, the 2nd and 12th did no good. Amelioration only commenced from the 500th, and, after becoming accustomed to this, the 1000th repeated at every aggravation, (after a dose of *Sulph.* 30th and *Psorinum* 200th had been previously given).

LYONS FARMS, N. J.

J. E. WINANS.

CLINICAL AND METEOROLOGICAL RECORDS.

Before the American Medical Association, Dr. N. S. Davis read a report on "Clinical and Meteorological Records." The essay was of a highly interesting character, as it treated of a new departure, probably, in the method of combating disease. Dr. Davis stated that for several years a strong effort had been made to induce practitioners generally, but especially those at points where there were signal-service stations, to keep clinical reports of the origin of the cases under their observation as nearly as possible. At the same time it had been hoped to induce the signal-service bureau to add to its facilities, apparatus, and report such matters as should enable its observers to keep an accurate and full report of ozonic and electrical condition in this connection. The chief of the bureau had promised to make the experiment, but had been unable to do so to any extent as yet. The great object of the experiment was to draw parallel lines by which could be ascertained what relation exists between meteorological conditions and the origin of disease. The books were vague on this great subject of inquiry; some referring the origin of a certain disease to heat, some to cold, some to microscopic spores, and to various other causes. At best, all the information was vague; something better was needed as a basis for investigation. Dr. Davis reported that, although a perfect, or even comprehensive, system of records had not been organized, still at several points—Chicago, Cairo, and Davenport—both clinical and meteorological data had been collated for several years.

The conclusions of the paper were, briefly, that the bowel affections so peculiar to temperate climates begin invariably their annual prevalence with the occurrence of the first week of continuous high summer

temperature; and that every subsequent occurrence of several day's duration is also accompanied by high temperature. An increase is noticeable in July, and a decrease in August, with a still greater decrease in September. The disease depends not so much upon the degree of heat as its duration. A high degree of heat, to be efficient in producing any of these troubles, must follow a protracted season of cold. The paper closed by showing that the mortality tables bore out the results obtained by the recording of clinical and meteorological records as far as collated.

Hygiene Department.

HYGIENIC PREVENTIVE MEDICINE.

BY LEWIS DODGE, M. D., CHICAGO.

Read before the Illinois Homoeopathic Medical Association.

[Continued from page 637].

If the food, drink and air are physiologically the best, they can never be made better or improved by any change during the whole period of life. But if in any respect they are imperfect, a change to a better quality would be beneficial; and if a change of locality or residence can be had with benefit, and is within the means of the patient, the physician should recommend it. If otherwise, it seems to me inexcusable to send the sick away from the comforts of home among strangers to be subjected to the neglect of hotel keepers, servants, etc.

If a change of location is impracticable the physician without prejudice should resort to such remedial agents by inhalation and ventilation as will make the vitiated air pure, and by other sanitary directions make home more healthy and comfortable.

Sedentary habits unless frequently alternated with vigorous and prolonged exercise will lessen the activity of respiration and diminish vitality. Intense mental applications if too long continued diminish the respiratory functions. No person in deep thought with the brain laboring at its utmost capacity will breathe deep and free hence

editors, particularly those who are closely confined to their sanctums are proverbially short-lived. All crooked and constrained positions effect respiration injuriously. The introduction of gymnastic exercises, calisthenics in our schools is commendable and should be more generally practiced. We will now consider some of the causes of disease and suffering during pregnancy in addition to what has been said applicable to male and female, children and adults.

HYGIENE DURING GESTATION.

At the commencement of pregnancy the system is subject to many derangements arising from physiological sympathy between the uterus and stomach often causing what is called morning-sickness, constipation and diarrhœa being a concomitant even in subjects at other times regular. I have found the following an efficient remedy for this condition: take half a tumbler full of water at the temperature of the room. Pour in six to ten drops of the tincture of *Camphor*. Inject this slowly into the rectum in case of constipation; soon the desire to defecate becomes irresistible. After the defecation it is well to repeat the injection in smaller quantity of the same mixture somewhat diluted which will usually be retained in the rectum and prevent constipation on the following day, also often but not invariably palliate, if no entirely relieve the nausea of the stomach, at least it is safe to try it especially as even the mildest medicine fails to set well on these irritated stomachs.

Although to some it may seem improbable, the same remedy given in the same manner, is also useful in checking diarrhœa even though it may have been persistent. I was led to this from experiencing an almost uniform dislike and aversion to taking medicine and the unsatisfactory result, when taken into the stomach, during this period of sympathetic sickness which in some females is a constant annoyance during pregnancy and very perplexing to relieve by medicine. In connection with this sympathetic action between the pregnant uterus and the stomach, it may be pertinent to consider the possibility and probability of septicæmia supervening in cases where a profuse and persistent leucorrhœa has existed previous to conception and ceased after that event.

There is abundant evidence to show that *Sugar of Lead*, *Carbolic acid*, and other similar poisons used as injections to vaginal surfaces, bared of epithelium, may be absorbed and produce their specific toxic effects on the system. Remedies so applied act by osmosis. Patients have complained of the taste of tannin and alum a few minutes after the use of these articles in vaginal injections.

Experience of this kind confirms the same principle as to other mucous membranes, as of the stomach, intestines and vagina, are capable of absorbing largely alimentary and other substances. These facts corroborate the opinion "that morbid fluids adhering to the vaginal walls may be absorbed by the lymphatics and pass into the internal iliac and sacral glands." Histologists declare that these glands are much enlarged during pregnancy and never subside afterwards to their dimensions in the virgin state, conforming to the changes which occur in contiguous structures. The vagina is among the most highly organized structures in the human economy. Its vascular lymphatic and nervous connections being in immediate relation with those of the other pelvic viscera and so intimate as to indicate a wide range of sympathy. The inception and growth of uterine polypi, ovarian tumors, and cancer are the outgrowths of septicæmia absorbed through the various lesions of these organs, which a proper hygienic preventive and curative treatment would in most cases avert. Water cure treatment is preferable in this case to strong medication. It may safely be predicted of a young girl just passed puberty, having persistent leucorrhœa profuse and yellow, that then there is more or less abrasion of the mucous epithelia, and that it has been caused by catarrh or onanism, and that the way is opened through which septicæmia may be absorbed and lay the foundation of life-long suffering. The faithful foreseeing physician should point out the certain danger sure to arise from this neglected condition, and prescribe such remedies as may avert the danger. Toxemia from the humors of malignant growths in this local, is almost sure to occur none will deny. Pessaries have been found imbedded in the vaginal wall where from pressure and irritation they have given origin to very grave symptoms even to paralysis, their removal attended by a sanious and highly offensive discharge. The occurrence of puerperal fever, especially as an epidemic, on careful investigation will generally be found to occur in cases where septicæmia poison in one form or another can be traced, and the most obstinate case of nausea and vomiting in the early months of pregnancy, have their origin and are perpetuated by the same influence, and on this theory I was led to the use of *Camphor* as before stated it being a remedy for septicæmia and its effects.

The successful treatment of this perplexing and often fatal malady will only be accomplished by meeting and overcoming zymotic influences in the same general way that we treat essential fevers.

Among the varied topics within the legitimate scope of our subject

is that of fastidious taste and capricious appetite, connected with a symptom of pregnancy. That the functions of an organ so sensitive as the stomach and so closely connected by sympathy with the uterus should be variously disturbed during pregnancy, especially in the early part is only what might be expected. When the sympathetic irritation is most marked, the appetite diminishes or is almost lost, the patient becoming weak and emaciated. The more remarkable peculiarity and one less explicable is the depravation of appetite when the patient either utterly repudiates articles of diet of which she was previously fond, or acquires tastes repugnant to her previous habits or even to common sense. The old writers abound with curious stories of these longings as they are termed of pregnant women nor are they unknown in modern times.

A case is related of a woman who took a fancy to a bite of a bakers shoulder, nor could she be satisfied until the bakers consent was purchased. There are others who can only gratify their depraved appetite by either biting or otherwise teasing their husbands. Strange appetites and fancies are well known as frequent attendants of pregnancy. Some will long to eat unusual and even revolting articles. Others immediately after conception are seized with an unconquerable aversion to articles of food which were previously agreeable to them, for example, raw oysters are a great relish though previous to gestation they could not bear them. Others during gravidity cannot eat cheese though fond of it previously. Some have a vehement desire for fruit out of season, which was never longed for when it might have been procured. Others have devoured chalk, broken stones, pepper, ginger, brown paper, slate pencils, tea grounds, etc., in astonishingly large quantities.

A case is related of a woman who during several successive pregnancies ate chalk during the whole time of pregnancy in such excessive quantities as to render the bowels so torpid, that evacuations could only be procured by enema, and the stools were literally nothing but chalk. Her calculations were three half pecks for each pregnancy. She became as white nearly as the chalk, and it eventually destroyed her by deranging her stomach so much, that it would retain no food.

These extraordinary tastes during gestation are sometimes carried to such an extent as to create monomania. The indulgence with which all persons regard pregnant females together with a belief that an ungratified wish would injure the child, or at least impress an image of the thing longed for upon some part of its body, has led to the

unlimited gratification of these desires. It is the province of hygiene to teach a better way. These desires may be controlled by the will and reason.

These caprices seem peculiar to the early months of pregnancy. They subside gradually, and rarely continue after the fourth month. The earlier opinions attributed these disorders to a plethora occasioned by the suppression of the menses, others, to the sympathy between the uterus and the stomach, or to the sympathy of the brain with the uterus. This is far from a satisfactory explanation. These caprices commonly discover themselves by an air of pensiveness and dejection, and although absurd, are persistent till the woman has obtained her wishes or is persuaded out of them or relieved by proper treatment, which is to be prescribed on general principles, for the details of which this paper is too short. In yielding to these extreme fancies and caprices we incur mischief instead of avoiding it, and it will consequently, be our duty to oppose them firmly. As to distaste for certain articles formerly relished we should recommend their avoidance as no harm can result from conforming to their wishes.

When these longings or the persistent nausea prevent sleep at night or lead to great debility, the case requires the most careful consideration and a change of location, climate, and scenery may be indicated.

Syncope or fainting is not a frequent occurrence in the healthy female during gestation in persons not accustomed thereto, except perhaps at the time of quickening. Others suffer from it during parturition whether previously affected by it or not. Healthy females are sometimes so attacked but more frequently the weakly and delicate. It seems sometimes a consequence or accompaniment of palpitation and may doubtless be caused by a disturbance of the cerebral circulation whether the heart or brain be principally affected. Want of sleep, mental emotions of a violent kind, great exertion, rapid motion, fright, offensive sights or odors, heated rooms, etc., may give rise to faintness.

There are some woman to whom *syncope* returns periodically, every month, every week, every two or three days or even more frequently. The womb may influence the heart through the medium of the nerves whereby irregularity of its action is produced. This inordinate action may lead to some irregular distribution of the blood in the cerebral vessels, hence fainting. I have seen several instances where the pains of labor were regularly followed by *syncope*. Such an occurrence should never be disregarded or treated with indifference. Some may

arise from functional disturbances, others may be connected with organic disease internal or concealed hæmorrhage. Auscultation should detect this if carefully and timely resorted to; of the methods for restoring the patient from these fainting fits you are familiar.

Dyspnœa is nearly allied to the above. Difficulty of breathing may attack females at any period of pregnancy. Sometimes we find it during the early months, in other cases about the period of quickening but most frequently during the latter months. A different pathological cause has been assigned for each of these periods. During the early months it may be brought on by sympathy with the uterus, often connected with palpitations.

Some will breathe with more than ordinary difficulty immediately after conception. When the difficulty occurs about the middle of gestation it is principally among the robust and healthy, and seems to be owing to a plethoric or congested state of the lungs.

The third variety of *dyspnœa* occurring during the latter months of pregnancy depends more upon mechanical causes, as the pressure of the enlarging uterus carrying the intestines before it, pushes up the diaphragm, and by the extension of the abdominal parities, prevent the expansion of the chest. Among the exciting causes may be mentioned excessive fatigue, mental emotions, affectation of the circulating and nervous systems, and especially a peculiar condition of the latter arising from bad odors. Of this class hay fever, not confined to pregnant females, occurring during the summer from the perfume of new hay. The patient may be quite free from the disease in the city, but when going into the country and inhaling the rich odor of the newly mown grass the *dyspnœa* comes on, and is only relieved by removing to a distance from the cause.

The hygiene directions the obstetrical practitioner should give to his patient soon to be confined, may be inferred from the general principles laid down. I will not enter upon this now because it requires the whole time allotted for reading a paper before this association to particularly describe all the benefits obtainable from scientific hygiene at this period. Simply say that I always see that the bed is prepared in such a manner as to permit the removal of all soiled wet and bloody clothes.

Pertinent to our subject is that of preventing mischief from the secretion of milk in the breasts of women who may have had still-born children, or who having nursed their child for a few months, find it necessary to wean it.

In cases where the infant has been born at full period, but is dead or dies in a few hours after its birth, the milk makes its appearance in the breasts about the second day. Sometimes longer and sometimes it is ready when the child is born, and in the case of still-born children it often makes its appearance earlier than when the child is born alive. I bring local pressure to a slight degree just enough to prevent the distension of the milk ducts, by the use of adhesive plaster, cut about ten inches square, more or less, as size of breast may require, round at the corners with a hole in the centre for the nipple, then from the centre of each corner cut towards and within one or two inches of the centre hole. This being prepared using that kind of adhesive plaster that is applied by moistening and cold. Let the patient lie on her back, then gently rub from the nipple each way till you have overcome the congestion as much as possible by friction, then apply from the centre to the circumference evenly and secure it by another strip two inches by sixteen, extending over the clavicle and down below the gland, so that when the patient sits up the weight of the overloaded breast will be sustained. This carefully applied stripping will generally, if applied early, prevent mammary abscess in the nursing mother, but to be successful must be applied in the manner above described, or similar, so as to prevent the rush of milk. The suitable remedies and diet should be prescribed to prevent the secretion, and guard against metastasis. With the coming of the milk, whether after natural labor or in cases of difficult and protracted labor, there will be an increase of temperature which should be carefully watched and noted, and the thermometer applied to the axilla and if the temperature exceeds 100° , examination should determine whether or not ulcers of the genital canal exist.

It is well known that a fever may arise from the injury done to the genitals during labor, but that these are the sole causes of fever during confinement, or at the period when the milk is first secreted is not true, nor is it true that milk fever generally arises from metastasis. The sudden development of the new function in glands that have lain dormant comparatively from infancy, during puberty, and up to the period of the birth of a child, these glands being richly supplied with nerves and vessels, must cause a certain amount of nervous action which will always give rise to an increase of temperature, added to this the mental emotions always experienced by the mother at the time of confinement, which is often greatly increased by the injudicious comment of the attendants and early visitors.

One of the most important and most generally neglected hygienic

requirements of safe and successful lying-in treatment, is perfect rest, freedom as far as possible from anxious care, the proper ventilation of the room, cleanliness by the early removal of all wet clothing, avoidance of all direct currents of air, and other exposure by which the mother or child get cold. With these precautions nothing may be dreaded from the ephemeral fever termed milk fever, in fact it is questionable whether it should be classed as a fever. How to avoid taking cold at any time is an important item for the hygienist, for a sudden reduction of temperature, checking perspiration by sitting or standing in a cool or cold place or allowing direct cold currents of air to come on to the person in bed whether in good health, during sleep, or sick in bed, and especially in the lying-in period, after confinement, or removing portions of clothing when heated by unusual exercise.

If, from necessity, the person has been so over-heated, they should try to avoid too rapid cooling. Immediately after confinement additional clothing should be put on the bed, seeing that it is properly aired, warm and dry.

Variations from the standard of bodily heat are much less than most persons imagine. A few degrees in bodily heat would be fatal. The injurious effects of cold are more speedily and severely felt if a person is exhausted at the time of exposure. Loss of sleep especially, rapidly reduces vitality and increases susceptibility to colds. Under such circumstances double care is needed, and if a cold seems to have been contracted, warmth, rest and proper medical treatment should be at once resorted to.

The effects of a cold seem to vary greatly with the season. In winter inducing bronchitis, pneumonia, or pleurisy, or in the lying-in women, mastitis, etc.

In summer trouble with the bowels, fevers, even lurking agues may be developed. A lady or servant, heated while preparing the family meal, may, and often does, go to a part of the house not warmed. The air in the rooms not warmed being as cold, or even colder than the air out doors; yet those who would not think of venturing out doors without bonnet and shawl, would hardly think of such a thing if merely going to another part of the house. This only having a portion of the house warmed, though often a necessity, is poor economy, and a fruitful source of sickness, especially to children. When any person has to be up and down through the night, to attend to the wants of an invalid, or a mother with a sick child, she should have a warm wrapper at hand that can

be put on at once, and see that her feet are perfectly protected.

Exposure to cold damp air is much more injurious, than to cold dry air, therefore unoccupied and unventilated rooms in a house, and beds only occasionally used, as the spare bed, often have lurking in them zymotic influences, that cause the essential fevers. My paper of last year fully set forth the quantity of water contained in the walls of a brick house, and a method of heating and ventilation, to which attention is invited. It must be remembered that recovery from any wasting disease, or from confinement and labor, requires due nutrition as well as arrest of waste.

Hence attention to the condition of the stomach becomes a matter of utmost importance, and a successful treatment requires not only to avoid all food and medicine that is likely to disturb or irritate the stomach, or to impair the appetite, but everything should be done to strengthen the stomach and secure a more perfect discharge of its functions. Next in importance to the above hygienic requirements, especially in cases of undue waste or impaired nutrition, or gradual exhaustion of nerve power, is rest.

Many have held up labor and exercise as a sovereign remedy. In some cases it may be the remedy needed, but it is rare in case of the mother recently confined.

More permanent injury has ensued by too early sitting up of the lying-in woman, causing falling of the womb, congestion in its walls, and ulceration, than can be enumerated.

When a person cannot digest a sufficiency of food to keep up his own powers, rest becomes an imperative necessity.

If a patient is kept perfectly quiet, both mentally and physically, less food is requisite. When the stomach is weak it should, for a time at least, be relieved from overwork. If we are attempting to strengthen the stomach by rest, we must, at the same time, avoid over-doing or exhausting the nervous system, as students do, for the stomach sympathizing with the general exhaustion, will be weakened rather than strengthened. Stormy, cold, heavy weather should in all cases, where it is possible, be made a period of rest. If so, it will add greatly to our capacity to work in favorable weather, and serve to lengthen life. It may be true that a man who should habitually do this, might not accomplish so much in a given year as one who restlessly urges forward his work, regardless of every thing else, but he will accomplish much more in a life time, for he will have more years to do his work in, and with a clearer head and better matured plans,

he would do what work he did do to far better advantage. He would have more nerve force to expend, and it would be used to better purposes, in consequence of the meditation and reflection his period of rest had brought to him or her.

The observance of the Sabbath as a day of rest, as well as requiring spiritual strength, is commended as sanitary as well as moral consideration.

Pharmacological Department.

THE IMPORTANCE OF DEPARTMENTS OF PHARMACOLOGY AND PROVINGS IN THE HOMŒOPATHIC COLLEGES.

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

Read before the Illinois Homœopathic Medical Association.

If any thoughtful physician of the Homœopathic school of medicine was asked the question, "Upon what depends the success of Homœopathic practice?" what would be the answer? I venture to assert that, with but little hesitation he would say: "The purity of our medicines, and our knowledge of their pathogenetic effects." I do not ignore or depreciate the importance of a knowledge of other departments of medical science. The physician should be thoroughly educated in anatomy, physiology, pathology, etiology, diagnosis, etc., but, after he has mastered all these branches, all these aids to medical science and the art of healing, of what do they avail if he does not possess pure medicines to prescribe, or know their pathological effects.

I beg of you, members of the Homœopathic Medical Society of Illinois, to consider this subject with all the gravity which belongs to it. I do not write upon this subject simply for want of a better. I deeply feel the importance of calling your attention to the matter.

Let us look at the question in a practical light. Let me ask you, what is the one grand, distinguishing feature of our school?

Is it not the doctrine taught by our great founder, Hahnemann, and believed by every adherent of our system, that diseases are to be treated by medicines which are capable of causing similar diseases in healthy persons? Is it not the doctrine that a remedy must be capable of causing symptoms similar to those of the disease or disorder which has attacked our patient?

Granted that the great doctrine of Homœopathy is the one just enunciated, does it not seem strange to you that at this day there is not a single Homœopathic college in the world possessing a professor whose duty it is to teach the method of proving drugs upon the healthy?

It seems incredible but it is a fact. I admit that in a few of our colleges the professor of materia medica is supposed to have charge of this branch of the subject. But if he has, he never does but little more than to devote one or two lectures to the subject.

It is as easy to imagine the activity of the play of "Hamlet" with the character of Hamlet left out as to imagine a true Homœopathic college with the chair of provings left out! I wonder that the shade of Hahnemann does not rise and rebuke the faculty of any college which does not provide for the establishment of such a chair.

It may be said that we have already an immense materia medica—a wealth of pathogenetic knowledge and a multiplicity of provings. But, I ask you, is there any limit to true science short of absolute perfection?

Shall the astronomer leave off searching the heavens because thousands of worlds and suns and stars have been discovered? Shall the chemist cease to labor in the laboratory, because so many new metals and salts have been discovered? And shall we cease to make provings, to investigate the action of the drugs because so many have already been studied? What do we know about the complete action of any of our polychrests? Have we exhausted the pathogenetic capabilities of *Aconite*, *Belladonna*, *Bryonia*, *Nux vomica*? I venture to say that we are very far from knowing half of their powers and virtues.

We have not a single old remedy which does not need reproving. We might prove *Nux vomica*, or any other well-known drug again, and we would still get new and important symptoms. If this is the case with the old, what shall we say of the new remedies? We only stand upon the threshold of the temple of pathogenetic knowledge, especially in what pertains to the new remedies.

Do you realize how little we know of the pathogenetic and curative powers of *Æsculus*, *Collinsonia*, *Gelsemium*, *Baptisia*, *Podophyllum*, *Iris*

or that most wonderful medicine, *Veratrum viride*? I do not mean to exaggerate when I tell you that the next century will doubtless find in these medicines curative powers which we in our fancied knowledge do not dream of!

Setting aside the many general symptoms of these medicines which have not been evolved, we have not discovered a tithe of the special or characteristic symptoms which belong to them.

Now, in view of all this, how sounds the repetition of my statement of the fact, that in no Homœopathic college now in existence is there any chair or department especially devoted to provings? For many years I have urged the establishment of a chair of provings and pharmacology in Hahnemann Medical College of Chicago; and yet, with the exception of one year during which I held that chair, no such provision has been made.

How long shall we neglect and ignore a duty so important and evident? It is the duty of every college, of both schools of medicine, to establish such chairs. Would it not be a strange and unaccountable anomaly if the Allopathic school should be the first to take this step? And yet I venture to predict that if we do not soon act in this matter we may be forestalled by our opponents.

Already we discern in the writings of Allopathic authorities a strong tendency toward investigations of the action of drugs on the healthy. I have but to mention the experiments of Ringer, Harley, and others in England; of Traube and others in Germany and France; and Wood and Scudder in America. So important do these men consider such investigations, that they will soon feel obliged to establish special departments devoted to such investigations in all their colleges. Shall we, who have been taught by Hahnemann how to prove drugs in a manner so superior to theirs—shall we sit supinely and see them excel us in our own specialty? Shall we not rather unite with the old Hahnemann method, the later methods adopted by Wood and Ringer, in which are applied all the aids of modern physiological, chemical, and pathological research? Do not complain that this method would embarrass us with riches. No amount of pathogenetic riches will embarrass us, if it is all gold and not dross. No amount of wheat is too much if the chaff is winnowed out. It will be one of the duties of this department to separate the dross and chaff from the gold and the wheat. But, after such a department is established, and has done its work in the best possible manner, there will remain a great work to be done in another direction. The same department should take hold of

the Homœopathic pharmacology, which is in the most imperfect and chaotic condition. In this department the Pharmaceutical Society of Great Britain is doing good service. When they have perfected their methods they will doubtless give us a trustworthy standard of official preparations, by which our pharmacutists can, if they will, prepare medicines upon which we can rely. As it now is, each Homœopathic pharmacist is a law unto himself; and without impugning their honesty or conscientiousness, I assert that we have no infallible test of the purity of their preparations.

Thousands of ounces of *Aconite*, *Belladonna*, *Dioscorea*, *Cimicifuga*, *Gelsemium*, and *Veratrum viride*, are sold yearly, in which resides not a particle of curative potency! What avails the most complete knowledge of materia medica if we cannot rely on the purity of the selected remedy?

We may select *Belladonna* in a case of meningitis; but if the *Belladonna* we prescribe is inert, as it often is, of what value is our pathogenetic knowledge?

We select *Secale*, and administer it to a woman threatened with fatal hæmorrhage; but if the drug is inert, are we wholly clear of all responsibility for her death?

I contend that there should be in all our colleges a teacher who is perfectly competent to teach students not only how to prepare in a proper and trustworthy manner each and every one of our medicines, but to teach them how to ascertain if any given drug is properly prepared and possesses its peculiar medicinal qualities.

Physicians place too much confidence in pharmacutists. They too often blindly accept and prescribe medicines about whose purity they know absolutely nothing. In such cases not only the reputation of our school and their own reputation for skill, but the life and health of their patient depends upon a mere probability.

In conclusion, I urge upon you the duty, as representing the Homœopathic school, in this state, to manifest some interest in this subject. It is your province even to demand that the art of provings and pharmacology shall be taught in Homœopathic medical colleges.

I am not sure but we ought to take another step out of the old and beaten paths of medical education, and abolish a portion of the chair of chemistry.

Chemistry, as at present taught in medical colleges, is of very little practical value to the physician. Teachers seem to think that it is their duty to teach chemistry as it is taught in universities and other

scientific institutions not medical. There never was a greater blunder. Inorganic chemistry is taught to students who are not prepared by previous education to comprehend it. Instead of giving long lectures on heat, light, the atomic theory, etc., a very brief mention should be made of these agents, while the subject of chemical affinity, electricity, and the nature of the gases should receive more attention, while the greatest portion of the course was devoted to a consideration of the metallic elements and inorganic chemistry.

The chemistry taught in our colleges should be more exclusively medical chemistry. Our students should know more of the chemical constitution of the plants we use in practice. If this branch was taught, as it should be, we should not hear of recent graduates ordering tincture of *Podophyllin*, *Hydrastin*, or *Quinine*, or triturations of *Iodide of Potassa*, *Kali carb.*, or *Iodine*. Indeed, I am not sure but it would be well to abolish altogether the chair of chemistry, and combine it with the chair of pharmacology and provings, and also to relegate the subject of electricity to a chair of galvano-therapeutics, which ought to have a place in every medical college of any pretensions. This plan may be considered impracticable now, but I believe it will soon be adopted.

Pathological Department.

INTRA-CRANIAL FIBROMA.

BY M. T. RUNNELS. M. D., INDIANAPOLIS, IND.

Read before the Joint Convention of the Western Academy of Homœopathy, and Indiana Institute.

The following very singular case is deemed worthy of presentation to the medical profession, being remarkable in its character, and, as far as my knowledge of pathology extends, has seldom occurred in the cranium.

Henry Lee, colored, aged nineteen, father and mother living and healthy; no trace of consumption, scrofula, or syphilis in the family. When a little child was subject to severe attacks of headache, but his general health was good up to October, 1876. About that time head-

ache came on more frequently, and he appeared at my office for treatment. He complained of severe, dull, frontal headache, constant, but greatly aggravated at times, generally in the evening. Appetite and sleep were good; was able to attend to his duties as servant of a large family. No treatment had any effect on the headache. The best medical remedies failed to relieve. Headache grew worse as each month passed. Up to the 1st of January, could not discover any impairment of the mind, but after that time observed that he was forgetful. The intervals between the paroxysms grew less, and each paroxysm became severer. They were accompanied by nausea. Seemed to get most relief from taking position on knees and breast, bending the head back as far as possible, and pressing it with both hands. On stooping down would become dizzy and confused in vision, but all would pass off on rising. Would sleep best in the fore part of the night, commencing with last February, had these paroxysms of headache, on an average, once a day. Continued to discharge his duties as servant up to March 20, when the paroxysms of headache came on as often as three or four times a day, and he was obliged to take his bed. At this time had lost but one and one-half pounds in weight. His growth during the past year had been rapid. As each day passed the paroxysms of the headache became severer. Each one would last from thirty minutes to one hour, and would recur as often as five or six times a day, being always accompanied by great opisthotonos. He wanted his head bathed often with warm water. His mind was not greatly impaired till the day of his death. He gradually sank away, and died April 28.

POST-MORTEM.

On the following day a post-mortem examination was made. We found a tumor of the dimensions of a large walnut, and weighing two hundred and ninety-three grains, between the anterior lobes of the brain, anterior to and above the optic commissure. It seemed to have formed for itself a nidus, was loosely connected to the brain substance by nervous filaments, and was surrounded by pus and softened brain tissue. It rested upon the cribriform plate of the ethmoid bone and the anterior portion of the upper surface of the sphenoid bone. Where the pressure was the most direct the bone had been absorbed, and the absorption and ulceration had extended to a considerable degree into the body of the sphenoid.

This process of ulceration gave an appearance to the bone somewhat like that of honey comb. On passing a probe up each nostril it

came through into the brain without resistance. On microscopical examination I found the tumor to be fibrous in character. It was firm, dense, and oval in shape. On section it presented a grayish-white basis substance, intersected with opaque, white, glistening fibers, and contained but few blood-vessels. It was evidently made up from fibrous tissue about the brain and not within the cerebral substance. Dr. Fletcher, who kindly assisted me in the microscopical examination and made the accompanying drawing, thinks that it cannot be regarded as cancerous.



This is a camera drawing of a fragment of the tumor measuring 1-30, of an inch. It was made hard by chromic acid and afterward treated with liquor potassa. It was examined with 1-10, immersion objective and No. 2 eye-piece, and thus magnified, was reduced for drawing by the erector.

The patient's age, the absence of anything like granular matter, alveoli or new formed cells would forestall any conclusion of cancer. This pathological specimen must be considered as an intra-cranial fibroma—not of the brain primarily—but growing from the pia-arachnoid membrane or the neuroglia which unites the proper nervous elements in the brain. The membranes of the brain do sometimes give rise to fibroma or sarcoma, on the principle that tumors have a resemblance to the matrix.

Ophthalmic Department.

A CASE OF INTERMITTENT SPASM OF THE CILIARY MUSCLE.

BY HENRY C. ANGELL, M. D., BOSTON.

Read before the Joint Convention of the Western Academy and Indiana Institute of Homœopathy, at Indianapolis, May 29, 30 and 31, 1877.

I was called on March 28, last, to visit Mrs. G., aged fifty-six (a widow), on account of a sudden blindness of the left eye. Mrs. G. had been confined to her bed for several weeks from nervous debility. With the exception of great weakness and depression, the most prominent symptom of her illness had been a dyspnœa. The breathing was at times painful as well as difficult. She had no organic disease of any sort whatever. This day, about 11 o'clock, she found to her dismay, that to the left eye everything across the room appeared foggy. She had for years suffered at times from asthenopia, and since her present illness this affection was present so that any use of her eyes were painful. There was also slight hyperæmia of the conjunctiva, photophobia, and the usual symptoms of accommodative asthenopia. Externally the left eye did not differ materially in appearance from the right. The sudden accession of blindness and the absence of all glaucomatous or other grave symptoms, led me to think of myopia from spasm of the ciliary muscle. I therefore tried the effect of concave lenses, and soon found that D—1.5 (about 24 in focus), neutralized the myopia perfectly, and gave the eye distinct vision. There was, therefore, no doubt about the diagnosis. About 3 o'clock P. M., the myopia began to lessen, and by 4 o'clock vision was again perfectly distinct with the naked eye. For several days subsequently, the myopia came on gradually in the middle of the day, reaching its highest grade about 1 o'clock, and as gradually passed off, leaving the vision of the eye clear and distinct at about 4 P. M. After about a week from the beginning of the attack, the dimness came on a little

later in the day, was less severe, and lasted a shorter time. The third week the myopia was barely perceptible for an hour or so in the middle of the day, and at the end of the fourth week had disappeared entirely, leaving the two eyes of exactly the same visual power. Since the first of May the left eye has remained in its normal condition, optically considered, that is, slightly hypermetropic and presbyopic.

On May 8th the right eye became myopic, the left eye not participating in the affection, the attack being slight, D—75 (about 48 in focus) being sufficient to neutralize the defect; the eye remained myopic for about two hours. On the next day the attack was very slight indeed, and there has been no return of it since. During the greatest severity of the attack in the left eye, the patient complained of a disagreeable sensation within the globe, and when I informed her of the nature of the trouble, namely, spasm of the ciliary muscle, she described the sensation as one of constriction and tension. Believing the affection to be probably temporary in its nature, and determining to watch its course, I abstained from direct interference by remedies, and merely advised bathing the eye in tepid water and the use of a weak collyrium of *Borax*.

So far as I know this is a unique case. I have seen nothing like it in the literature of ophthalmology. The remarkable points are these:

1. The affection was monocular, lasting one month in the left eye, and later coming on in the right eye, slightly, and continuing but two days.
2. There was no spasm of the orbicularis—no contraction of the pupil—no contraction of the internal recti, as in accommodation.
3. The affection was intermittent in character, of daily occurrence, but continuing only three or four hours out of the twenty-four.

The cause of the spasm of the ciliary muscle was, I believe, in this case, some mysterious cerebral irritation. There were, it is true, photophobia and other asthenopic symptoms present, to which a reflex nervous irritation like this is sometimes due; but these were not severer than she had suffered from many times before, and were about equally severe in both eyes. At the present time (May 23), there are still these symptoms of accommodative asthenopia, but there is no spasm of the muscle whatever. Does not the limitation of the spasm in this instance to the ciliary muscle alone, go far to confirm the suggestion of a separate cranial origin for that portion of the third nerve

which supplies this muscle. The omlo-motorus, as a whole, it must be remembered, supplies also three recti, an oblique and the levator muscles, and with the trigeminus and sympathetic, the iris.

MYOPIA AND ITS THERAPEUTICS.

BY F. H. FOSTER, M. D., CHICAGO.

My attention having been called by Dr. Woodyatt something over two years ago, before anything had been published on the subject, to the relation *Physostigma* bore to certain cases of myopia, I have watched with more than ordinary interest, articles which have recently appeared in your journal under the heading "Myopia and its Therapeutics." I have examined and treated a number of cases myself, besides having had the pleasure of observing several of Dr. Woodyatt's cases. The careful examination that every patient has been submitted to by him at each visit, could not fail to commend itself to the most captious critic.

Any objection likely to be offered to the results which might be attributed to change of light, difference in time of day, etc., have, to my knowledge, been anticipated and allowed just consideration.

Many words have been wasted in the attempt to define myopia, by some of the writers, which effort, though good enough in itself, cannot influence in the least the relation of the drug in question, to the condition for which it was recommended. Any one who reads carefully the article which appeared in THE UNITED STATES MEDICAL INVESTIGATOR, for November 1875, and which was the first one published, cannot fail to grasp the idea intended to be conveyed, or comprehend the class of cases in which benefit was expected to be derived from the use of *Physostigma*. To quote from that article: "A summing up of the results to be obtained from 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 glasses required can be diminished; and in others, possibly the disease arrested at the point it has reached when first brought under treatment." A case which presents a limited vision for distant objects and is made to see perfectly with concave glasses, and makes no complaint of photophobia or other asthenopic symptoms certainly *appears* to be a case of myopia pure and simple. Few would hesitate to prescribe glasses at once for such.

Yet such a case of *apparent* myopia when treated with *Physostigma*,

may be made to see perfectly at a distance without glasses, or with the aid of weaker ones than when first tested. Without this treatment, there being no symptoms of irritation, no indication of spasm whatever, no way of determining spasm, unless by local interference, glasses would be prescribed, which being too strong, necessarily would become one of the most fruitful causes for the increase of the trouble.

Such a case of *apparent* pure and uncomplicated myopia was Mr. H., who said he never had been able to see at the distance that others could; he had no pain or other asthenopic symptoms, and had a good range of accommodation for near objects, right vision, 20-50? Myopia, 1-14, vision, 20-30? Left vision, 20-70, myopia, 1-12, vision, 20-30.

The right fundus was normal; the left had a narrow crescent at the outer margin of the disk. His father and one brother were near-sighted. He took *Physostigma* 3x for one week, with the following results: Vision without glasses had not changed, right myopia, 1-36, vision, 20-20, left myopia, 1-24, vision, 20-30.

Mr. H. is a chemist and is constantly using his eyes for near work, he was able during treatment to pursue the labors of his profession without restriction. In this case where it would have been absolutely impossible for any one to have foretold spasm, the patient in the short space of a week was able to diminish the glass one-half, which gave the same vision in the left eye, and an increased amount in the right. Had glasses been prescribed at the first visit, his myopia would have undoubtedly increased. •

In the next case, Mr. S., aged twenty-six, the results were still more gratifying. The effect was more however in increasing the amount of sight to be had with proper correction of the refraction, another property that is claimed for the drug. His myopia was inherited, his father having a high degree of short sight. Mr. S. was unable to use his eyes any length of time for near work without pain, his range of accommodation was exceedingly limited, being from four to six inches for No. 1 Snellen. He also had an annoying blepharitis, right vision counts figures at nine feet, myopia, 1-2, vision, 15-50? left vision, same as the right, myopia, 1-2, vision, 15-50?

A concave glass number two giving him the best vision. He had large crescents on the outer side of either disk. He received *Physostigma* 3x, for six weeks when the test showed as follows: right vision, 15-200; myopia, 1-2½; vision, 15-20; left vision, 15-200; myopia, 1-2½; vision, 15-20.

He subsequently received — 3½ s [] — 36 c which rendered vision 20-20 in either eye; he reads No. 1 Snellen, from four to fourteen inches; he uses his eyes with ease, and his blepharitis has disappeared. This young man was a clerk, unable to discontinue his work, and his degree of myopia was unusually high; changes in the fundus were marked and vision correspondingly impaired, being less than one-third with the best correcting glass.

That he derived beneficial results from the administration of the *Physostigma* cannot be questioned.

Many other cases could be cited, showing the efficacy of this remedy, but they are being reserved for statistical purposes. In conclusion, it is only necessary to say that those who are constantly dealing with myopia, and are awake to the fact of the disastrous results in which it so frequently terminates, cannot but welcome any remedy that may be added to our already limited means of staying this end.

Children's Diseases.

REMEDIAL INDICATIONS FOR INFANTILE DIARRHŒA.

BY J. P. MILLS, M. D., CHICAGO.

Read before the Chicago Academy of Homœopathic Physicians and Surgeons.

It is purposed in this report to furnish some characteristic indications of remedies for infantile diarrhœa. Many of these indications appear in our works on diarrhœa, especially in that of Bell. There is however, often no distinction made between the diarrhœa of infants and that of adults. In three years' experience as physician at the Foundlings' Home, these indications have been repeatedly verified. A constant attendance upon fifty to a hundred infants, from one day to eighteen months of age, has furnished ample material for these observations. It is well known that in foundling institutions the mortality is great. Lest this fact detract from the clinical value of this report, a word first in regard to this: There are three classes of infants received, over which medicine has little power, viz.: First, those in a dying condition when brought. Second, those *thoroughly*

chilled. *Aconite* or *Camphor* will often benefit for the time, but they never recover. Third, those stamped with the sins of their fathers. Pitiable objects! These three classes form 35 per cent. of the deaths. Babies that are comparatively well when brought, seldom die of their first illness, but often pass through a succession of complaints. Many of these recover permanently, and are adopted, while others succumb after having passed through several previous illnesses.

ACONITE.

Green, watery, frequent stool, often from effect of low temperature in the rooms, from this cause, whether there is heat, restlessness, and and thirst, or not, *Aconite* relieves if given early. If there is dry heat of the body and restlessness there is likely to be vomiting.

ÆTHUSA.

Green, liquid or mucous stools, or of greenish water mixed with chunks of soured milk, the stool occurs during or soon after nursing, especially after taking milk, frequently accompanied by violent vomiting of sour milk in chunks. In cholera infantum; the child is pale and prostrated; the vomiting and diarrhœa is profuse — *linea nasalis*.

ANTIMONIUM CRUDUM.

Stools watery, often profuse; tongue coated white; greenish vomiting occurs soon after nursing.

APIS.

Stools greenish; watery; or deep orange color, as if pieces of the peel were mixed half digested with the semi-liquid stool; very offensive. In cholera infantum the tongue is often dry and shining; no thirst or extreme thirst; oppressed breathing; very scanty or very profuse urine. *Apis* is one of the most useful remedies in diseases of children.

ARGENTUM NITRICUM.

Stools green, *fetid* mucous or watery, passing off *with much flatus* (like *Crot. tig.*) but there is also much wind thrown off the stomach. Child likes food pretty sweet.

ARSENICUM.

Stools thick dark green, or dark watery, scalding, *very offensive*; restlessness; thirst; everything vomited as soon as taken; stools not always painful, but usually scalding and offensive, with or without vomiting.

BELLADONNA.

Has green, small and frequent stools, every diaper soiled a little; head hot; child does not rest; starts at noise, or drowsy, stupid;

nclined to sleep all the time. This condition supervenes often, a day or two after the rooms have been a little too cool; frequently there is gagging or vomiting, dry lips and tongue.

CALCAREA CARB.

Stools usually sour smelling, watery; often mixed with curds of milk; apt to be vomiting of sour milk, with starting and jumping, after change of food.

CALCARIA PHOSPHORICA.

The child has had diarrhœa for some days, looks old and wrinkled; has a dry skin—passages about every hour. Would be a hopeless case but for this remedy. Although I have tried it in the earlier stages, it, or no other remedy seemed to avail. Frequently has it converted an apparently hopeless case into convalescence and health. It is given in the 3d, according to Grauvogl's instruction, high attenuations do not seem to answer to these indications.

CHAMOMILLA.

Stools watery, corroding, green, or like chopped eggs; very offensive; with much crying; relieved by being carried.

COLOCYNTH.

Child has colic, relieved by carrying on its stomach; stool occurs right after or while nursing, and is undigested.

CROTON TIGLIUM.

Stools yellow, watery or green, watery, generally profuse, coming out like shot, with force; very offensive; stools occur while, or soon after nursing. This remedy is called for frequently, and is prompt in its action. I always use it in the 200th.

IPECAC.

Stools fermented green as grass; nausea and vomiting; colic.

LYCOPODIUM.

Bloated Abdomen. Child is worse daytimes; red sand on diaper; crying before urinating.

MAGNESIA CARBONICA.

Stools green, watery, frothy, sour smelling, often with curds of milk; sour vomiting, with colic. *Rheum* has always failed me, both low and high, even when the child itself had a sour smell.

MERCURIUS

Has not often been indicated this year, but the frequent green mucous or bloody mucous stools, with violent tenesmus, worse at night. Have found their remedy in *Mercurius*.

NUX VOMICA.

Nux vom., or *Calc.* are often called for when babies are getting used to change of food, or nurse. Stools are frequent, small, with straining, much crying and straining when nothing is passed. After *Aconite* or *Bell.*, stage of "cold," this is often indicated.

PHOSPHORIC ACID.

Stools whitish, watery, painless and profuse; child will be laughing at you, the same time a stream of liquid stool will be overflowing the diaper. Although the stools have been frequent, and the child has had diarrhoea a long time, yet it is plump and appears little affected by the constant drain. A case in point: An infant of six months had diarrhoea of whitish water, sometimes transparent, again it would be like milk; the stools occurred either while taking milk, or soon after. The child was good-natured, and would sit for hours with a pillow at its back and doze, amuse itself or be amused, seemed not to care which. Prescription, *Phos. acid* 30, in twenty-four hours stools were natural. Medicine then discontinued. In a few days same condition returned. Same prescription repeated, with like results. After six weeks of experimenting with a few doses, I then continued the medicine four times a day for two weeks, making a perfect cure.

PODOPHYLLUM.

Profuse, watery or mushy stools, or watery, with meal-like sediment, *smelling like carrion*; worse mornings; often painless. *Podophyllum* 200 acts like a charm.

VERATRUM.

Stools profuse, watery, frequent, with thirst and vomiting; baby looks much exhausted after each spell, or vomiting and purging at same time, with great pain, again apparently painless; cold sweat on forehead.

Most of these remedies have been given in the 200th attenuation *Aethusa* I have used only in the 30th. *Mag. carb.* in 3d.

ETIOLOGY OF SCARLET FEVER.

BY R. N. TOOKER, M. D., CHICAGO.

Read before the Illinois Homœopathic Medical Association, May 15 and 16, 1877.

No one who has read the Chicago papers during the past winter, can be ignorant of the fact that we have been visited with a wide spread epidemic of this dreaded scourge. In a great city like Chicago, with

a population of 184,499, persons under twenty-one years of age, (152,151 under sixteen), there is probably never a time when scarlet fever is entirely absent.

It was not at all strange or ominous, therefore, that in March, 1876, in the total of deaths for that month of 633, there should appear a mortality from scarlet fever of forty-five. Nor was it strange in the months of July and August of the same year, when the total of deaths mounted up to 1,071 and 1120 respectively, there should be forty-three deaths from scarlet fever in July and sixty-nine in August; but when in October following, the deaths from scarlet fever amounted to one hundred and twenty-four in a total mortality of 729 or more than one-sixth of the entire number of deaths, the student of statistics might have prognosticated, with tolerable safety, an epidemic. No one, however, would have dared to predict, and few now realize the fearful ravages made by the disease among the children of the city.

In November 1876, the deaths from scarlet fever, as compared with the total mortality, was as 1 to $5\frac{1}{2}$; in December, as 1 to 5, and in January, 1877, the proportion of deaths from scarlet fever was as 1 to $4\frac{1}{2}$.

In all medical literature you will find no such figures as these. From March 1, 1876, to May 1, 1877, a period of fourteen months, the total mortality from all causes was 10,028; from scarlet fever 1138, or the proportion of the scarlet fever deaths to the whole mortality, was as 1 to $8\frac{1}{2}$ (about).

Dating from October, when the disease first developed its epidemic character, we get the following figures: Total deaths from all causes from October 1st to May 1st, 4,748; from scarlet fever 823, or one death from scarlet fever in every $5\frac{1}{2}$, during all these seven months. Looking over the history of past epidemics elsewhere, we find that the two most fatal visitations of the disease in Philadelphia were in 1836 and 1861, when the deaths from scarlet fever were 992 and 1190 respectively. But in 1861 Philadelphia had 150,000 more population than Chicago has now, so that the relative mortality must have been much less there than here.

The severest epidemic that ever visited London, England, was in 1883, when the deaths from scarlet fever bore the proportion to the whole mortality of 1 to 14. In view of the fearfully large percentage of deaths from scarlet fever, as compared with the total mortality in Chicago during the past year, the question arises whether the epidemic has, as a whole, been an unusually malignant one, or an unprecedentedly extensive one. Unfortunately for statistics bearing on

this point, a registry of cases has not been kept, except since about the 1st of February last, when Dr. DeWolf was appointed commissioner of health. Since that time a pretty accurate account of cases has been kept, as well as a registry of deaths. From the number of cases reported during the months of February and March, as compared with the number of deaths during the same time, it is estimated by Dr. DeWolf that there has been in Chicago, during the past fourteen months no less than 10,000 cases of scarlet fever. On the other hand, Dr. Charles W. Earle, who has endeavored to correct these statistics by getting the number of cases treated by the different physicians, estimates the total number of cases of the disease at 14,000. If these latter figures are even approximately true, the epidemic has been in the main a very benign one.

The accession of the disease in an epidemic form was not sudden. The disease has really been endemic in the city for the past twenty-six years, or since 1851. During this long period not a month has shown a complete absence of this malady, and, for much of the time every ward in the city has been represented in the totals.

Below is a table, showing the population, and proportion of deaths thereto, in the several years indicated :

YEARS.	POPULATION.	DEATHS FROM S.F.	PROPORTION.
1858	97,000	233	1 to 416
1859	104,000	253	1 — 411
1862	138,000	335	1 — 412
1863	150,000	405	1 — 370
1869	275,000	573	1 — 497
1876	407,661	770	1 — 529

Total deaths in three years, prior to 1876 from scarlet fever, 1,799.

Without attempting to go into a comprehensive history of the epidemic, or detail individual cases, I propose to examine the facts in my possession directly or indirectly bearing on the subject, with a view of ascertaining how far the present visitation goes to confirm or disprove the theory of its septic or zymotic origin.

I do this, not with a desire to stir up useless controversy, or bolster up any pet theory of my own, but rather that we may, with all this recent experience before us, try the doctrine and ascertain whether it is true or false.

The question of causation is pre-eminently a practical one, especially in view of the fact that during this epidemic, and probably this one has not been exceptional in this respect, a special system of therapeu-

tics has been based on a theory, which, in my opinion, has never been proven or strongly supported by facts, either in the year just past or in any previous epidemic. This theory, as you all know, is, in brief, that scarlet fever and indeed all of the so-called zymotic diseases are caused by living organisms or living cells, which are germinated in the blood or tissues from seeds taken in from the atmosphere or otherwise, and which, after forming a lodgement in the economy, grow and multiply until they cause disease and ultimately death, if their vitality is not arrested by the efforts of nature or art; and the assumption is, that if the diseases in question do originate in this way, they are in a great measure preventible by a due regard to better sanitary conditions.

Another inference, which is an inevitable deduction from this hypothesis is, that if the disease be thus dependent on these poisonous living organisms, the main thing to be desired in the way of treatment, is some chemical substance or compound that would be harmless to the patient but destructive to the germs.

The question, therefore, of the septic or zymotic origin of scarlet fever assumes an importance infinitely above the mere scientific interest that would naturally attach to the enquiry.

I propose, therefore, to examine into the sanitary condition of the city during the year past and gather together such facts from the history of the epidemic as have a direct bearing on the question of causation.

The first fact that I wish to call your attention to, is the remarkable immunity which has existed throughout the city during the prevalence of scarlet fever, from other forms of so-called zymotic disease. During the year there has not been a single endemic case of small-pox; only seventy deaths from typhoid fever; none from typhus or bilious fever; only nine from remittent fever, and sixteen from puerperal fever; twenty-four from erysipelas. In spite of the unsanitary condition of the city, the records of the health office show that excepting scarlet fever, the city has not, for many years, been so free from diseases which are commonly regarded as of septic origin, as during the year just past.

In entering on the discussion of the question of causation of scarlet fever, as involved in the current epidemic, let us first look at the
**SANITARY CONDITION OF THE CITY DURING AND PRECEDING THE
EPIDEMIC.**

The advocates of the septic theory of the origin of scarlet fever

would find many arguments in their favor in the condition of the streets, alleys and especially the sewers, during the past winter. The city could scarcely have been in a worse condition. There has been no cleaning of streets or removal of garbage all winter. The sewers, which are of necessity almost level, and, afford therefore, but imperfect drainage at all times, were rendered still more inefficient by having their mouths blocked up where they enter the river, by reason of the high water in the lake, which has been higher all winter than known since 1857, or during a period of twenty years. Owing to these causes, I have been informed by sewer-builders, that they have had an unusual number of complaints from sewer gas in houses throughout the city. About the 1st of March Dr. DeWolf, the health commissioner, deputized several plumbers and competent sewer men to examine into and report upon the condition of the sewers and premises of houses wherein there had been scarlet fever patients.

In a majority of cases the sewers were found more or less defective, in some cases flagrantly so. It would seem, therefore, as if here we had the strongest kind of evidence in favor of the septic origin of the disease. But there are equally strong arguments on the other side of the question—for example—up to the middle of February the disease had been most prevalent in the most filthy localities of the city, and among the poorer classes. It devastated Wesson and Bremer streets, Milwaukee avenue and south Halstead street, and along the north and south branches of the river. But suddenly, about the middle of February, it subsided in these neighborhoods almost entirely, and attacked children in the finest homes in the city—along the avenues and boulevards, among the very wealthiest people, and in the sections regarded heretofore as the healthiest in the city. And the disease was just as malignant and fatal here as it had been elsewhere. True, in many of these first-class houses the sewerage was found, on examination, to be defective, and where one child has had scarlet fever, the other children have had bilious or remittent fever, or some form of malarial trouble; in these cases, however, isolation of the first victim attacked by scarlet fever has, in every instance which has come under my notice, been successful in arresting the spread of the disease. Let me cite a case in point: In one of the best residences on the north side—a house built a year, but never before occupied, lived a wealthy family recently from the east. The family consisted of father, mother, three children and four servants. During the month

of January every member of the family, including the servants, and excepting the baby, (fourteen months old), had some sort of ailment. The father and mother both had one or more chills; the two older children both lost their appetites, grew sallow and had a low grade of fever; the servants one after another complained of headache, languor, nausea and feverishness, but the baby who was nursing, kept well until the 30th of January, when he was taken down with scarlet fever. He was placed in a back room; all communication with the rest of the family cut off; and was attended only by his nurse.

The nurse had an angina, with some ulceration of the throat, but this was the only case of scarlet fever in the family.

Now if septic poison had anything to do with the causation of this case of scarlet fever, why did not the other children have it; why should isolation be as effectual here as it is every where, in preventing its further spread? They surely were affected by the poison, but in a different way. An investigation of the waste pipes of the house revealed the fact that the main pipe had been broken in some plumbing operation, leaving a gap of several inches, and the sewage of the house instead of being carried into the sewer, was deposited in the cellar. When this was remedied the general health of the family rapidly improved. But the question recurs: if this septic poison was capable of producing scarlet fever in the case of the baby, why not in his brother and sister, since they were manifestly sick, but in a different way? If the first case originated sporadically from the septic poison pervading the house, why did not the other children have scarlet fever too, instead of bilious or malarial fever, since they lived in the same house, drank the same water, breathed the same atmosphere, and imbibed the same poison?

The causes being uniform, the medium the same, the results ought to be similar. Unless this is admitted all argument is at an end. It is conceded that different forms of *bacteria* may have a preference for different tissues of the body, and produce, therefore, different manifestations of disease, but here in the case cited, we have the precise and identical thing producing scarlet fever in one case, and why not in the others?

So far as septic disease has been studied it is found to present certain general characteristics which are generally pretty well marked and which do not, as a rule, simulate scarlet fever in any essential point.

During the late war, in camp and hospital and field there were ample opportunities to study the phenomena of septic poisoning, but I have searched the records in vain to find any number of scarlet fever cases that could be traced to this cause.

But to return to the case just cited. This case is by no means an isolated one. Four other families in my own practice present precisely similar phenomena—a single case of scarlet fever— isolation—other members of the family ailing from other affections of a more definitely pronounced malarial type, and no extension of the scarlet fever.

During the month of March two of our hotels were found to be lefective in their sewerage. Numerous cases of septic fever developed among the boarders and inmates, and nearly always affecting adults. The proprietor of one of these hotels—the Matteson House—in attempting to remedy the supposed defect in the sewer pipes, imbibed the poisonous atmosphere; was taken sick with a low septic fever and died. Two other inmates of the house died, apparently from the same cause. In the other hotel referred to, numerous cases of fever and diphtheria occurred, but in neither of these houses, though there were many children in each, *was there a single case of scarlet fever*. There was surely enough septic poison here, and if septic poison could develop scarlet fever, here was certainly a favorable opportunity for it to do so.

That septic poison alone really has little, if any influence over the disease, either over its spread or malignancy, is strikingly illustrated by a comparison of statistics furnished by the different wards of the city. The third ward comprises that odoriferous section of the city known as Bridgeport. In this ward there are eight slaughtering and rendering establishments; three packing houses; four gut cleaning and rendering establishments; two blood drying establishments; one fertilizing establishment; one glue factory and fertilizing establishment, or nineteen stink factories in all, whose commingled filth sends up an odor that is wafted at times to the remotest parts of the city, and is most potent always throughout the area of the third ward. Besides this the ward is a very populous one; filled with low tenement houses, which are crowded with children as well as adults; and the sanitary and hygienic condition of the ward is the worst in the city. The children in this ward under sixteen years of age number 17,146, and during the sixteen months ending the 1st of May, the number of deaths from scarlet fever was one

hundred and sixteen, or one to every one hundred and forty seven children under sixteen years of age. Now compare with this the statistics furnished by the twelfth ward, situated on the west side, just west of Union Park, and one of the best drained, best built, and ordinarily one of the healthiest wards in the city. As a rule the houses are isolated by yards and lawns, and there is no over-crowding of population as in the third ward. In this ward (the twelfth) the children under sixteen years of age number 6,236. During the sixteen months prior to May 1, 1877, the deaths from scarlet fever in this ward numbered sixty-one, or 1 to every 102 children in the ward. Thus we have a proportional death rate from scarlet fever in one of the best wards in the city, 1 to 102, while in the very worst one we have a proportion of 1 to each 147 children.

Now on any theory of septic matters increasing the death rate of scarlet fever, the proportion of deaths in the Bridgeport district ought to be double or treble that in the twelfth ward, while statistics show that it has been actually and materially less.

But we have still stronger evidence to offer, tending to show that septic influences alone, independent of the specific contagion, never has and never can develop the specific disease known as scarlatina. While scarlet fever has been endemic in Chicago for twenty-six years, and is probably very seldom absent for any length of time, from any large city or town, still there are cases on record where large aggregations of people have been entirely exempt from the disease for many years. Thomas, in his article on scarlet fever in Ziemssen's Cyclopædia, cites the fact that in Stuttgart in 1830 the disease entirely disappeared and was absent for fifteen years, when it appeared in so mild a form in 1846, that there were no fatal cases.

West states that scarlet fever was absent from the Cape of Good Hope for thirty years, and from the Faroe Islands for sixty-five years, when the disease was brought to the islands by a sailor, and it then spread till it affected 6,000 out of a total population of 7,782. Now in such cases as these, where communities have been entirely exempt from a disease for a period varying from fifteen years to over half a century, it cannot be argued that during all these years, perfect sanitary conditions were observed, nor that the conditions were not at certain periods, at least, favorable for the development of all kinds of organic germs, save those of a specific character whose seed had become extinct; and these facts alone go far to prove that if scarlet fever is in any way dependent on organic germs, these germs

have no power of *spontaneous generation*, but in order to reproduce themselves, they must be living and like other forms of vegetable life, must have a favorable soil and other conditions, or fail to propagate.

Unless we admit the possibility of spontaneous generation, how shall we account for the appearance of the disease every now and again in isolated farm houses, in hamlets and villages whose location is in every way as sanitary and surroundings as healthful as could be desired. How shall we account for the appearance of the disease in an epidemic form in such places as Waukegan, Cincinnati, Peekskill, N. Y., Montreal where the drainage is naturally as perfect as possible? And yet such towns as these named have suffered terribly from visitations of scarlet fever. Louis Thomas remarks the absence of any marked difference between city and country, and states that some epidemics have shown a milder character in the city than in the country. This author also states that it has been found that neither the offal from slaughter houses, nor the blood and tissues from healthy, (uninfected) animals tend to increase the spread of the disease; and that improvement in privies and sewerage in houses has no influence either on its spread or malignancy. (Ziemssen's, Vol. II, page 198).

The septic theory of the origin of scarlet fever utterly fails to account for the phenomena manifested by the disease during the Chicago epidemic, as it has failed to explain those of preceding epidemics.

We have manifest septic poison without any development of scarlet fever, and scarlet fever of the most malignant and fatal type, with no septic influence present that is discernable to the senses or to the most subtle scientific tests. And, logically speaking, if we accept the septic or germinal theory we must, *per force*, accept with it the spontaneous evolution of the germs, and this part of the doctrine is now rejected by nearly, or quite all scientific men.

But perhaps the strongest argument against the acceptance of the septic theory of the origin of scarlet fever may be derived from the results of treatment, as applied to this epidemic, and whatever bearing this experience may have on any theory of *causation*, it certainly ought to afford a valuable lesson on the future therapeutics of the disease. Many, perhaps most physicians, have read Dr. Sanson's papers on septic disease, or extracts therefrom, as published in the medical journals during the past five or six years, and were familiar with what has come to be known as the "anti-septic treatment"

of the so-called zymotic diseases, previous to the epidemic of scarlet fever under consideration. Early in the progress of the epidemic, however, those of us who were not already familiar with these views were made so by a public discussion of the subject in the daily and weekly press, and so plainly, pointedly and authoritatively was the anti-septic treatment put, that it seemed almost criminal in either professional or layman who had vital interests at stake, to ignore the claims of the new treatment. The result was, that the anti-septic treatment carried the day, and was most extensively tried. People who had children liable to infection, disregarded the advice of their family physician and staked the lives of their little ones on *Sulpho-Carbolate of Soda*, and, in many cases, with the advice or approval of their medical attendant, did the same thing. *Sulpho-Carbolate of Soda* which had been, in a double sense, a drug on the market, hitherto, was in such demand that, for a time, it could not be obtained at any price. Pounds of it were sold where ounces of it before had stood uncalled for. It was the popular remedy. And there was reason for it. It was conceded on all hands that if scarlet fever was a septic or zymotic disease, an *anti-septic* or *anti-zymotic* remedy was the desideratum, and it was equally conceded on all hands that the *Sulpho-Carbolate of Soda* was the most diffusible and the most energetic anti-septic and anti-zymotic agent that practical chemistry had furnished. Scarcely a voice was raised in question of its efficacy; while the public press was filled with a noisome quarrel over the question of priority of discovery. It was widely advertised, not only as a potent destroyer of germs and organisms in the system, but as a perfectly harmless drug that might be used almost without stint or fear of harm; and it was so used. Let us see with what result.

In February last I published in one of our city papers, a list of twenty-five patients affected with scarlet fever in which the *Sulpho-Carbolate of Soda* had been used as the only or main remedy, in which 12 per cent died and 28 per cent, followed by more or less serious complications known as sequelæ. I also published a list of twenty cases, in which the same remedy was used as a prophylactic, and in these twenty cases all but four took the disease; that is to say 80 per cent of those who depended on the reputed prophylactic virtues of the drug took the disease, and only 20 per cent escaped. Of the number who thus escaped one was a young man nineteen years old, and hence scarcely liable to contract the disease if nothing had been taken to prevent it. Since the publication of the

article referred to I have received numerous letters containing in all twenty-two additional cases in which the *Sulpho-Carbonate* had been used as a prophylactic, and in all of which it had failed to prevent the development of the disease. Dr. C. W. Earle of Chicago, who has been assiduous in gathering statistics of the current epidemic, has compiled a list of cases, numbering sixty-one, in which this remedy was used as the curative agent, with ten deaths (17 per cent), and ninety-five cases where it was used as a prophylactic; of these latter fifty-three took the disease, or something over 50 per cent.

In these cases the failure to protect could not be attributed to the mal-administration of the remedy, since it was given in the majority of instances by Allopathic physicians, and of course in tangible doses, varying from two to five grains every three or four hours, and in most of the cases it was given from three days to two weeks prior to the development of the disease. In two of the fatal cases it was given for two or three months prior to the accession of the attack. In addition to the evidence just stated as to the efficacy of this remedy, (or rather the *inefficacy* of it), I have taken the trouble to interview personally thirty-seven physicians with reference to it, thirty-two of whom had tried it in a larger or smaller number of cases. Of these thirty-two physicians, thirty of them were pronounced in their adverse opinion of its reputed virtues, either as a remedy or a preventive.

Two out of the thirty-two had used it with apparent success, but one of these physicians had uniformly used *Bell.* along with it, so that he was in doubt whether to attribute his success to the *Sulpho-Carbonate* or to the *Bell.*

Several of these physicians who had failed to succeed with it, expressed the firm conviction that it not only failed to protect and to cure, but that it tended to render the disease more serious, by breaking down the *vis medicatrix naturæ*, without which no remedy could be efficacious.

With such an array of testimony as this against the remedy, it would be criminal folly to further urge its claims to consideration as such. But accepting the theory of septic origin, how shall we explain the inefficacy of this most potent anti-septic?

Admitting the septic theory of causation, it was certainly logical and warrantable to employ an anti-septic drug in the treatment, and attempt thereby a destruction of the septic influence. Yet the attempt has been, as we have seen, a most complete failure, and

the failure can scarcely be attributed to the drug itself in view of the general and fulsome laudations of its anti-septic merits.

In this connection let me remark that it is certainly somewhat phenomenal, that, with the truly brilliant record which Homœopathy has made for itself in the treatment of all children's diseases, including scarlet fever, in the past forty years, the strongest advocates of this anti-septic treatment should have been professed *Homœopathic physicians*, and this in spite of the fact that the strongest advocates in the Allopathic school of the septic *theory* of the causation of scarlet fever and diphtheria, are strongly pronounced against the possibility of successfully antagonizing septic disease by anti-septic remedies.

Oertel for example, in discussing remedies for diphtheria, uses the following language: "It follows from our investigations into the treatment of diphtheria, that it is impossible to annihilate the diphtheretic contagious material by mechanical removal of the deposits from the mouth or throat or by destruction of them with caustics," and further on in the same article he speaks of the ill success that has attended all the efforts to abort the development of bacteria by the so-called anti-septic remedies.

Louis Thomas in his elaborate paper on scarlet fever in Ziemssen's Cyclopædia, writing in the same strain, says that the common mode of treating scarlatina by the internal administration of substances which are supposed to destroy the poison as soon as it has manifested itself in the system, has not been found successful in the experience of many physicians who have used it in large numbers of cases. He further adds that "*the symptomatic* is the only rational and advisable treatment for scarlet fever." (Ziemssen, page 302, Vol. II). Is it possible that the two schools have changed ground? or that the difference between the two has ceased to exist except in theory? Some facts look that way.

SEPTIC OR ZYMOTIC.

Having discussed the question of the septic origin of scarlet fever, let us see how far the facts in the case will bear out the kindred theory of zymosis. Here the question is involved in more obscurity, on account of the looseness with which the terms "septic" and "zymotic" are used. This lack of precision in the use of these terms is not only general, but applies equally to well-known medical authors, by whom, septic and zymotic are used as synonymous terms. Roberts says, in his Practice of Medicine (page 111):

"The word zymotic does not imply any fermentative theory of

disease, but is now made to include all epidemic, endemic and contagious maladies which are capable of *being prevented* by attention to hygiene and other conditions."

This applies evidently to septic diseases. Meigs and Pepper include under the head of zymotic disease "those acute general diseases which are dependent upon the action of some infectious morbid principle introduced into the system, from without, such as diphtheria, mumps, melanotic cerebro-spinal meningitis, and the group of symptomatic fevers." (M. and P., page 651). This is a little less lucid, but is evidently intended to express the same meaning. But since septic poisons are supposed for the most part, if not entirely, to affect the system by acting on it like a ferment, the distinction between the two terms is not of much practical value. It may be stated however, as a point of distinction, that a disease may be septic without being zymotic, but it cannot be zymotic without being septic.

Properly speaking, a septic poison is a product of putrefaction, and it must possess this putrid element, or it is not septic. Zymotic diseases are, correctly speaking, those diseases in which the poison acts on the organism by a process of fermentation.

Hoblyn derives the word from *zume* (leaven), and defines it to be "a term applied to those diseases which seem to be occasioned by a virus or poison, which is diffused through the frame, and operates on it like leaven." In the current medical literature of the day, you will find typhoid fever, small-pox, erysipelas, puerperal diseases, cerebro-spinal meningitis, and scarlet fever, all included as zymotic diseases, and these diseases, so classified, are regarded, all of them, as due to un-sanitary conditions and surroundings, and as largely preventable by human agencies. The trouble with the zymotic theory is that it is plausible, serves a good purpose to mask our ignorance, and is much more easily asserted than disproven. It is by no means a new theory. It was advocated on *a priori* grounds by Leuwenhock, two hundred years ago, and has been resurrected at irregular intervals since his day. It received a strong infusion of life from Henle, 1840 to 1853, and still later, from Professor Polli, of Naples; Dr. Samson, of London; Oertel, of Berlin, and others, and the organic theory of the origin of zymotic diseases may be said to be in the hey-day of its history. The theory derives its popularity from the fact that the microscope, under the manipulations of enthusiastic observers, such as Oertel, Pasteur, Buhl, Heuter, and others, reveals organisms in the blood, false membranes and tissues in diphtheria, and certain other affections,

which are classed as zymotic, and if there was a regular and uniform connection between the appearance of these organisms and the diseases in question; and if these organisms appeared only incidental to the development of these diseases, the theory would be much more plausible than it is. Unfortunately, however, more extended researches have developed the fact that the blood in health has its parasites; that every one of the organic secretions, so far as research has extended, has its own peculiar parasitic organisms, and that the peculiar organic cells observed in, and supposed to be characteristic of, certain affections, are also to be observed in the same localities when no disease is present, or any morbid disturbance of system, either local or general. That a theory so simple and beautiful as this should be accepted by the profession at large, when so many well-known and reliable observers have united in confirmation of it, is not to be wondered at. Did not Hippocrates himself teach the presence, in disease, of a "*materies morbi?*" Have not all the savans in medicine, from Hippocrates to the present — I mean of the Allopathic school — preached the doctrine, in one form or another, of a "*materies morbi?*" And, lo! and behold, here the morbid "material" is, right under the eye of the microscope. Here in a single specimen are the spherio-bacteria (micrococci), microbacteria, spirobacteria, sprouting conidea, and all the varied forms of protomycetes. Oertel finds them in diphtheria; Lebert in cholera Asiatica; Leibenmeister in typhoid fever; Hertz and Salisbury in malarial fever, and so on through the list. But Lebert, after careful examination of Salisbury's reputed discovery of fungoid growths, which he claimed caused malarial fever, declares the whole theory mere "conjecture," and declares that thus far his observations have not received scientific confirmation. (Ziemssen, Vol. I., p. 242). Pasteur affirms that it is utterly impossible to distinguish the organic ferment of milk and that of *Acetic acid*, although he argues that they must be radically and essentially different; and Lebert declares that with the very best immersion lens obtainable it is not possible, in many cases, to discover the specific variations in appearance between protomycetes whose effects are widely different; and he concludes his paper on Relapsing Fever in these words:

"In answer to the criticism which has probably accompanied me through this introduction, I must state that while we stand on the threshold of a better understanding of the theory of infection by parasites, yet, in this department, there still exists so much that is

unknown and hypothetical that we can only receive and value its new doctrines with a certain degree of caution."

Neimeyer, who is a cautious convert to the organic theory of zymotic disease, says :

"We do not know *why* scarlet fever occurs sporadically for a year or more, and then breaks out in an epidemic form. Nor do we know the causes of the differences between epidemics in regard to the mildness or malignancy of the attacks."

The opinions here cited might be extended in the same strain, almost without limit. I cite these authorities to show that the statements made that the zymotic origin of certain diseases has been fully confirmed and universally accepted by scientific men, are not borne out by the facts, as attested by the authors of the theory themselves.

With these facts and considerations before us, it seems to me, we must still regard scarlet fever as it was regarded in the days of Hufeland, fifty years ago, when he aptly styled it the "problematic disease." I think the facts here presented, as well as multitudes of similar facts, observed in prior epidemics, go far to disprove the theory of septic poison having any direct influence on the development or spread of scarlet fever. Certain it is that the best sanitary and hygienic conditions which have been brought to bear on the disease, have utterly failed to suppress it, or mitigate its severity. It has invaded homes that could not be sweeter or cleaner. It has gone on in spite of disinfectants and antiseptics, used both externally and internally, and taken its victims, regardless of theories respecting its origin, or systems of treatment based upon those theories. If it be zymotic in its origin, all the facts in our possession show that the *zymosis* must be *specific, sui generis*, and *incapable of originating spontaneously*. On this latter point nearly all authorities are agreed.

The most practical and valuable thing to be learned from this epidemic, is this, that however we may regard the disease respecting its mode of origin, the internal administration of disinfectants and antiseptics is utterly without profit. It may be safely stated that with our present knowledge, we have no remedy that has any power to destroy or abort the development of the specific poison, whatever it be, after it has found a lodgement within the system. The number of cases detailed, of infestation and death, notwithstanding the use of *Sulpho-Carbolate of Soda*, is but a fraction of the entire number of cases in which this remedy was used, and while I have not the facts with which to substantiate the assertion, yet I truly believe that the number of children

sacrificed to the mistaken idea that the *Sulpho-Carbolate of Soda* would antagonize the poison and render it innocuous, would amount to scores, if not hundreds. As Homœopathic physicians, we ought to have learned that first lesson of the great teacher, and adhered to it, that in disease there is no "*materies morbi*" that can be puked out, or purged out, of the system; nor is it a poison, requiring another poison to neutralize it. This is the old doctrine of "*contraria contraries curantur*," the absurdity of which, Hahnemann spent his life in demonstrating.

We shall gain nothing at all by departing from Hahnemann's teaching that specific disease is never an entity; not a thing even to be seen by the aid of a microscope; but a *power*, a spiritual thing, a dynamic thing, which requires a dynamic remedy to oppose it. We may safely shut our eyes to the disease itself, and ignore its presence, save as we see its manifestations in the assembled symptoms. Scarlet fever is not an exceptional disease in this respect. The same laws that govern us in the selection of remedies in other maladies, may guide us here, and they are the only safe laws to obey.

SEASON HINTS.—ACIDITY.

In investigating the effect of cows' milk upon children, I have been led to study the symptoms of *Lactic acid*. It may not be generally known that *free Lactic acid* exists in cows' milk; and I believe that the reason, some children cannot take, retain, or properly digest cows' milk, is due to the large amount of *Lactic acid* that exists, or may be generated. In such cases, it may be best to change at once to Horlick's, or some other food.

The effect of hot weather seems to me to be about as follows: The severe or sudden heat generates acidity early (i. e., *Lactic acid*), which congests the head and alimentary canal, giving rise to irritability, vomiting, and rapid evacuations of green or yellow stools (changed bile), which rapidly exhaust the system. Added to these is usually profuse urination and perspiration, especially "about the head." *Calc. c.* cures the latter symptom, by aiding digestion and assimilation—acting, as it does, on the lymphatic system.

Lactic acid poisoning is then, it would seem, the chief thing to guard against in the management of infants during the hot months. From experience in the Chicago Foundlings' Home, I believe that *Calc.*, and especially *Argent.*, will be valuable remedies this year.

T. C. D.

Medical News.

Our Society Transactions—How Shall They be Published?

Let us answer this question by asking others. What is the object of publication? To benefit the profession. Well, which will benefit most, to issue as a separate pamphlet and distribute to less than 500 physicians, or to put in a medical journal that goes to four times that number?

Removals.

Dr. C. S. Eldridge has changed his location, having established himself in the apartments occupied by the late Dr. G. D. Beebe, No. 58 State street, in joint occupancy with Dr. N. F. Cooke.

Dr. L. Hoopes from Pottstown to Downingtown, Pa.

Dr. Lizzie P. James, from Decatur, Ill., to Springfield, Mo.

Dr. Geo. D. Streeter from Quincy, Ill., to Hot Springs, Ark.

Dr. J. P. Rhoades from Siam, to Bedford, Iowa.

Dr. J. K. Pirtle from Louisville, Ky., to Delphi, Ind., where he takes the practice of Dr. W. T. Knapp.

Dr. W. T. Knapp from Delphi to Muncie, Ind.

Dr. Charles E. Pinkham from Rochester, N. Y., to Woodland, Cal., where he takes the practice of Dr. R. Arnold, who goes to Albany, Oregon.

Dr. A. M. Cross from Missouri Valley to Magnolia, Iowa.

The Massachusetts Surgical and Gynæcological Society met at the Homeopathic Hospital, on East Concord street, June 15. This is a new society, whose aim is the discussion of the questions pertaining—as its name signifies—to the diseases of women. Its work will be strictly scientific and utilitarian, and the number of members of the society will be limited to twenty-five or thirty, all active workers. President H. M. Jernegan occupied the chair and a letter, thoroughly approving of the aims of the society, from Professor R. Ludlam, of Chicago, was read. Dr. Ludlam signifies his willingness to co-operate, as far as he can, in aiding the new order, and the society proposes to make him an honorary member. Dr. H. K. Bennett, of Fitchburg, read a paper on "Uterine Fibroids," and Dr. H. M. Jernegan, of Boston, one on "Three Cases of Ovariectomy," embracing a novel treatment of the pedicle. Dr. Bennett submitted also a report of an interesting surgical case. The following are the officers of the society: President, H. M. Jernegan of Boston; vice-presidents, A. M. Cushing, of Lynn, and M. G. Houghton, of Boston; treasurer, M. J. Houghton; secretary, G. H. Payne. The above officers form also the executive and publishing committee. There are twenty-six enrolled members of the society at present, and there probably will be but few additions.

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WANTED.

WANTED.—Gray's Anatomy. State condition and price, also date. Address O., this office.

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FOR SALE.—A Hypodermic Syringe. New and in good order. Price, \$3 00. Address X., this office.

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., Kerrville, Texas.

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. Finohre, 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
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A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

STURGEON BAY, Wis., June 29.—Are having an epidemic of whitlow here, also scarlet and typhoid fevers. E. E. HUTCHINSON.

WEST BEND, Wis., July 6.—Shocking healthy time up here ; nothing but old chronic diseases to crack away at. Wish Dr. Morse was up here, if he is sure shot on nasal catarrh, for it is very common, and beats me half the time. G. A. CORNING.

ERIE, Pa., July 3.—Last winter was not marked by any special form of disease. The latter part of spring has been very healthy, a few cases of scarlet fever, none of diphtheria. I have seen no intermittents except a few imported cases. EDWARD CRANCH.

ST. LOUIS, July 1.—Population, 450,000; latitude $38^{\circ} 37'$; long. $90^{\circ} 15' 16''$ Altitude, 450 feet. As you requested, I have kept a memorandum of the weather, diseases etc., for the month of June. At each meeting of the Medical Society and of our club, I interrogated each member as to the prevailing diseases and best indicated remedies. From their observations as well as my own, I have made this report.

Date.	Weather.	Prevailing Dis.	Remedies.	Remarks, Sequela, Deaths, Etc.
June 1-8	Variable, mostly Cloudy. Rain, 1, 2, 4, 5.	Malarial Fevers, Hooping Cough, Rheumatism.	<i>Ipec., Nux. Puls., Gels., Ign., Dros., Ip., Cupr. Bry., Rhus.</i>	Very few cases of Malarial fevers, except in persons who had them suppressed last fall by <i>Quinine, Ars.</i> , etc. Hooping cough prevailed, all winter, but is decreasing. Rheumatism affected more persons than usual for the last six months. Still some new cases.
8-16	Turns cool, with Rain on 9, 11. Very warm on 13, 14, 15.	Malarial Fevers increasing. H. c'gh decreases; Bowel compl'ts commencing.	<i>Ipec., Gels. Merc., Ipec., Camph.</i>	Diphtheria, and sore throats of a mild character are not unusual.
16-24	Warm. Some light Showers.	Mal. fevers, sore throats. Some diphtheria. Bowel compl'ts increas'g among children.	<i>Gels., Merc., Merc. cy., K'll bt. Merc., Ipec.</i>	The ordinary bowel complaints of the summer commenced about the 10th of June this year, as yet easily controlled. Deaths average about 75 per week. General health of city good.
24-30	Rain 24, 28, 29, 30. Sultry, variable, fair and showery warm.	Bowel affections, especially chil'n. Malarial fever. Lum bago and other mus. pains	<i>Ipec., Chtn., Pod. Ars. Ip., Ch., Ar., Nrx. Rhus., Bry., Tart.</i>	

G. S. WALKER.

FRANKLIN, Ohio, June 30.—The health of this community for several months past has been remarkable, comes under the head of "distressingly healthy." Obstetrics prevail just now. Have had no epidemic influence since last year, but whooping cough a few months since. It yields readily to Homœopathic treatment, in from one to two or three weeks, proving to the people that "Old physic's" teaching as to its being incurable, and it has to run its course, is false. No special treatment to note. Eczemas of different forms, and hives particularly have prevailed and still do prevail to some extent. I find *Ars. 6, Sulphur 6* and *50000, Croc. tig: 3* to answer well with *Glycerine*, containing two or three drops of *Carbolic acid* to the ounce as an external palliative, answer in most cases, with *Urtica urens* internally for hives. The indications now lead to bowel diseases, diarrhœa and dysentery. In children *Ars., Cham., Ipecac, Aconite*, so far are the indicated remedies. The dysentery cases indicate *Aconite, Nux., Merc. cor.* In the first place I have found *Aconite* and *Nux.* (I am not very particular as to the attenuation, and I do alternate) the remedies. As the disease

is one of an inflammatory character, I have always found the *Aconite* very beneficial and *Nux.* to remedy the bilious symptoms. *Merc. cor.* 3, is to me a valuable remedy, frequent, small stool of mucus, mucus and blood, and of a green color, with much tenesmus, as yet I have not used *Colocynth* this season. So far these remedies have acted like a charm. We have had many very heavy rains with high winds, during the past month.

G. S. FOSTER.

SAN FRANCISCO, Cal., June 27.—With myself, and I understand, measurably with others, for four or five weeks past, remittent and continued fevers have prevailed over all other diseases “by a large majority.” Putrid typhoids have been effectively treated with *Arn.*, *Bapt.*, *Lach.*, etc.; remittents with marked basilar congestions, nearly crazing the patients and trying the doctors, have been relieved by *Rhus*, *Lyc.*, *Zinc*, etc.

W. N. GRISWOLD.

CONSULTATION CASES.

EXOSTOSIS VS. OSTEITIS.

That case diagnosed “exostosis” in the clinic, is so clearly “osteitis,” with hypertrophy, pure and simple, that I think attention should be called to the distinction. As to the prescriptions in the same clinic, they have the merit of good ending — but where is the instruction in Homœopathy, such as will “do to tie to?” Alternation is supposed to be only the makeshift of imperfect knowledge, not the outcome of professorial wisdom. For Dr. McEwen, try *Picric acid*. For Dr. Rutledge, try *Hypericum* 200. Second case examine for luxation.

J. C. MORGAN.

COUNSEL WANTED.

I would like to hear from some of your surgical readers concerning a case of posterior spinal curvature affecting a scrofulous child two years of age. I take it to be a case of Pott's disease. The curvature was noticed some six or seven months ago, and is of the upper dorsal vertebræ. The child's father is healthy, but the mother has hereditary pulmonary tuberculosis. I found the child lying on the sofa, by order of a local surgeon, to be kept in the recumbent posture for a year if the curvature did not disappear sooner. Perceiving no tenderness of the vertebræ, or other signs of acute disease, and evident failure

of the child's health and of the mother's also, who was obliged to constantly watch it, I advised removal of all apparatus for supporting the body, and that the child be allowed to resume the erect posture with daily out-door riding in its carriage, and *Sulphur, Bell.*, etc. The child has regained *vigorous health*, but will not attempt to stand or walk, nor does the curvature increase or decrease.

QUERY. Can the Homœopathic remedies be relied on to cure such cases, without postural, or other support?

CHICO, Cal.

E. STEVENSON.

IS PUERPERAL METRITIS CONTAGIOUS?

Is there danger of communicating puerperal metritis, or other disease, from a patient with erysipelas to a parturient woman, by the accoucheur? The affirmative is believed by many, and was taught by a few, over twenty-five years ago, and experience communicated may be of benefit to many practitioners.

L. B. HAWLEY.

QUERY.

Are the terms *sub-involutèd and inversion* of the uterus, identical, as C. H. VonTagen (in June 15th number, pp, 600 to 606) asserts?

E. CRANCH.

CASE FOR DIAGNOSIS.

Mrs. M., aged thirty-four, dark complexion and eyes. Has always done hard work in and out of doors. Was married at the age of seventeen, is the mother of four children, first died in a few days, oldest living is fourteen, youngest eleven. Since birth of last child has had several abortions caused by her own hands. Four years ago produced abortion by taking *Arbor vitæ* tea (*Thuya*) which caused partial paralysis of her generative organs, also lower extremities, was sent off some where and was cured of that, but has complained of frequent pains in all of her bones after taking the least exercise. For the last three months has had a cough. As could find nothing abnormal by physical examination of chest, and she being naturally hysterical, pronounced it a hysterical cough, gave her one dose of *Asafetida* and she did not need a repetition, as it all disappeared. On the 3d, day of June 1877, she was taken with severe pains in abdomen and in lumbar region. Called Dr. G. She told him her menses appeared one month

previous but were slight. Asked the doctor to give her something to bring on the flow, said she believed if she could only have a good flow she would be all right. The doctor gave her something to ease her but did not comply with her request. Five days later he was called again, found her with same pains in abdomen and lumbar region. Still wanted the "good flow." Right here I was called to give a diagnosis. I found in addition, delirium; picking at bed clothes; pulse 124; temperature 102½ and a putrid odor in room resembling that of puerperal fever. Abdomen was distended, generally tender, tympanitic except in left inguinal region where was found marked dullness; lower extremities were cold and numb, could not draw foot up without causing pain. On physical examination of vagina found bloody muco-purulent discharge issuing from mouth of womb. Vagina was hot and dry, os uteri seemed to be parched and felt as if on fire. Could feel in left inguinal region a foreign substance resembling an ovarian tumor, but as had had no passage of bowels for seven days diagnosed as impacted feces. Gave *Aconite* 3x and *Nux.* 3x, ordered an injection in rectum of warm water and starch, also one in vagina of a weak solution of *Carbolic acid*. Gave my diagnosis as puerperal fever produced by an abortion and took my departure. (I also ordered the limbs to be bathed in cold water with friction.) Dr. G. says next morning found her less delirious; pulse 104; temperature 100; coldness and numbness of limbs all gone, but abdomen more distended and painful; no passage from bowels; urine discharged involuntarily, removed the feces found rectum also dry, hot and parched. Next day was worse in every respect, pulse not to be counted; temperature 104; discharge worse and more purulent; would shriek on least motion; died at 3 A. M. of the seventh, after death uterus was protruding from mouth of vagina.

If any of the readers of THE UNITED STATES MEDICAL INVESTIGATOR, differs with me in diagnosis, I would be pleased to hear from them and their opinion as to her case through this journal. H.

*POISONING FROM CORROSIVE SUBLIMATE.

BY C. A. LIBBY, M. D. ARLINGTON, MASS.

September 10th I was called in haste to see a boy who, the messenger informed me had taken *Corrosive sub.*, and was then in convulsions. I hastened to the house. which was about half a mile from my office.

On my arrival I found the boy still in convulsions, and the mother informed me that this was the sixth one.

I found him fearfully distressed and every part of the patient was drawn up, his feet, legs, arms, and hands, were closely contracted, the hands being so clasped that it was impossible for me even to open one finger; face flushed a bright scarlet, cheeks and forehead, hot; but around his mouth it was marble white, and under his eyes it had a purple shade; pupils dilated; eyes rolled up so that you could only see the pupils by pressing the lid up as far as possible. He remained in this condition about five minutes, and as soon as it was possible for me to cause him to swallow, I gave him the white of an egg, this I allowed to remain in the stomach about thirty seconds, and during that time I continued to knead his stomach with my bare hand. I did this so as to cause the egg to come in contact with the entire membrane of the stomach. I then caused him to vomit this and substituted another, and continued manipulating the stomach. I gave in all six eggs, and then I began giving him milk to drink. During the time that he took the eggs, I let him inhale *Nux v.*, 3.

After I arrived and gave him the egg, and let him inhale the *Nux v.* he did not have another convulsion, but his face continued flushed. every time he vomited there would be perhaps half a teaspoonful of fresh blood mixed with the egg. After remaining with him two hours, I left with directions to give him two swallows of milk every four or five minutes, and cautioned the mother not to allow him to go over the time, for with the inflamed condition of the stomach, I feared bad effects if allowed to become parched. I also left *Acon. 6*, to be given every half hour, and discontinued the *Nux v.*

I called again in four hours, and found patient comfortable as could be expected, pulse 160 per minute, face flushed, tongue dry with a very red streak in the centre, and very thirsty. I continued giving the milk and *Aconite*, and did not allow him to sleep over five minutes at a time, during the night. About 12 o'clock that night, blood began passing the bowels and shreds of membrane, with great tenesmus. When I saw him in the morning, I found his pulse 140 per minute, face not as flushed, tongue dry, great thirst for cold drink, stomach and bowels sore to pressure. I gave him *Arsenicum 30*. The following morning I found my patient much improved, had only three movements during that day and two the following night.

I continued the milk diet and *Arsenicum* as the remedies for several

days, and my patient made a good recovery. I did not allow him any solid food for five days, (he was only three years old.)

How much of the *Corrosive sub.* he took, no one can tell as he was found on the floor of his chamber with the bottle beside him, and he in convulsions, his mother having heard him fall a moment before. The cloth that he vomited the eggs on, was entirely ruined by the *Cor. sub.*

I write this knowing that after taking such a poison, few ever recover, and if there was anything in treatment, I trust this may be of service to others, especially to young physicians.

DISLOCATION OF THE KIDNEY.

BY JOSEPH C. LEWIS, M. D., SOUTHAMPTONVILLE, PA.

Rare as this trouble is, it occurs more frequently than the majority of physicians are aware of. From the position of the organs in the posterior part of the cavity of the abdomen, on each side of the lumbar vertebræ, and between the lowest false rib and the spine of the ileum, we might suppose that they would not be likely to be dislodged. Cases occur, however, when from a fall, jump or misstep, one or the other kidney is dislodged, and generally finds a place in the anterior region of the abdomen. When such an accident occurs, we have symptoms following, that the careful surgeon will recognize. The corresponding loin is flattened abnormally, and, on percussion gives forth a tympanitic sound. In the majority of cases, we would also detect a movable tumor, dense and of unvarying size, in some other portion of the abdomen. And also, under such circumstances we would expect bloody urine, and other signs of renal disease, consequent on such an injury.

This rare accident is of more importance in diagnosis than it otherwise would be, from the fact of its sometimes being mistaken for ovarian tumor. In one case under our notice an operation was commenced for the latter disease, when, to his horror, the surgeon found he had made a wrong diagnosis.

The importance of this occurrence, and the possibility of confounding it with other diseases, was impressed on my mind by an necroscopy held by myself in company with Drs. R. Lewis and R. Allen of Philadelphia.

The deceased Mrs. C. had been under the care of several prominent physicians, and all of them agreed that she was suffering with a dis-

eased heart, but went no further in the case. On examining her lungs we found at once the cause of the cardiac symptoms to have been pulmonary emphysema, which, of course, produced dilatation of the right heart. Knowing that displacement of the liver often followed as another result of emphysema, we opened the abdominal cavity and found this to be the case. We observed another circumstance that we were not looking for, viz., a dislocation of the right kidney, it occupying a position in the umbilical region to the right of median line.

This was explained by a circumstance which occurred some years previously. She jumped at that time, from a railroad bridge to escape an approaching train. She was unable to walk home, and was taken with violent pain running from the right renal region, through abdomen, the urine was bloody, and she had other symptoms that we would expect in such a case. No diagnosis was made in this case, in fact, it was not known until after death. How important, as we have before observed, it is for us to make a correct diagnosis in order to prevent fatal and lamentable mistakes. But the best of us err. The innumerable ills that flesh is heir to, appear indiscriminately in practice, and obscure cases seem to be showered heavily upon us when we are already groaning under too great a load. Therefore, we should exercise the mutual grace of charity, and when we criticize, do it kindly.

ON ELEPHANTIASIS GRÆCORUM.

BY DR. OZANAM.—TRANSLATED BY S. L.

[Continued from page 543.]

LEPRA APHYMATODES SEU ANÆSTHETICA.

The prodromata are the same as in the other, often vague, or entirely absent.

First, or eruptive stage. An eruption of pustules, or of bullæ, like in pemphigus. We find them mostly at the ends of the extremities; appearing suddenly, they are voluminous. The epidermis detaches itself in shreds, and leaves an ulcer, which covers itself in a few days with a black crust, which falls off, and during its renewal, the ulceration progresses under it, and is painful. This bullous eruption is very discreet, sometimes not more than seven or eight. They remain distant one from another, during their successive appearance. A pustular eruption is more abundant, but never confluent; they resem-

ble small-pox, but are never umbilicated. Their contents are milky, and as they sink in they dry up, and after several weeks we meet either a white scar, or an ulceration like the other one.

The hyperæsthesia shows itself soon on the surface of the ulcers, especially on the back of the hands, the feet, the face. It is an intense tingling pricking; when walking, preventing sleep, wearing out the patient, showing that the disease has invaded the nervous system: but generally the hyperæsthesia makes place to insensibility. The anæsthesia invades at first the outer and exterior side, then the internal side of the extremities; less the face, hardly ever the trunk. It is so absolute that patients receive injuries without being aware of it, and we need not wonder, therefore at their frequency. Fissures of the feet are now frequent, especially among negroes, who are apt to walk with bare feet; by-and-by they ulcerate, and loss of the toes follows.

With the anæsthesia of the skin, paralysis of the muscles is soon combined. The forearm, the feet and legs, are attacked, and muscular atrophy is the sequence. We meet also, here, the deviations and contractions of the phalanges. The inter-osseous muscles are atrophied, and the dorsum of the hand flat and sunk in. The first phalanx of each finger spreads out, and the others take on the form of a claw. Such a deviation sometimes precedes the anæsthesia. In the face, the paralysis attacks the superficial muscles; either symmetrical and not, the physiognomy of the patient will be singularly altered. The eye appears protruding, the lids shrunken, and he cannot close them any more. The cilia fall out, and the tears running down the cheek, excoriate the latter. The conjunctivæ irritates, inflames, suppurates, then becomes thickened, and like a membrane over it, the cornea becomes bloodshot and misty. Lateral deviations appear at the mouth, as in hemiplegia, the lower lip sinks, and saliva runs constantly out, a source of great annoyance to the patient. The face looks hideous, and a striking immobility is the cause of it. The fatal crisis approaches; the disorganized extremities fall to pieces, either by ulceration, or by increasing fissures, or by secondary and perforating ulceration, following up the latest crop of bullæ. We find this especially on the hands, nibbling away the tendons, ligaments, muscles, etc., and never stopping till destruction has done its work.

In Norway, where this variety is frequent, it has been observed that the general state of health remains satisfactory as long as the supuration is active: as soon as it becomes languid, or stops entirely,

fever, headache, præcordial anguish, vomiting, and lancinating pains in the ulcer set in.

When the ulcer heals before the destruction and elimination of the parts, before the complete anæsthesia, the symptoms become aggravated, coma sets in, and the patient dies. The course of these ulcerations is slow, and may be counted by months and years. One sees the phalanges drop off, the hands and feet shorten, then the metacarpus attacked, and finally, the limbs entirely disappear, with pains where the anæsthesia is not perfect; without pains where anæsthesia is perfect.

In other rare cases the bone is absorbed. Such an absorption is preceded by extensive atrophy of the soft parts. At the same time, the bone diminishes in its thickness, the calcareous parts disappear, and the softened bone can be twisted in any shape. Even in such a pitiful state patients will live for many a year, till an intercurrent disease carries them off. Some succumb to the paralysis which invades the muscles of the trunk, accompanied by marasmus and colliquative diarrhœa.

(The *elephantiasis* of the Sandwich Island belongs rather to the *lepra arabum*, an entirely different disease, which may follow, if so desired. S. L.)

After having described the two principal types of lepra, we may confess that it can be subdivided in a thousand varieties, according to countries, climates and subjects, but all of them can be reduced to four :

First, the two forms, described already, may follow one another in the same subject, being first tuberculous, then anæsthetic and ulcerous.

Second, another form *ulcerates from the very beginning*, without being preceded by tubercles; bullæ pustules, and runs its course without anæsthesia or paralysis. Simple brown maculæ indicate the approaching ulcers, which finally destroy the phalanges.

Third, the patient is *only anæsthetic*. One might think of a disease of the medulla, as there are no tubercles, no eruptions, no spots, and if there is ulceration, it appears very slowly.

Fourth, *ulceration and loss of the phalanges* takes place without any other symptom.

COURSE, DURATION, TERMINATION.

1. The *tuberculous form* and the ulcerative form above run an acute course; the symptoms follow one another without intermission or relaxation; two or three years are the limit.

2. The disease runs generally in intervals, with intermissions, during which the patient enjoys moderate rest.

3. The anæsthetic form is very slow; beginning at the extremities, it reaches the nervous centers only after a very long time, sometimes never.

4. Where the disease begins in infancy, the patient commonly dies at the age of twenty.

5. The inflammation of the respiratory organs, the chronic diarrhoea, the albuminous nephritis, are usually the last stages; leading to death.

6. A complete cure is very rare, and only possible when the patient expatriates himself.

PATHOLOGICAL ANATOMY.

Tubercles.—By incising the tumefied skin at the points which precede the tubercles, we find it thickened, infiltrated with a viscous liquid, red, in proportion to the growth of the tubercle, the skin loses its normal structure. The fluid extracted from a tubercle is white or yellowish, a mixture of fibrin and albumen, especially the latter, during the period of softening.

The tubercle does not penetrate deeply into the skin. Around it the cellular tissue is condensed, adherent, the veins dilated, and also adherent; likewise the sheath of the subcutaneous nerves, which often inflame during the ulcerative period. As the tubercle grows, it becomes surrounded by a rich network of newly-formed capillaries; but with the softening, this network shrinks and disappears.

Ulcerations.—It would take us too long to describe the ulcerative process in each organ; it suffices to say that the cartilages of the larynx and epiglottis become thickened, infiltrated, ulcerated, and perforated. The intestinal mucous membrane, the serosa of the pleura, of the peritoneum, pericardium, show the same lesion; only in the lungs they are rarely found. Changes in the organs develop themselves a long time after those in the skin and mucosa.

Microscopic Examination.—Danielsen and Boeck recognized in the leprous tubercle a fundamental, diaphanous mass, which splits and forms a fibrillary network, which, treated with *Acetic acid*, is found to contain small granules of fat, of deformed blood; the sebaceous follicles swollen. After awhile, this mass turns yellowish, and more consistent. the clefts fill themselves up with oblong cells, containing

a nucleus which does not fill up the whole cell. The network of fibres in the skin disappears, also the sudorific glands. After the tubercle softens, the whole mass gets amorphous, and nuclei can hardly be observed any more in the cells.

Recent researches demonstrate that the lobules are formed of an agglomeration of cells, either round, or in irregular forms, star-like. The largest ones contain nuclei, and resemble the matrix-cells of the marrow of the bones. All cells touch one another, without any intermediate substance. The blood-vessels which traverse the morbid tissue form a thick wall, which suffices to distinguish leprous tumors from sarcomatous tumors, where the blood-vessels never are so fully developed. The acarus, observed by these microscopists, fills up the holes, and even the ulcerated surfaces.

ANALYSIS OF THE BLOOD.

The firm clot presents a thick membrane, often covered by a gelatinous layer. Albumen and fibroid abound at first, but diminish during the intervals, and increase again with every new attack. The serum is viscous, milky or greenish; in the defibrinated blood are found a large number of large, irregular cells, filled with transparent molecules, considered by many as blood globules, imperfectly developed. The anæsthetic form is that of atrophy. The sheaths of the nerves are filled with an albuminous substance, the nerve-tubes disjointed and compressed, or entirely destroyed. The same exudations are also often observed in the central nervous organs, in the arachnoidea cerebro-spinalis, the different membranes adhering one with the other, in the spinal cord, at the base of the brain, at the origin of nerves, especially of the fifth and seventh pair. The brain and cord are indurated at the corresponding places, and show under the microscope a marked rarefaction of the ganglionic cells of the grey matter, and great varicosity of the primitive nerve-fibres. The blood shows the same decomposition as in the tubercular form, only it may contain a little less albumen.

DIAGNOSIS.

Lepa græcorum can hardly be mistaken for *ephlides*, *pemphigus*, or for syphilitic *maculæ*, *bullæ* and *pustules*. Its ulcers differentiate it from *mal perforant*, and its tubercles from *elephantiasis arabum*.

Syphilis has coppery, but never red, *maculæ*, the skin retains its sensitiveness; whereas, *hyperæsthesia*, followed by *anæsthesia*, characterizes the leprous spots. There are no preceding venereal diseases.

still a mixture of both is possible in subjects where lepra prevails, as in Norway, Mexico, Brazil.

Ephelides and Pemphigus.—Though the color of ephelides is the same, they are never so numerous, and sensibility is neither augmented nor diminished. Thus, also, the bullæ of pemphigus are easily differentiated from those of lepra.

Mal perforant is more limited than lepra. Both gnaw at the extremities, and destroy the phalanges, but the mal perforant attacks only one limb, leaving all the rest of the body intact, without maculæ or tubercles without disseminated ulcers. The skin keeps its color, its flexibility and sensibility. The one is a local disease, the lepra a general one.

Elephantiasis arabum is a chronic inflammation of the lymphatics in frequent irruptions. It is neither preceded by eruptions, nor followed by anæsthesia, or by destruction of the affected parts, and hardly ever becomes fatal.

PROPHYLACTIC TREATMENT.

The patients must be kept apart. Sequestration is already the law of Moses. It is advisable to remove such patients to countries where lepra is not endemic. Several leprous patients went from Brazil to France. Although the children at the time of their removal showed already some suspicious spots, the disease did not progress during thirty years. These infants are now married, and their children are perfectly sound. The same may be said of Canada or of the United States; but we would advise a residence in Australia or new Caledonia, as the diseases of other continents are there unknown.

THERAPEUTICS.

Schilling, of Surinam, where lepra is endemic, recommends for the tuberculous forms: a diet of bread, fresh vegetables, and fat bouillon; he forbids meat, fish, and milk. He prescribes energetic purgatives, venesections, hot, emollient baths; sweat, forced even by the aid of stimulants; exercise during three months. The treatment with purgatives and venesections ought to be kept up for a year.

Baumes (one complete cure), applies 300 vapor baths, at first emollient, then aromatic; asses' milk and diaphoretic drinks; in order to modify the tubercles he uses venesection, superficial cauterization with *Nitrate of Silver*, compression, a tonic and nourishing diet.

Danielsen and Boeck (Norway).—Frequent small venesections, purga-

tives, the tubercles are touched every day with the *Nitrate acid of Mercury*. Baths with 250 grammes of *Carbonate of Potash*, and then with unslacked lime; sulphurous baths. In the anæsthetic form, by dry cupping along the spine, moxæ, frictions with *Tartar emetic ointment*.

In Brazil, *Guano*, *Hura Brazilicansis*, are used internally and externally, as washes and baths. *Hydrocotyle asiatica* has been used, by many physicians with success.

HOMŒOPATHIC TREATMENT.

Hoang-nan, the bark of a convolvulus of southern Tong-king, having great similarity with our *Angustura spuria*, was in 1873 introduced into practice by Father Lasserteur. He experimented with it on a grand scale at the leprous hospitals of the island of Trinidad, and obtained very satisfactory results. But as the remedy is given in a mixed form, it is hard to say what cures. Every pill is made up of *Hoang-nan*, of native *Zealgar*, and *Alum*.

C. Hering gives us the following hints :

Alumina.—Coppery tubercles on the face; leprous spots on the legs; swollen lips; nose stopped; voice hoarse; hyperæsthesia; ulcers at the *planta pedis*.

Arsenic.—Yellow, white spots; tuberculous swelling of the nose. Burning ulcers at the end of the fingers, at the toes, at the sole of the feet, at the navel, on the cheeks protruding tubercles. Alternation of hyperæsthesia and anæsthesia.

Carica papaya.—Useful in the tuberculous form.

Colocynthis.—Desquamation of the whole skin; abscess of the arm-pits.

Graphites.—Spots, leprous, coppery, annular, raised, on the face, ears, thighs, legs, feet; toes ulcerated, nose stopped, crusts in the nostrils.

Lachesis.—Yellow, red, coppery, green, leadish, pale, livid spots; hard and pale swellings; ulcers surrounded by aureolæ or vesicles. The flesh becomes detached from the bone, and falls off.

Madaru album (indigo orientalis).—Leprous disorganization of the whole surface of the skin. Livid gangrenous tubercle (for five years; cured in five weeks). Elephantiasis, and thickening of the skin. Dose two to five grains, daily (Nunez.)

Natrum carb.—Spots and tubercles on the nose, arms, thighs, legs; stubborn ulcers, ulcerated nostrils and heels.

Petroleum.—Tubercles on the face. Herpetic and tubercular spots

all over. Obstinate ulcers on the fingers, tibia, hoarseness, suffocating cough, lassitude.

Phosphor.—A powerful remedy in the first stages; flat, brown spots; tubercles on the body, buttocks, thick patches on the face and arms; great weakness.

Sepia is the most important remedy in the treatment of lepra, swelling of the forehead and temples; heavy face, covered with tubercles; leonine face, ears hanging, eyes red, dull, full of tears. Purulent discharge from the nose. Tubercles and spots all over the body. Corroding ulcers on fingers and toes, excoriations at the tip of the tongue, swelling of the ear, nose, lower lip; red herpetic spots on elbows and hips; ulcers on the phalanges. Tuberculous coppery spots all over the body, especially on armpits, buttocks, prepuce; hardened nails.

Siliciâ.—Obturation of the nose, with ulceration, hoarseness; palsy of the articulations of the hands, white spots on the cheeks; coppery spots; hard, brown tubercles on the buttocks, testicles, ulcers on the tips of the fingers; shortening of the hamstrings.

Sulphur, Baryta carb., Carbo anim., veg., Caust., Conium, Kali carb., Magn. carb., Natrum mur., Nitric acid, Zincum, may also be consulted.

Materia Medica Department.

AMBER AND AMBERGRIS, THEIR CHARACTERISTIC DIFFERENCE, AND THEIR PHYSICAL, CHEMICAL, AND THERAPEUTICAL PROPERTIES CONSIDERED.

BY EMMANUEL A. GRIVEAND. M. D. LECTURER ON NATURAL PHILOSOPHY, CHEMISTRY, AND TOXICOLOGY, IN THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

Read before the Western Academy of Homœopathy, June, 1876.

AMBER.

Amber is a hard brittle substance, nearly as hard as calcareous spar, and generally found in small irregular masses, is not affected by the atmosphere, has a homogenous texture and vitreous fracture, and is

susceptible to a fine polish. By friction it becomes negatively electric. Its color is generally a brownish-yellow, or a whitish-brown, or either of light or deep shade, but occasionally it is seen reddish-brown or even of a deep brown. It has no taste, and is inodorous when cold, but exhales a peculiar aromatic odor when heated. It is usually translucent, though occasionally transparent, or opaque. Its specific gravity is given by some chemists at 1.07 and by others at 1.08. Water and *Alcohol* scarcely act on it. When heated in the open air, it softens, melts at 548°, swells and at last inflames, leaving after combustion a small portion of ashes.

The obscure but remarkable power in *Amber* of excitation by friction and of attracting light particles was first observed by the ancient Greeks more than six hundred years B. C. Thales of Miletus, one of the seven sages, who lived in the sixth and seventh century before the Christian era, was probably the first to notice this singular phenomenon.

Electron, the etymology, and derivation of which has never been fully and satisfactorily established, is the ancient Greek name for *Amber*. The Romans called it *Succinum*. The Arabs, having noticed the same phenomena gave to this substance the name of *Karabe*, which means catch-chaff. The ancient German name is *Glissum*.

No substance presents features of interest so peculiar as this! Obscure in its origin, found in loose pieces in alluvial deposits in many parts of the world, or scattered along the coast after severe storms had swept the bottom of the sea. The ancient Greeks and Romans regarded it with the superstition, and mystery peculiar to that age of the world. Hence, it was described in their mythology as "These beautiful tear drops, so clear and transparent, that were shed by the sisters of Phæton, and petrified as they fell into the sea." From the singular phenomena presented by this substance and its then unknown origin some of the sophists believed it was possessed of a soul.

The electrical phenomenon first exhibited by this substance, added much to its mysterious origin. But now, that its obscurity has been illuminated by the bright light of science, and that its mystery has been explained by modern philosophy, still, these remarkable "Tear drops must be admired and studied with peculiar interest for their singular history and useful qualities.

Some modern naturalists supposed, that it was the product of the *Amber* tree, a species of "*Anthos-permun*," a shrub with evergreen leaves, which when rubbed emits a fragrant odor. Liebig thought

reasoning from chemical premises, that it was a product of wax or some other substance allied to the fats or fixed oils.

Originally, *Amber* was the name of a fish from which it was believed the grey *Amber* or *Ambergris* came; afterwards the term was principally applied to the yellow *Amber*, the subject of this article.

Amber formally was classed with minerals, but it is now generally understood to be a fossilized vegetable gum, resembling resin, derived undoubtedly, from some extinct coniferæ, occurring generally in small detached masses, in alluvial deposits in different parts of the world. The trees from which it exudes, stood in forests of past epochs, and are now found forming strata of bituminous wood beneath beds of sand and clay. The wood, in certain localities, is more or less impregnated with the *Amber*, and it is also met with depending from the trunks in the form of stalactites, and also in round pieces mixed with pyogrites and coarse sand under the layers of trees.

The principal modes of obtaining this substance, are by fishing, spearing, and digging. Often pieces are found containing the remains of insects that have become entangled in the substance when it was of thinner consistency. Their legs and wings are seen detached from their bodies, as if the insects had struggled hard to disengage themselves from the gummy mass.

These insects resemble more those of the tropical climate, than such as are now found in the region where *Amber* is obtained. Remains of species of crustacea, myriopoda, and arachnida, have also been found imbedded in pieces of *Amber*. In 1874, I saw a piece of *Amber* about the size of a walnut, in the possession of a Turk, who was on a visit to this city, in the centre of which was a small myriopod which appeared in a perfect state of preservation. He offered to sell it for \$100 gold. I have also seen pieces containing the leaves of fern-plants, and bits of mosses.

WHERE AMBER IS FOUND.

At present, the principle places from which *Amber* is obtained is the Prussian coast of the Baltic Sea. This place was visited by the Phœnicians as early as 320 B. C., for the purpose of obtaining the material. They found the Aborigines to be a Lithuanian tribe, peaceful and quiet, having some idea of agriculture, and living under a democratic form of government. In the early part of the Christian era, these people were dependent upon the Goths. In the tenth century, the duke of Poland invaded the country, and in the thirteenth century the Teutonic Knights formally conquered Prussia. The grand master of the

order soon found that these "petrified tear drops were very valuable and very much sought after, appropriated its trade for the purpose of assisting to defray the expenses of the court." As soon as it became royal monopoly, it was guarded by the most stringent laws. Those persons whose especial duty it was to guard the *Amber* districts were called "strand-riders" and would patrol the beach night and day, and if a peasant was found attempting to conceal, or to sell a piece of *Amber* he had found, he was taken and hanged on one of the numerous gallows in line on the coast, kept standing in terrarem.

There is a mine worked for *Amber* near the coast of Prussia on the Baltic Sea. The bed or strata is of bituminous wood, beneath beds of sand and clay. The fossil stratum is from forty to fifty feet thick and is followed to the depth of one hundred feet below the surface. In other countries it is found in beds of brown coal of lignite, and it is probable that the pieces picked up on the sea-shore were washed out by the waves during storms from the extension of these repositories beneath the waters of the sea.

Amber is found in greater quantities, between Königsberg and Memel on the Prussian coast of the Baltic, than at any other known locality. The great demand for this fossil vegetable product of former ages, in Mohammedan countries, to adorn the female inmates of the seraglio, and for mouth pieces of the tobacco pipes, is from this locality. Its collection in 1858 to 1860, afforded a revenue to the crown of Prussia, to which it appertains, of \$16,000 or \$17,000 per annum. It is not only found in the sand on the beach, but also at a considerable distance in the interior, more or less deep beneath the surface of the earth. Its discovery in this locality, at first was accidental, the peasants when ploughing the soil turned up pieces of *Amber*, this gave rise in 1559 to *Amber* mining. A shaft was sunk to the depth of seventeen feet through strata first of quartz-sand of a dirty yellow color, then a rich blue loam, and next of a light grey sand stone.

In the last was found splintered *Amber*, under this a granite rock having been penetrated, was found the real *Amber bed*, consisting of rich grey earth mixed with peat and different minerals. The quality of *Amber* was so valuable, and its quantity so abundant in the first digging that the people were inspired with fresh hopes, that the largest fortune was lying beneath their fields. A new shaft was sunk near the village of Kraxtepellen, but in 1790 it was destroyed by the caving in of large masses of earth, in consequence of which accident, this mode of obtaining *Amber* was discontinued. In the north of Prussia

near Kuhen, Bristevart, Lapohnen and Rauseher, *Amber* is obtained by making an open excavation into the mountain near its base, the beds often-times presenting a thickness of two and one-half feet. Exhausted in one place a new excavation exposes it in another.

The fishing, spearing, and picking of *Amber* furnishes employment to a great number of people. This is generally undertaken after a storm when the swell of the sea is moderate. The workmen wade into the water and catch in nets the sea-weeds which are driven near the shore, by the waves. This is spread on the beach where the women and children collect from it pieces of *Amber* of various sizes, which are delivered to the superintendent. This mode of procuring this valuable article is always less laborious and often more remunerative than spearing, digging or mining. In winter when the sea is frozen near the shore, the ice crust is broken through, and the sea-weed to which the pieces of *Amber* are attached are drawn through the opening. Attempts were made by means of diving machines to obtain *Amber* farther from the shore, but it proved so unsuccessful at that time that it was at once abandoned. A new diving apparatus has since been constructed and is now used with success at Braistevart. Recently, mining has been resumed some distance inland, the shaft, this time being sunk to the depth of one hundred and forty feet before the blue earth was reached. This stratum was two feet thick without *Amber* but beneath it was another, five feet thick in which it was rich.

A quality of *Amber* less valuable than that obtained in the usual way, is gathered by fishermen by going out in small boats and taking it from the floating sea-weeds. This mode of obtaining this article is only resorted to when the supply near the shore fails.

Lately a company has been organized for the purpose of obtaining *Amber* by dredging in the Kurische Haff, near the village of Scharzarts, situated about twelve miles south of Memel. This company at first paid a rent to the Prussian government, of fifteen thalers and soon after it was raised to twenty-five, for each working day. The dredging was commenced with four machines worked by men, and one by horse. At present the work is carried on with eighteen steam dredges and two steam tug-boats, the whole managed by about one thousand laborers. The annual product of the Baltic coast in 1868, was reported to be the enormous amount of 200,000 pounds. In 1869 it fell down to 171,000 pounds, valued at about 700,000 thalers.

Large deposits of *Amber* also occur in some lakes on the eastern coast of Finland. An extensive bed was discovered in 1854 while

siaking a well in a coal mine near Prague. It is also found in considerable quantities near Catania, in Sicily. There it is usually associated with lignite, and sometimes encloses insects and parts of vegetables. Deposits of considerable importance have also been discovered in Asia and eastern Africa. In the United States it has been found at Cape Sable, Maryland, by Dr. Trost. In this locality it is associated with lignite and iron pyrites. It has also been discovered at Amboy, New Jersey, and at Gay Head, on Martha's Vineyard. A mine of it is said to have been discovered and is now being worked near Rokwood, Australia. India sends great quantities of false *Amber* to China which is sold there for almost the same price as the genuine article.

The false *Amber* is mostly the gum copal, which resembles *Amber* more than any other substance. The false can easily be distinguished from the genuine by the modern insects it encloses, while the genuine *Amber* holds only extinct varieties, also, by copal burning steadily, while *Amber* has marked scintillations.

The largest pieces of *Amber* known are, one of eleven, one thirteen, and one of eighteen pounds weight. The last is in the royal cabinet at Berlin. It was found in Lithuania, twelve miles from the Baltic, a little beneath the surface of the ground. Unlike the diamond, there is no fixed rules by which its value in the unworked state may be determined. A piece weighing one pound might sell for \$50, while one of thirteen pounds would readily bring \$5,000 or \$6,000. The larger specimens are always eagerly sought after by the institutions of learning for their museum.

ITS USE.

Amber is used almost wholly for the manufacture of small ornaments such as necklaces and bracelets, and especially for the mouth pieces of smokers pipes and cigar holders. In the process of shaping *Amber* into the various forms in which it is sold, electricity is excited to such a degree that the workmen are affected with nervous-tremors, and are obliged frequently to change the pieces they handle, that the excited electricity may be dispersed. Among some illiterate people, *Amber* when worn as a necklace by a child, is supposed to possess the same virtue as a red coral necklace (?) in changing color when the child is sick. Acting on these foolish ideas, often it has happened that parents have permitted their children to go beyond medical aid, while waiting to see the beads change color.

Certain tints of color in *Amber* are preferred by different nations

in Europe, the bright yellow transparent, is much admired, while in Asia the clouded whitish yellow is valued more than any other, and forms, as elsewhere the favorite mouth pieces of their tobacco pipes on account of its supposed antiseptic and disinfecting power, for in that country, like in our own among the Indians, when it is passed around from one person to another in token of amity it is very impolite to wipe the mouth piece of the pipe. Americans follow the Orientals in preferring the whitish mottled variety.

CHEMICAL COMPOSITION AND PRODUCTS.

According to Berzelius, *Amber* consists of first, a volatile oil of an agreeable odor, in small quantities; second, of a yellow resin, intimately united with a volatile oil, very soluble in *Alcohol*, *Ether*, and the alkalies, easily fusible, and resembling ordinary resins; third, another resin, also combined with a volatile oil, soluble in *Ether* and the alkalies, sparingly soluble in cold, but more in boiling *Alcohol*; fourth, succinic acid; fifth, a bituminous principle insoluble in *Alcohol*, *Ether*, or the alkalies, having some analogy to the lac-resin of John, and constituting more than four fifths of the *Amber*. It also contains a strongly odorous, bright yellow substance, which hardens by time but preserves in part its odor.

The ultimate constituents of *Amber* are, carbon, 80.59, hydrogen, 7.31, oxygen, 7.3, ashes, 3.27. The ashes are composed of silica, lime, and alumina. A minute proportion of *Sulphur* has also been found among its constituents. Mr. Elsner also found a principle similar to *empion*, which he called *Amber-empion*. When *Amber* is subjected to destructive distillation, in a retort furnished with a tubulated receiver, it yields first a yellow acid liquor, and afterward a thin yellowish oil, with a yellow waxy substance, which is deposited in the neck of the retort and in the upper part of the receiver. This waxy substance exhausted by cold *Ether* of that part soluble in that menstruum, is reduced to a yellow micacious substance identical with the chrysen of Laurent. A white crystalline substance, identical with the idrialin of Dumas, may be separated from the micacious substance by boiling *Alcohol*. As the distillation proceeds, a considerable quantity of combustible gas is given off, which must be allowed to escape. By continuing the heat, the oil gradually deepens in color until toward the end of the distillation it becomes black and of the consistency of pitch. The oil thus obtained is called *Oil of Amber*, and the acid liquor is a solution of impure succinic acid. Repeatedly distilled from *Nitric acid*, *Amber* yields an acid liquor, from which, after it has been neutralized with

caustic potassa, *Ether* separates pure *Camphor*. *Cumpher* is also obtained by distilling to dryness powdered *Amber*, with an extremely concentrated solution of caustic potassa. Succinic acid is a useful reagent in chemical investigations. When *Amber* is subjected to roasting it is soluble in a mixture of linseed oil and oil of turpentine. This solution forms the *Amber* varnish of commerce.

Another substance which has acquired some repute in perfumery and in the practice of medicine, also owes its existence to *Amber*, and is known under the name of artificial musk. This is prepared by adding small portions at a time, one part of rectified *Oil of Amber* to three parts of fuming *Nitric acid*. The resulting resin is washed and brought to the consistency of a firm extract in a water bath. Thus prepared, it is a dark brown substance, having a burning, bitter, aromatic taste, and a musky odor; it is very soluble in *Alcohol*, *Ether*, and its *Alcoholic* solution reddens litmus paper. Triturated with it potassa gives off *Ammonia*. If set on fire, it burns with a smoky flame and, leaves a shining porous charcoal. Dr. Plummer, of Indiana, has observed that *Oxalic acid* is generated during the reaction of the *Nitric acid* with the *Oil of Amber*.

A tincture of artificial musk may be prepared as follows: Take of artificial musk, one dram, *Alcohol* (80°), one ounce: mix and let stand for twenty-four hours. In this strength, this tincture has been given in the dose of a teaspoonful to an adult several times a day; and of the solid substance ten grains, and one-half to a grain for a child two year old.

I confess that this artificial article is not equal to the natural musk in its therapeutic virtue, still, when carefully prepared by a competent chemist it possesses all the general therapeutic properties of the natural substance, though in a weaker degree, yet it is far superior to the adulterated article, so frequently sold under the name of musk. During the preparation, both of the oil and artificial musk, the operator should avoid inhaling the perfumes which are given off during the process.

Liquid *Amber* or copal balsam is the balsamic juice obtained from the *sweet gum* or liquid *Amber styraciflua* a tree indigenous to this continent. The same name is sometimes erroneously applied to the balsam obtained from the liquid *Amber orientale* or oriental sweet gum.

Amber was held in high estimation by the ancients as a medicine, and is still used to some extent, but only in the form of rectified oil, which is obtained by a redistillation of the oil with water.

THERAPEUTIC VALUE.

I have never seen any provings of this substance in any form whatever. Professor Hempel recommends it in hysteria for excessive nervousness, with tendency to profuse and premature menstruation. It is a powerful nervous and arterial stimulent, acting generally on the glands, especially the kidneys. It has been used in obstinate hiccough, nervous cough, whooping cough, and in infantile convulsions. The oil applied externally is a rubifacient. In several very obstinate cases of whooping cough and infantile convulsions, I saw great benefit derived from the use of the oil applied by friction to the spine.

According to Pareira the scrapings of copal and the resin dammar are often substituted for *Amber*, and yields an oil scarcely distinguishable from the genuine. Professor Raue, of Philadelphia, of late has been in the habit of recommending to his patient suffering from hay-fever, the wearing of necklaces made of *Amber-beads*, to prevent the return of the paroxysm; and, so far, the results are very encouraging. Mr. A. J. Tafel, of New York, who has been suffering with this complaint for many years, also subscribes to the efficacy of *Amber* necklaces in this troublesome affection.

Scarcely less fabulous, have been the narratives that have been transmitted to us by writers, of a substance, so different in its origin and chemical composition, and yet, often confounded with *Amber*, that the passing it without noticing its standing as a therapeutic agent would be an unpardonable omission. I have reference to

AMBERGRIS.

Ambergris or *Ambra-grisa* is found in round or amorphous pieces, varying in size from that of a pigeon's egg, to lumps weighing fifty, one hundred, two hundred, and even two hundred and twenty-five pounds. The pieces are usually composed of concentric layers of various colors, though usually gray, with brownish yellow and whitish streaks; its cut surface is variegated and somewhat resembles marble. The external surface is often dark brown or blackish; the lumps are opaque lighter than water, and about as hard as wax. Its fracture presents a fine grain.

Ambergris has a peculiar aromatic and agreeable odor, and is almost tasteless, it softens with the warmth of the hand, fuses at 140° to 150° F. and is almost completely volatilizable by heat, and is inflammable. It is insoluble in water, but is readily dissolved with the aid of heat and by *Alcohol*, *Ether*, and the volatile and fixed oils. It consists chiefly of a

peculiar fatty matter analogous to cholestrine, and denominated by Peltier and Caventon, ambreine. This is obtained by treating *Amber* with heated *Alcohol*, filtering the solution, and then allowing it to stand, when crystals of ambreine are deposited on the sides of the vessel. It is incapable of forming soap with the alkalies. When pure it has little or no odor. The crude genuine *Ambergris* emits a fragrant and agreeable odor when a hot needle is thrust into it.

WHERE OBTAINED.

In the time of Goldsmith, the ideas concerning the origin of this substance were vague and unreliable. He thought it was a natural secretion of the sperm whale, and said it was only found in the strong and healthy animals "in bays of three or four feet long, in the place where the vesiculæ seminales are situated in other animals." Other naturalists have claimed that it was the excrement of this huge creature and that the odor was derived from the squids or *sepia moschata*, or molluse, on which it feeds, from the fact that the horny beaks of this animal have been found imbedded in the masses.

At present it is generally understood that *Ambergris* is a morbid secretion of the liver of the *physeter macrocephalus*, or sperm whale, and is principally found floating upon the seas of warm climates, intermixed with the remains of the food of the whale. I was informed by several veteran "huntsmen of the sea" that they were more successful in finding this substance, and in greater quantities, in those cows or bulls which appeared torpid, sick and lean, and usually in the lower part of the intestinal canal, mixed with the feces, from which it would appear beyond any doubt that this is a product of disease: these facts are now generally accepted by the majority of scientific men. It has never been reported that this substance was ever found in the intestines of any other member of the order of cetacea.

A lump of *Ambergris* weighing one hundred and thirty-two pounds was found inside a sick and torpid whale near the Windward Islands, which sold for £500 sterling. One of the largest pieces found weighing one hundred and eighty-two pounds was bought by the Dutch East India Company, of the king of Tidore.

When adulterated, which often is the case, *Ambergris* does not exhibit its ordinary fusibility and volatility, and unlike the genuine, does not emit a fragrant and agreeable characteristic odor, when a hot needle is thrust into it.

AS A THERAPEUTIC AGENT.

This substance was formally regarded as a cordial and anti-spasmodic, somewhat analogous to musk, and was recommended in typhoid fevers, and various nervous diseases, it entered into many official preparations, and is still retained in some of the European Pharmacopœas. The French code directs the tincture to be prepared as follows: Macerate for ten days one hundred parts of powdered *Ambergris* with one hundred parts of *Alcohol* at 80°; express and filter. Mr. Starr Martin is of the opinion that the tincture will keep better, deposits no sediment, and has a more agreeable odor, if the *Ambergris*, instead of being powdered in a mortar, be subjected to porphyzations, and especially with the addition of washed sand. "Heat," he says "should never be used in its preparation."

Ambreic acid is now obtained from *Ambrein* by the action of *Nitric acid*. The Old School look upon the tincture of this substance as possessing little curative properties, and rarely use it in their practice. When prescribed, the dose is from five to sixty drops. As a perfume and cosmetic, it is generally employed in its *Alcoholic* solution, and is quite extensively sold in the shops under the name of essence d' *Ambergris*; but to the consumers of this luxurious article of toilet, ignorance probably is preferable to information.

The word *Ambergris* is also applied to an island belonging to Yucatan, off the north-east coast of British Honduras. It is an uninhabited, barren, and uninhabitable spot. Its length is between eighteen and twenty miles, and about three miles in breadth. The name is applied to it on account of the large quantities of *Amber* found along its shores. In 1856, I visited this spot in company with several friends, and picked up on its shore a lump of this wonderful and useful dung weighing between fifteen and twenty pounds, which we lost on our way back to the vessel.

For the provings of *Ambergris* we are indebted to the immortal Hahnemann, and that portion of the provings found in Lippe's Text-book of *Materia Medica*, and in Burt's *Characteristic Materia Medica*, are according to my experience reliable.

CHLORAL HYDRATE IN URTICARIA.—Dr. Burnett (*Homœopathic Review*, June, p. 341), confirms the verifications of Dr. Dyce Brown: "Eruption on arms and legs, exactly like nettle-rash, in large, raised wheals, with intense irritative, itching."

Obstetrical Department.

ON THE USE OF OBSTETRICAL FORCEPS.

BY S. P. COLE, M. D., CHICAGO.

Knowing that there is a prejudice in the minds of some of our number against the use of these instruments, I present this subject for discussion; and will open as chairman of your committee on obstetrics, this seeming to be the duty assigned me; expecting that the experience of all may be as fully presented in the remarks, which I hope may follow, as the time allotted may allow. I will define *my* position as friendly to their use under proper circumstances. And what may appear to me proper circumstances, may not so appear to all. I will fully concur in the ancient adage that "meddlesome midwifery is bad." I also believe it is our duty to know when to interfere to assist nature and when simply to wait and let patience, as well as our patient, "do her perfect work."

Formerly these instruments were looked upon with horror by patients and friends. Thinking that when *they* were suggested by the physician the case was desperate, and that either mother or child, or both, were soon to be sacrificed, or to place it mildly, could not long survive. Why was this? I presume because they had known and heard of several cases where instruments were used and a dead child was delivered, or the mother died of puerperal fever or metritis.

Surely they had reason to be horrified at the use of instruments in these cases. I am of the opinion that this prejudice is not one-half as great as formerly. I am quite sure it is not in the larger cities, for the reason that of late years we hear less of such sad consequences following their use, and I think they are used more freely now than formerly. And still I feel they are not used freely enough. In a practice of seventeen years, all of the time having a tolerable obstetrical practice, as you will bear me witness, I have used forceps, as I feel, freely; and I am thankful to be able to say that I am not aware of any injury to mother or child by their use in my hands. This is not a hobby. You may never have heard me mention my belief in the usefulness of obstetrical forceps before this time.

I am aware that I am probably addressing those who are aching at this moment to arise and express their condemnation of these sentiments. But wait a little, let me ask you a question or two. Have you not been prejudiced against them because of your ill success in their use? In these unsuccessful cases did you not wait till the pains were about gone, the labor prolonged, the head impacted in the pelvis, or distending the perineum for a long time? Methinks you will answer yes, and those are the only cases where it is at all justifiable to interfere. Let us see. You acknowledge bad success under this state of affairs, and still claim that these are the only circumstances under which they should be used. Here is just the point where I must be allowed to differ, and give my reasons, one of which is, that when the instruments have been used early, in cases that appeared delivery would be extremely tedious, if not impossible if unaided, either on account of slightly contracted pelvis, unusual ossification of the cranial bones of the child, or the feeble state of the mother, or I may add, her extreme fleshy condition, the most favorable results have been obtained. Hence I judge that, to the fact of too long delay in the use of the instruments, is due the fatality that has occurred, which has been laid to the instruments and should be attributed to the long delay, and consequent pressure of the head of the child on the soft parts within or without the pelvis, that inflammation was almost a sure sequelæ either with or without instruments, and this same long continued pressure, and not the use of the instruments, caused the death of the child. I do not propose to go into all the detail of their use, this can be read in all reputable text-books, I only would suggest that we occasionally re-read.

I do not stickle for any particular pattern of forceps. There are many good ones. Their introduction rapidly and easily requires some practice, and should our young physician see fit to try them in some cases of large pelvis and well dilated vagina for the first few times, I would have no word of censure for them if they were careful. We must all learn. Don't wait till you have a case that might trouble an expert, to try your forceps for the first time. Their use a few times will give you confidence and familiarity with them, and you will be prepared for those difficult ones that sooner or later we all meet, that need to be discovered in the early part of labor, that we may act promptly when the os and vagina are sufficiently relaxed to enable us to proceed and assist nature to a happy termination of that terrible though wise process by which a soul is born. Should

the os or vagina trouble me from rigidity, I frequently smear them with *Belladonna ointment*, or administer *Chloroform*, by inhalation, for about five minutes. I am aware about the same prejudice exists against *Chloroform* as the forceps, and is about as well founded, (i. e.,) has *even* no foundation. Romsbotham, the great objector to its use, does not claim experience. And, gentlemen, experience is our best teacher, though contrary to theory. I do not now recall a death from its proper use in confinement, if there are any on record please correct me. I use it for its relaxing effect, and sometimes to alleviate the agony of the last few pains.

CRACKED NIPPLES.

It is well known to our school that Hahnemann taught that all such conditions as the above were the result of some dyscrasia, or some other constitutional disorder. The Old School have generally sneered at such doctrine. But now comes Dr. Le Diberder (*Annals of Gynecology*), and teaches that the "fissure is not the disease," but a "manifestation of derangement of the puerperal state." Dr. Donne at one time asserted that the fissures are due to the unhealthy constitution of the milk, which implies unhealthy blood. It is claimed that a certain degree of fever always attends cracked nipples, also other general derangements of the system. Dr. Le Diberder says that under the influence of *Quinine* in doses of fifty to eighty centigrammes a day (seven to twelve grains), a cure is accomplished at the end of five or six days. This is worth trying, even by Homœopaths, for sore nipples are often the great opprobrium of our practice in lying-in women. If the cracks are due to a scrofulous dyscrasia, *Graphitis* 6 succeeds. If syphilitic, give, *Nitric acid* 2x, *Merc cor.*, 6, or *Stillingia* 1x. Latterly I use no local application but *Cosmoline*. In a few cases only have I used *Benzoated Cosmoline*. (five grains to one ounce.) *Cundurango* may be useful, as it causes obstinate fissures in the lips.

CHICAGO.

E. M. HALE.

INFLUENCE OF PHTHISIS UPON CHILD-BEARING

(M. Ortega, *Revue des Sciences Medicales, Lancet*, Nov., 1876). M. Ortega made his investigations upon ninety-five such cases: 1st. Phtthisis has a marked effect upon conception, for only thirteen out of his ninety-five females, although many were multiparæ, bore children.

than one child after the detection of pulmonary symptoms, and a third pregnancy was very rare in such circumstances. In all these cases the phthisis was in the first and second stage, and in one only it was advanced. 2d. In more than one-third of the cases, abortion or premature delivery took place; and in those who had a tubercular history, only one-half reached the full term of pregnancy. 3d. Phthisical mothers are unable to suckle their offspring; for eleven infants who were at first healthy, whose mothers had sufficient milk, and in whom the phthisis did not develop during nor under the influence of lactation, soon showed signs of insufficient nutrition, and died with enteritic symptoms. 4th. Pregnancy hastens the evolution of phthisis to a great extent, delivery being rapidly followed by the death of the mother. 5th. Both pregnancy and lactation are exciting causes of phthisis in predisposed subjects.— *Detroit Medical Journal.*

Surgical Department.

DIFFERENTIAL DIAGNOSIS OF SUB-MUCOUS FIBROIDS AND SUB-INVOLUTION OF THE UTERUS.

BY C. H. VON TAGEN, M. D.*

[Continued from page 007.]

Prof. J. P. White has invented a cup shape repositor, constructed of hard wood, furnished with a large spiral spring at its lower end, against which the operator's breast is placed, as a fulcrum, when the instrument, cup end first, is introduced up through the vagina, and placed against the ridge, in contact with the protruding portion, which is the fundus of the womb.

A second method consists in spreading the four fingers around the uterus within, pressing the thumb at a central point of the inverted portion, then forcing the womb against the sacral curve, as a point of resistance. This is known as *Barrier's method*.

A third method, consists in passing the index and middle finger into

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the rectum, hooking them into the cervical ring, and this furnishes a point of resistance, serving to stay the organ, at the same time this manipulation reduces the neck.

This is known as *Courty's method*, and when combined with the following, or Noeggerath's plan, is pronounced one of the most efficient and best plans at our command. By the latter's suggestion, the index finger is placed upon one cornua, or horn of the uterus, the thumb upon the other, both from without, and so compressed and urged as to increase, at first the inversion; this should not however be tried before the cervical portion is in part or in whole re-inverted. As it appears, the honors are divided between the two authors of these plans, Courty's system serves to reduce the constriction at the neck, while Noeggerath's is to reduce the fundus and replace the cornua on both sides of the uterus; the former however taking precedence upon the latter in point of order. These various measures as described, having been tried, all of them, and failing or if attended with only partial success, may be repeated from day to day, but great care should be observed to *limit* the time of manipulation. As long as three to five hours continued application have resulted in success, and no unpleasant consequences ensued, but notwithstanding care and discretion should be observed and the time limited. The risk assumed in such prolonged efforts as those last mentioned, may induce pelvic cellulitis, peritonitis or metritis—one or all of these. Two hours at most, and under favorable circumstances, is the prescribed limit, allowing twenty-four to forty-eight hours interval of rest between. If any advance has been made or advantage gained, means should be devised *at once*, to retain and secure it, by the usual means resorted to, viz: packing the vagina by means of tampons, directing the pressure for the insertion of these in the proper and normal axis of the organ, when *in situ*. These may be secured by means of bandage or support, properly adjusted, without, upon the perineum, hips and abdomen. *The position*, I now regard as a very important feature in attaining the ultimate result, by which I refer to complete recovery. The patient should be placed upon her back with the head inclined downwards and the hips and lower limbs upwards, or elevated, so that the entire body will lay in an inclined reverse position of about twelve to fifteen degrees, and allow support for the hips, by elevating these by means of pillows applied beneath, thus elevating those somewhat above the general plane, of other portions of the body. This position should be maintained, varied from time to time in case the patient should weary—a slight alteration in

the raising or lowering of the hips will often give relief. This may also be alleviated by a simple shifting of position, from one side of the bed to the other, by gentle and persistent pressure with the hands beneath the small of the back, and the application of heat in form of flannel compresses wrung out of hot spirits and water, and frequently applied. Another plan, and suggested by Emmet, to retain what has been gained, is to close and secure the lips of the os by means of silver wire, used in form of sutures. The fundus being thus stayed and confined within the cavity or canal of the cervix, there by its presence tending rather to dilate and rise upwards, there being less restriction above than below. As an adjuvant it would be well to introduce into the rectum large quantities of warm water as hot as can be comfortably borne, and retained as long as the patient can bear its presence. In long standing or chronic cases of inversion adhesions are likely to form at the point or margin of constriction, within the cavity of the uterus and between the mucous surfaces. In these cases no amount of taxis or manipulation will avail much. Surgical interference with the knife is now the remedy, and it may be termed the "dernier resort." The only account on record, so far as known, is that of Prof. T. G. Thomas, of New York, entitled "Abdominal Section as a Substitute for Amputation of Inverted Uterus.

He cites a case in point, of which an account will be found in the *American Journal of Obstetrics and Diseases of Women and Children*, 1869. The patient was a young married lady, twenty-three years of age, who had always been in good health until twenty-one years of age, at which time she bore a child. The usual symptoms, already given in the case herein reported, were present. Competent and skillful hands in various localities had been employed at different times for the purpose of obtaining relief. All the known and practiced forms of conservative methods had been tried and failed. The case was taken to New York and placed in the care of the gentleman already referred to, who states as follows: "I found Mrs. B. to be a delicate, fragile blonde, weighing about ninety pounds, very pale and exsanguinated from profuse menorrhagia, which had occurred at intervals for twenty-one months, and much disheartened by the failure of her eminent medical advisers. The patient was rapidly brought under the influence of *Belladonna*, administered by rectal suppository and warm douche was employed three times daily, for an hour each time. At the end of a week, she was anesthetized with *Ether*, placed upon the back upon a table, and aided by Drs. Nott, Metcalf, and Walker, I proceeded to make my



first attempt at reduction by taxis. For one hour I tried faithfully all the varieties of taxis, to which allusion had been made, counter-pressure by the abdominal plug, but all to no purpose. The cervix expanded nearly up to the os-internum, but no further would it yield. Filling the vagina with a caoutchouc bag, and distending this with very warm water, she was now put into bed. On the next day at the same hour, exactly the same procedure was gone through with. The result was the same, and at the conclusion of the attempt, the bag was replaced, filled with warm water, and on the next day the third trial was made. At the end of an hour no advance was obtained, and I now began to share the opinion of Dr. Miller, that adhesions existed within the sac, and that no amount of taxis would ever reduce the displaced fundus." I will here take the liberty of digressing somewhat from the author's remarks by simply stating for the sake of brevity and space, that various plans were resorted to in this case embracing those already described and referred to in this paper.

An operation was resorted to which the doctor stated he had deliberated on for two years in his own mind, and kept in reserve. It was as follows:

METHOD OF PERFORMING ABDOMINAL SECTION AS A SUBSTITUTE FOR AMPUTATION OF INVERTED UTERUS.

The patient was rapidly brought under the full influence of *Belladonna* administered by means of rectal suppository and the hot douches, the last named were continued an hour, three times daily each day during a week preceding the operation. The patient was *Etherized* and placed on her back upon a table, and aided by three assistants, he proceeded to make his first attempt at reduction by taxis. For an hour he tried faithfully using all the known methods, but constriction would not yield. Filling a gum bag with warm water, the patient was put to bed, a second and third trial was made on the succeeding days, but finally it was determined that adhesion existed which no amount of taxis could overcome. Emmet's plan could not be resorted to here, for the reason that the protuded portion was so far below the margin of the os that it could not have served any good purpose.

The next step taken was to pass a delicate tenatome through the protuding fundus, carry it up through the cervical canal, and incising its four sides, thus cut through the constriction existing there, and that were due to the fibres contiguous to the os-internum. The patient was *Etherized*, a twenty minute manipulation was practiced with con-

siderable force, no progress however was made. The mass was now pushed up as far as it would go, and obtaining a bearing of the point of constriction, the whole was drawn down and a cut made through the tissue of the neck, the incision commencing on the mucous surface and carried toward the subjacent peritoneum, as recommended by Aran. At once, the knife being withdrawn, a free jet of blood was thrown out of considerable size, the circular artery evidently had been cut, which vessel had no doubt been increased in caliber by the congested condition consequent upon the constriction due to the inversion. A number of ligatures were applied, one after another, but the dense nature of the contiguous structures prevented a hold from being obtained, the hæmorrhage was finally checked by passing a ligature through the lips of the wound and drawing the edges firmly together. Matters had to rest for a while, as fourteen efforts had now been made and all to no purpose. The final operation was as follows: The patient was *Etherized*, an assistant introduced his hand into the vagina, and lifted the inverted uterus well up into the abdomen. The cervical ring could now be felt. Cutting down upon the median line, as for an exploratory operation in ovariectomy, as soon as all hæmorrhage had ceased he opened the peritoneum. Passed his finger into the uterine depression and found no adhesion there. Replaced the assistants hand by his own, taking in the other a steel dilator with short blunt blades, made on the principle of a glove stretcher, passed this into the depression, and the dilatation proved easy and rapid, but as soon as the dilator was removed, the organ would at once contract back again. The artery cut in the former operation now commenced bleeding. Actuated by a feeling that success must now, if ever be attained, adds the author with some force, "I rapidly returned the organ, which was now exposed to view at the vulva, and in this effort succeeded in returning one of the cornua into place. The additional force here exerted caused him to thrust his thumb through the vagina wall. One horn of the uterus was still inverted. Passing the dilator into this he stretched it open and instantly the entire uterus resumed its normal position. The following is stated to be the time occupied in the operation. Patient under the influence of *Ether*, one hour and twenty minutes. Time occupied in opening the peritoneum, nineteen minutes. Time occupied in returning the inverted uterus, twenty-seven minutes. The abdominal wound was closed and secured with four silver sutures, including the peritoneum, and was dressed with cold water. The patient rallied promptly and made a good recovery. Thus was accom-

plished a handsome victory over a most intractable and abnormal condition of the uterus. Much honor was due to the brain that conceived and the hand that performed the noble act.

One other case is on record, which terminated fatally, from peritonitis, a brief account of which we propose to annex. The author goes on to state that he has met with but one case since the first operation, in which he felt justified in repeating this method, and that it demonstrated more completely than the first, the perfect simplicity and efficiency of the plan, so far as concerns its mechanical success.

CASE III. Mrs. M., of Irish extraction, aged twenty-three, of humble origin, was delivered eight months prior to the operation. Her delivery was natural as far as the third stage, at this time profuse hæmorrhage occurred. This continued after the placenta was removed and during the space of a fortnight following labor — the patient stated she very nearly flooded to death. Gradually this profuse flow ceased or diminished so much that she was enabled to leave her bed, and resume her usual duties. The patient, ever since her delivery, had metrorrhagia and menorrhagia, with only few intervals of cessation. and when she presented herself for treatment, was excessively pallid, and very weak, and bore the appearance of one who had been ex-sanguinated. The patient had previously been treated by Dr. Olcott, in two instances of inversion; one successfully, and the other proved a failure. The patient was placed under the professor's care, for the purpose of having this operation performed, because the doctor had exhausted all ordinary means, and without any avail. His last effort was a very persistent one, and was continued by himself, aided by two associates, who frequently relieved him, for two hours. After these manipulations the patient was so very ill that she was threatened with death from peritonitis, and he did not wish to repeat these attempts any further.

After being prepared and *Etherized*, and laid on a table covered with blankets, an incision two inches long, through the median line, and gradually opened up the peritoneum, introducing one finger into the sac of the inverted uterus, he inserted the dilator, and in sixteen minutes withdrew it, and the prompt replacement that followed surprised each one present. The body of the uterus did not at once go into place, but as the operator withdrew the dilator, about one inch of the neck recovered itself. The dilator was replaced, the next point of constriction was stretched very gently, and at once another inch or thereabouts was returned. In this manner, inch by inch was returned

excepting the right cornua, this yielded also soon afterward, and the operation was successful.

The wound in the abdominal wall was closed and secured by means of silver sutures. Majendies solution was administered hypodermically, and the patient was ordered to bed. The patient did well for the first forty-eight hours, at the expiration of that time peritonitis developed and the issue was fatal.

(QUERY. Why was the spinal hot water bag not resorted to in this instance, as a *preventive*, which it really is to all forms of peritonitis. To the truthfulness of this assertion of the use of this agent, I can abundantly testify, V. T.) I will here take occasion to add that while this procedure has proved successful only in one instance, I highly commend it to the Homœopathic specialists in this very important branch of surgery, as a preferable method to that of amputation of the inverted portion. It is a well established fact among the skilled operators of the day that the peritoneal cavity may be opened up to its entire extent if need be, and successful results obtained. As an instance of the truthfulness of this assertion, I take pleasure in referring to the report of a case that occurred in my individual experience which will be found in the *North American Journal of Homœopathy*, New Series, No. 7, February 1872. In this instance the incision extended from the ensiform cartilage of the sternum down to the symphysis pubes, and the spinal hot water bag was applied with the most satisfactory result. I will here take occasion to add that this is one of a number of cases in which its efficacy has been unquestionably proved, in my own experiments, as a sure preventive to peritonitis when properly used.

THE DERNIER RESORT, OR AMPUTATION OF THE INVERTED
FUNDUS UTERI.

It cannot be doubted that instances have been, and may be presented calling for this severe measure; still these are rare cases, and amputation should not be considered until all conservative means known at the present time, have been tested. It is also the case that this operation has been resorted to very often, upon insufficient grounds, and prior to the proper effort having been fairly tried. One instance is on record in which success was attained after eight days of persevering efforts, and even after seventeen to eighteen days, similar results were obtained.

The former occurred in the practice of Dr. Tyler Smith, and the latter was that of Dr. F. A. Ramsay — both very creditable cases. It can

hardly be doubted that amputation would have been resorted to, had these cases fallen into the hands of inconsiderate practitioners, and the result would of course, not have been what they were in reality, professional successes.

It is to be most sincerely desired and hoped for, that amputation of inverted uteri will be less frequently performed in the future, than has been done in the past. It is destined to be rated among operative procedures as a final and "Dernier Resort."

In addition to its manifest and inherent dangers it must also present marked objections, and these may be mentioned here as hernia of the abdominal or pelvic viscera—possibly both—the inverted portion forming the receptacle for these structures. It frequently produces as a result sterility, and likewise produces emansio mensium and its consequent train of evils. In fact it is quite impossible to conceive of circumstances that would justify such a procedure without a full and complete examination and consultation of the most efficient counsel attainable.

Complete removal of the uterus, although attended with great danger, not unfrequently ends in recovery. This assertion will not be wondered at when it is borne in mind that rupture of the uterine wall, and tearing away of the organ itself has been several times recovered from. The *Dublin Journal* for 1837 records a case, and other sources are known, in which an inverted uterus sloughed off from strangulation, and without fatal issue.

Osiander, for a number of years, showed a patient in his lecture room from whom the midwife tore away not only the placenta, but also the inverted uterus to which it was attached. A similar case is reported in the *Gazette des Hospitaux* for 1842. One child was born, the midwife thought she felt the breech of another. She passed around it a handkerchief, pulling with all her force, and dragged bodily away the uterus and all its appendages—the patient, remarkable to relate, recovered.

The following statistics of the result of amputation has been collated and reported by Dr. West, a noted authority on this subject.

Uterus removed by ligature, 45; recovered, 33; died, 10; operation abandoned, 2. Uterus removed by knife or *ecraseur*, 5; recovered, 3; died, 2. Uterus removed by knife or *ecraseur*, preceded by the ligature, 9; recovered, 6; died, 3. Percentage of loss almost 25 per cent.

Out of fifty-eight cases collated in the German journals, eighteen were fatal, nearly 33 per cent.

Should the necessity of a case demand so severe a measure, and it should be deemed advisable to resort to this procedure, disregarding the perils incident to it. There are three methods by which it may be performed, and they are as follows :

1. The knife preceded by the ligature.
2. The ecraseur preceded by ligature.
3. The galvano-cautery.

Experience demonstrates that either of the two first named methods is very likely to be followed by dangerous and profuse hæmorrhage. This may be avoided by a plan devised and recommended by Dr. McClintock, of Dublin, Ireland, and it should be invariably adopted. It consists of the use of a strong ligature applied two or three days prior to the operation of excision and enucleation. This constriction serves to obliterate the vessels and about the time decomposition sets in of the strangulated part it is then amputated. When the galvano-cautery is applied, although not likely to be followed with much hæmorrhage, it is advisable to surround the cervix, above the point at which the wire is to pass, by means of an ecraseur in order that complete compression may be made, at once, should hæmorrhage threaten or set in. In case the stump itself should after removal, by any method evince symptoms of hæmorrhage, the white-hot iron should be passed over its exposed and divided surface, through the speculum.

To effect this successfully, the organ must be secured firmly so that the operator can thoroughly control it. This may best be performed by means of a pair of volsella forceps; by the ligature or ecraseur. A tampon should not be used, as the blood collecting above it would tend to separate the cut surfaces, and then enter the peritoneal cavity. Removal of the uterus by means of the ligature, isolatedly is reprehensible. We have much better and safer means at our command. Statistics prove incontestibly that this is a very dangerous method. Out of a list of thirty-three cases thus operated upon, seventeen, or more than 50 per cent terminated fatally.

Apart from what I have advocated and put in writing on this highly important and most interesting subject, it is my most earnest wish and desire to present the claims of Homœopathy to the medical world.

Ophthalmic Department.

ON THE EAR COMPLICATIONS ACCOMPANYING SCARLET FEVER.

BY DR. C. H. VILAS, PROFESSOR OF OPHTHALMOLOGY AND OTOLOGY
IN HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

Read before the Illinois Homœopathic Medical Association, at Peoria, May 1877.

Of the eruptive fevers, scarlatina is more likely to affect the auditory apparatus, because it is of greater severity and of longer duration as regards its throat complications. All the others have equal opportunity to travel up to the ear by continuity of membrane and similar anatomical structure.

Recalling, for a moment, the anatomy of the pharynx and ear, we remember that the Eustachian tube, a little less than one and one-half inches in length, leads from the pharynx to the tympanum.

Lined by a mucous membrane similar to that of the pharynx and tympanum, with both of which it is directly continuous, it is easy to be seen that this tube, by contiguity of tissue, not only furnishes an easy channel for, but actually invites, an inflammation once seated in the throat, to travel onwards to the middle part of the ear. Once started, it passes along this convenient channel into an otherwise closed cavity, the tympanum, which in turn becomes inflamed, the whole throwing out an increased mucous secretion. This secretion, imprisoned, becomes purulent, may resist the most judicious treatment, and finally induce complications which result in cerebral abscess, pyæmia, meningitis, and death.

The pathology of this condition is simple, being that of inflammation. Whether there is any difference between this kind of inflammation and that following severe colds, is not known, it being uncertain as yet whether there is a specific poison connected with the former.

There is a popular belief, which even obtains among the profession, that ear diseases are not dangerous — only painful — notwithstanding that every writer of any prominence lays down the point with emphasis, that they are often highly dangerous to life itself. This is probably due, in a great measure, to the fact that ear diseases are not well

understood; an error in diagnosis is made, and many deaths attributed to complicated brain diseases, which in reality belong to the former class. Such "rare cases" are occasionally reported in our medical journals, and elicit much discussion until some well-informed physician solves the mystery by a correct diagnosis.

A foul secretion imprisoned in the tympanum has been well-likened to a deep-seated abscess, for such it will surely become in time, unless there be a vent. That this secretion so imprisoned is highly dangerous is evident on even a glance at the anatomy of this important organ, a small part of which will be briefly passed over.

The upper wall of the tympanic cavity is very thin and often wanting, so that at the best it is but slightly separated from the cranial cavity, and is often a part of it; the inner wall in front of the cochlea, which separates the tympanum from the carotid artery, is very thin; while the lower wall, which forms the floor of the tympanum and covers the jugular vein, is likewise very thin, or wholly wanting. Without considering then farther, the delicate anatomy of this structure, it is easy to be seen that an ulcerative process set up in the tympanum endangers the coats of the artery, and that fatal hæmorrhage might result, or phlebitis of the jugular vein, or meningitis, ensue. That such is not much oftener the case is undoubtedly due to the giving way of the *membrana tympani*, and the consequent escape of the purulent contents behind it. Many more dangers of lesser magnitude, but injurious if not destructive to hearing, might be pointed out. But with what has been written, it is easy to see that a further consideration is quite unnecessary to prove how alarming this ulcerative and purulent process may become, and we may pass on to the treatment.

This should consist of a careful examination with the otoscope of the *membrana tympani* as often as twice a day; and if any bulging be present, whether from collected serum, mucus, or pus, an incision should at once be made through the membrane with a broad needle or bistoury. As the incision shows a great tendency to heal readily, it is better to make it of a V shape, as this will retard the closure. If it closes, however, it should be repeated.

This little operation is easily performed under a good illumination, and reasonably well done, is quite devoid of danger, and as clearly indicated as the lancing of any abscess. So much prejudice, however, still lingers in the minds of some, against any cutting about the ear, as well as an apprehension or knowledge in their minds that

they have not the necessary skill, the correctness of which each one certainly has a right to determine for himself, that it is seldom performed by any except those who give at least special attention to ear diseases. This has led to the substitution of Politizer's air-bag, as a means of opening the cavity. By inflating the tympanum in the ordinary manner of using this apparatus, the Eustachian tubes will frequently open sufficiently to allow the confined pus to escape by them into the pharynx. The evident filthiness of this proceeding prevents its being placed on an equal basis with the elegant little operation mentioned; but where, for any reason, paracentesis of the membrane is impracticable, it certainly is a great advance on no treatment at all, and is to be highly commended.

The Eustachian catheter has also been proposed. Theoretically, we could thus drain the tympanum through the nostrils. This mode of treatment, however, is quickly disposed of, for practically we find we cannot so drain away the contents. Even though we could so do, it is inferior to paracentesis, in that it requires as much skill, perhaps even more, to successfully use it.

It is wrong to wait till pain be referred to the ear before making an examination. Often suppurative otitis is fully established before there is any complaint of pain in or about the ear.

If then there be a free opening made through the membrana tympani, and the pus carefully cleared away, and so maintained, it is not likely that future complications will follow. Should any redness or tenderness, however, be found in the mastoid region which will not disappear under internal remedies, such as *Capsicum*, *Aconite*, or *Belladonna* under their appropriate indications, combined with hot external applications, a free incision through the periosteum should at once be made. Paracentesis of the membrana tympani should also be always made when long-continued pain does not yield to the administration of internal remedies.

A careful compliance with these few suggestions will not only save those fatal terminations often classed under other troubles, but prevent those unfortunate results, too often seen, where long-continued otorrhœa, caries and necrosis of the bones, and similar effects, remain to torment the patient, and damage or destroy the hearing.

Children's Diseases.

UNUSUAL CASES AND FACTS.

I do not know that I have any "unusual cases or singular facts" for the work on diseases of children, which, I have no doubt, will be a very valuable one. The following may be of benefit. One case of nocturnal enuresis from infancy, in which a boy eight years old, was cured by *Cina* 1200. Dose every night for a few weeks. Thanks to suggestions from THE UNITED STATES MEDICAL INVESTIGATOR of last year. I suppose I might relate a few cases, but you probably have others, which will answer the same purpose.

PHYTOLACCA AND DIPHTHERIA.

Phytolacca has often helped me in diphtheria when the following symptoms were present, viz., chill followed by high fever; vomiting; severe pains in head, back and limbs; throat swollen, inflamed and diphtheritic patches. In one of the cases there was also profuse purulent and bloody discharge from the nose. *Phyto.* soon relieved but the case was followed by paralysis so severe and extensive, that the child could not speak, nor raise its head, hands nor feet. I gave *Gelsemium*, and applied electricity every second day. Child entirely recovered and has since been well, now three years or more. During the same epidemic *Kali bic.* did good service in a few cases with ropy saliva.

OTHER FACTS.

Arsenicum iod. has served me well in some cases of soreness of throat accompanying scarlatina and catarrhs. *Enothera bien.* has helped me out in some cases of diarrhœa. One was in a child three years old, and had continued several weeks, stools watery and undigested. Wanted to eat much and of hearty food which disagreed, especially Graham bread.

Sanguinaria ought not to be forgotten in pneumonia of infants or grown persons, especially with tendency to tuberculosis cough, dry or loose. I prize the INVESTIGATOR very highly.

T. J. MERRYMAN.

CARRIAGE RIDING FOR DIARRHŒA IN CHILDREN.

Shortly after the appearance of Williamson's book on the Disease of Children, in a conversation with the author, whom I met in Philadelphia, my attention was drawn to the benefit derivable (to children) from carriage riding and steamboat riding, in cases of indigestion, diarrhœa cholera infantum, and dysentery; and in my practice I have largely prescribed an early carriage ride, even to feeble children scarcely able at first to endure the motion of the carriage, (in such cases keeping the horses at a walking pace the first day or so,) in every instance with complete success, resulting in a cure.

The theory is, that the same motions which induce constipation in adults, will operate astringently on children.

Duration of ride,—from half hour to three hours. Time of the day,—from 5 to 8 A. M., such has been my usual advice. I wish you to incorporate the above experience in your book on the Diseases of Infants.

CHANGE OF FOOD.

I want information as follows: *When a certain kind of food is found not to set well on an infant's stomach, how soon and how often may it be changed?*

If, in the course of your reading, you have met with a solution for this query, will you favor me by the information?

WORCESTER, Mass.

WM. B. CHAMBERLAIN.

[Doctor, you have the thanks of all our readers and generations yet unborn, for the hint on carriage riding. It is very practical and valuable, and I give it here for general benefit. As to changing food for children, I will say, I formerly was afraid to change food *often*, but now, when food does not agree, I do not hesitate to change at once, even *from* the breast. A case in point: an acid infant aged two and one-half months, at Foundlings' Home, with enteric indigestion, was on Ridge's food which was not digested; changed to Horlick's, with milk and without milk, but it came up and ran right through. Changed again to Nestle's, which when thin it kept down, and from death's door it began to mend gradually. Now was put on a wet nurse, stools became less, (from twenty-two on Ridge's, to three per day.) Still it did not thrive, its tongue became dry and granular appearing. Taken from nurse and put in general nursery on condensed milk which seemed to agree for a few days but then began the frequent stools with vomiting, child sweat all over, and it seemed to be going down rapidly — poisoned by *Lactic acid*. A friend took compassion on it and

took it to her home and it was put on Horlick's food again, which if carefully given, not too thick, agreed. Finally, from cold or some cause, this was thrown up and Nestle's was again substituted. This agreed. A few days after, Dr. Gerber's new food was substituted for the purpose of testing it.

This agreed, but the supply being exhausted, returned to Nestle's which did not set so well, being vomited or purged soon after feeding. Condensed milk was again tried. The bowels now became constipated — hard white curds — no real digestion. Soon it began to throw up sour milk, and the old acid perspiration returned. Child prostrated, — poisoned by *Lactic acid*, again. Changed to Gerber's milk food which with the aid of *Cal phos.* it retains. From a living skeleton, this child in five weeks is becoming quite plump. The rule of Dr. Walker of St. Louis, is well to remember. If the food is too thin, it will want it oftener than two hours, if too thick it will throw it up. That he finds true of cows' milk or condensed milk. The latter he prefers in hot weather.

To persist with a food that disagrees, is not digested, or does not satisfy, is torture. If the care is all right, careful and regular, then change food. With infants the choice will be between milk, (cows' or condensed). Horlick's, Nestle's or Gerber's food, etc. Barley water is a good addition to milk, making it more digestible. T. C. D.]

Society Proceedings.

RHODE ISLAND HOMŒOPATHIC MEDICAL SOCIETY.

The twenty-seventh annual meeting of the above society was held at the residence of the president, Dr. James L. Wheaton, at Pawtucket. The attendance was quite large and the members were called to order at 6 o'clock by the president.

The records of the meeting held during the year were read by the secretary, G. B. Peck, Jr., M. D., and were approved.

Dr. Charles Hayes, of Providence, was unanimously elected a member of the society.

Dr. T. H. Shipman, of Bristol, was propounded as a member of the society, and his name was referred to the board of censors.

The election of officers was the next business in order, and resulted as follows :

PRESIDENT.—Dr. James L. Wheaton.

VICE PRESIDENT.—Dr. Wm. Von Gottschalk.

SECRETARY.—Dr. George B. Peck, Jr.

TREASURER.—Dr. George S. Wilcox.

The president appointed the following board of censors : Drs. T. H. Mann, of Woonsocket; F. W. Bradbury, and E. B. Knight, of Providence.

Dr. Gottschalk read the report of the committee in charge of the dispensary. The report was referred to a committee consisting of Drs. Knight, Sawin, and Wilcox, to examine the several suggestions it contained, to report to the society as soon as possible.

The committee on the dispensary, Drs. William Gottschalk and William Hall, were unanimously re-elected for the ensuing year.

The resignations of Drs. Wm. B. Greene and Wm. J. Smith, as members of the society, were presented and accepted.

The report of the special committee on the subject of medical ethics was presented, recommending the adoption of the code of ethics of the American Institute of Homœopathy, with only such alterations as shall substitute the name of this society where the American Institute of Homœopathy is used in that document. The report was adopted.

A communication was received from Dr. Bushrod W. James, of Philadelphia, calling attention to the preparation of the climatology of state and asking that a bureau of climatology be appointed to present a report at the meeting of the American Institute of Homœopathy. The matter was referred to Dr. G. B. Peck, as a special committee to report on the subject at the next meeting of the society.

HAY FEVER.

The report of the committee on hay fever, appointed at the last quarterly meeting, was presented and read by Dr. T. H. Mann. The report says that it is a well known fact that on or about Whitsunday, in the country, where the apple trees are plenty, and at that time are in full blossom, a peculiar kind of catarrh, or influenza, attacks about every other person. The feeling as it comes on is as if all the pores of the body were fully opened during the whole day, and about nightfall all the symptoms of a severe cold attacks every muscle, bone and tissue of the body. The cause of this epidemic has never been disputed, or thought of sufficient importance to engage any serious inquiries. This catarrh only attacks about every other person. There are very

many whose vitality is sufficient to resist its morbid influence. The autumnal catarrh is no doubt caused by some such influence, and the pollen of the ambrosia artemisiæfolia doubtless exercises the greatest influence, and is one of the exciting causes.

The emanation from the drying and curing of clover in June is the principal cause of the hay asthma of the old writers, or the rose cold, as it is now termed. It is claimed by some that the poison which the pollen transmits to the mucous membrane during one season is sufficient to produce the same results for successive seasons without a fresh inhalation, but that conclusion is probably incorrect, although the severe irritation produced by it one season leaves the mucous membrane susceptible to the minutest breath of it the next season. The predisposition to autumnal catarrh exists in the individual, and generally we find it existed in some of their ancestry. It is not confined to any particular temperament or complexion, but attacks all temperaments alike. Those who are confined or labor through the winter in rooms heated by coal stoves or furnaces, are almost exclusive subjects. The hay fever of May and June is not so severe nor are its attacks so long and lasting as the autumnal catarrh, but in other respects the two epidemics are similar, and the former attacks that class of persons with the same predispositions as the latter. Very often those who have suffered with hay fever in June, have been attacked with autumnal catarrh in August. After an attack of the latter, the attacks of the former gradually lessen and finally stop altogether, while the autumnal catarrh of August takes its place every year thereafter. The report drew out considerable discussion. Mr. Russill A. Dennison gave a somewhat extended account of his experience with the disease, of which he was a periodic sufferer.

Dr. Ira Barrows read an extended and interesting paper entitled "Comments on Diphtheria; its Cause and Cure."

Remarks were made on the subject by Drs. Gottschalk, Peck, Hicks, Brown, and McKnight after which the meeting adjourned.

*THE ANNUAL MEETING OF THE MISSOURI
INSTITUTE OF HOMŒOPATHY.*

The new Institute of Homœopathy had their second annual meeting at Boonville, May 9th, and there was a very general attendance of physicians throughout the state. Many able papers were

presented by different members of the society. The bureau of surgery was represented by Drs. E. C. Franklin and S. B. Parsons, of St. Louis.

Dr. Franklin gave several cases of resection of the jaw and other interesting operations, one where the hip-bone was reset in hip-joint disease and the patient made a fine recovery.

Dr. Parsons gave a very fine paper on Operations of the Genito-urinary Organs.

Dr. Philo G. Valentine, of St. Louis, chairman of clinical medicine, read several papers of interest, one in particular, where hydrophobia was cured by the bite of a rattle snake. A man had been bitten by a rabid dog and when he felt the symptoms of hydrophobia coming on he went to his family and told them that he must leave them, and must shut the house and not let him in as he might injure some member of the family. He accordingly went out, and coming to a spring of water, the sight of which threw him into convulsions, and while writhing on the ground was bitten by a rattle snake, and almost instantly cured, and never troubled by the poison thereafter.

Dr. W. C. Richardson, of St. Louis, and Dr. Jenny, of Kansas City, represented the bureau of obstetrics, and presented long and interesting papers.

Dr. W. John Harris, of St. Louis, presented a highly interesting paper upon Climatology.

The bureau of ophthalmology and otology was represented by Drs. James A. Campbell, of St. Louis, and W. H. Jenny, of Kansas City. Dr. Campbell illustrated to the society by several cases presented that disease of the ear heretofore considered incurable are now amenable to Homœopathic treatment, and save such as chronic diseases of the middle ear, where the drum of the ear is perforated, it can be healed and hearing re-established nearly as good as in the natural ear.

Dr. Jenny presented a case of scrofulous ophthalmia, where a child, Jennie Barrett by name, had been blind a number of months and was completely restored to sight.

Dr. D. T. Abell, of Sedalia, presented a paper on Hydrocephalus and gave the treatment where several cases had been cured. All the discussions were very animated, and many days might have been consumed had all the papers introduced been read, but the time was limited to one day.

The exercises were concluded by an able address from the president,

Dr. D. D. Miles, when the following officers were elected for the following year :

PRESIDENT.—Dr. W. H. Jenny, Kansas City.

VICE PRESIDENT.—Dr. W. O. Richardson, St. Louis.

GENERAL SECRETARY.—Dr. D. T. Abell, Sedalia.

CORRESPONDING SECRETARY.—Dr. W. John Harris, St. Louis.

TREASURER.—Dr. D. D. Miles, Boonville.

The meeting then adjourned to meet at Kansas City, subject to the call of the executive committee. Thus ended the pleasantest meeting and best attended of any society yet held in Missouri. The effort of all to excel, in the excellency of their papers, was very encouraging.

THE NEBRASKA STATE HOMŒOPATHIC MEDICAL ASSOCIATION.

The annual meeting was held at Omaha, May 15th 1877. It was a large and enthusiastic gathering. The president, A. C. Cowperthwait, M. D., called the association to order. The minutes of the last meeting were read and approved. Treasurer's report was read and accepted. It showed the society in a flourishing condition.

Moved and seconded that the following names be dropped from the role, for non-payment of dues, they having removed from the state, viz : Drs. Burr, Hurlburt, Way and Wright, carried.

Dr. Jessen from bureau of materia medica, presented a paper comparing *Anacardium oriental*, *Cicuta virosa*, *Laurocerasus* and *Oleander*. Moved, seconded and carried, that the paper be accepted and published in the journals, carried.

Dr. Wood of the bureau of obstetrics, made his excuses for not having prepared a paper.

Dr. Knowles read a paper entitled "Measles in Utero." Dr. Cowperthwait reported having seen two such cases. This paper was accepted, but drew most of the members present into a general discussion.

Dr. Worley read a paper on "A simple method of treating fractures of the Femur," accepted.

Dr. Bragg reported several interesting cases from practice, which was followed by a warm discussion.

Dr. Smith read a paper on Hygiene, which was accepted and placed on file; adjourned

AFTERNOON SESSION.

Reassembled at 2:15 P. M., after a rest, and becoming acquainted with the new members, Drs. Hart and Henderson, who applied for membership and were voted in.

Dr. Stillman read a paper entitled, "The Study of the *Materia Medica*." The paper was accepted. This was followed by the president's address, which was ordered printed by the society, for distribution. The following officers were elected for the ensuing year:

PRESIDENT.—A. C. Cowperthwait, M. D., Nebraska city, Neb.

VICE PRESIDENT.—A. M. Smith, M. D., Nebraska city, Neb.

SECOND VICE PRESIDENT.—W. D. Stillman, Council Bluffs, Iowa.

SECRETARY.—H. A. Worley, M. D., Omaha, Neb.

PROVISIONAL SECRETARY.—T. H. Bragg, M. D., Hamburg, Iowa.

BOARD OF CENSORS.—Drs. Stillman, Henderson, Hart, Carley and Jessen.

The president then appointed the following committees and bureaux.

EXECUTIVE.—Drs. Walker, Bumstead and Carley.

FINANCE.—Drs. Stillman, Bragg and Smith.

PUBLICATION.—Drs. Worley, Wood and Knowles.

LEGISLATION.—Wood, Jessen and Bumstead.

OBSTETRICS.—Drs. Stillman, Smith and Carley.

MATERIA MEDICA.—Drs. Jessen and Bragg.

SURGERY.—Drs. Worley and Hart.

CLINICAL MEDICINE.—Drs. Wood and Henderson.

HYGIENE.—Drs. Knowles and Bumstead.

Omaha having been selected for holding the next meeting; adjourned to meet third Tuesday in May, 1878.

H. A. WORLEY, Sec.

ALBANY HOMŒOPATHIC MEDICAL SOCIETY.

The annual meeting of this society was held at the Homœopathic Hospital, North Pearl street, Tuesday evening, January 9, 1877.

The names of Drs. J. M. Bradley, of Adamsville; G. P. H. Taylor of Stillwater, and Burdett Warren, of Albany, were proposed for membership.

The officers elected for the ensuing year were :

PRESIDENT.—Dr. James F. McKown.

VICE PRESIDENT.—Dr. W. E. Milbank.

SECRETARY AND TREASURER.—Dr. W. H. Van Derzee.

CENSORS.—Dr. L. M. Pratt, C. E. Jones and H. L. Waldo.

COMMITTEE ON CLIMATOLOGY.—Drs. H. M. Paine, W. E. Milbank, C. E. Jones, H. L. Waldo and W. H. Van Derzee.

COMMITTEE ON LEGISLATION.—Drs. H. M. Paine, L. M. Pratt and H. L. Waldo.

DELEGATES.

Delegates to the State Medical Society.—Drs. Milbank, Waldo, Van Derzee and C. E. Jones. Recommended for permanent membership in the State Medical Society, Drs. George A. Cox, C. E. Jones, W. E. Milbank.

Delegates to the American Institute of Homœopathy.—Drs. Milbank, Waldo and Van Derzee.

Delegates to the Homœopathic Medical Society, of Northern New York.—Drs. H. M. Paine, C. E. Jones and H. L. Waldo.

Dr. Paine presented the report of the committee on climatology, covering the period from July to December, 1876, and compiled from the weekly reports of about forty observers residing in fifteen counties in the northern and eastern parts of this state. The report is arranged in the form of tables, showing the prevalence of forty-two acute diseases; also in connection therewith, a weekly summary of meteorological observations conducted by the signal service department. The report was accepted and referred to the committee on climatology of the society for publication.

The following resolutions relative to a state board of health were adopted :

WHEREAS, Strenuous efforts have been made during the last few years to enact a law creating the state board of health; worded so as to provide for the appointment in said board of Allopathic physicians only; and

WHEREAS, No good reason exists why the control of all sanitary affairs of the state should be entrusted to one school of physicians to the exclusion and detriment of another; and

WHEREAS, Such an exclusive control would form an endorsement of one school or system, thereby indirectly establishing a monopoly in medicine; therefore

Resolved, That, while we earnestly advocate the enactment of such sanitary measures as have for their end the prevention of disease and the lengthening of human life, we urgently protest against the pas-

sage of any health bill providing for the appointment of medical men which does not recognize an equal numerical representation by name of the two dominant systems of medical practice.

Resolved. That we cordially assent to and respectfully request the passage by the legislature, of a law securing equal representation from both the Allopathic and Homœopathic schools of medicine.

Resolved. That copies of these resolutions be forwarded to state officers, members of the legislature, officers of state and county medical societies and their legislative committees, also, the committee on legislation of the American Institute of Homœopathy.

The society then adjourned to the first Tuesday in February.

THE AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.

This is the name of a new society which was formed at this meeting. Its object is to advance the interests of ophthalmology and otology by all means at its command. It starts out with enthusiasm and energy. The present purpose is to meet at the same time and place as the American Institute, and present papers and subjects of interest to those who are devoting special attention to the study of these branches of medicine and surgery. The number of such is already large and gradually increasing, so that time and opportunity to talk over matters which demand their thought and arouse their interest are felt to be imperative wants.

The formation of this society is not to cause any dismemberment from the Institute but to amplify the work which has been done and will be done by the bureau of that body.

The careful attention given to the papers presented by the bureau, assures its members that they may be useful to the body as a whole, by offering a class of articles which contain suggestions and instructions for all, and they feel called upon to do their full share for the general good, at the same time not neglecting to counsel among themselves for mutual benefit. The meetings of the society will be then open to all who may feel inclined to attend.

Constitution and by-laws were presented and adopted, and the following officers elected for the ensuing year :

PRESIDENT.—T. P. Wilson, M. D., Cincinnati, Ohio.

VICE PRESIDENT.—W. H. Woodyatt, M. D., Chicago.

SECRETARY.—A. K. Hill, M. D., New York.

BOARD OF CENSORS.—H. C. Houghton, M. D., New York ; W. A. Phillips, M. D., Cleveland, O. ; J. A. Campbell, M. D., St. Louis, Mo.

ILLINOIS ASSOCIATION.**TWENTY-THIRD ANNUAL MEETING.**

This was one of the most interesting and profitable meetings held. The Association met at the city hall, in Peoria, May 15th and 16th. The session was called to order at 9 A. M., by the president, F. H. Van Liew, M. D., of Aurora. The Rev. A. A. Stevens, of the First Congregational church of Peoria, offered an eloquent and earnest prayer. Dr. M. Troyer, of Peoria, made a brief address of welcome. He was present at the organization of the Association in 1855.

The following persons were in attendance :

W. Danforth, R. N. Tooker, C. Adams, J. S. Mitchell, W. H. Woodyatt, A. G. Beebe, L. C. Grosvenor, J. E. Gross, D. S. Smith, T. C. Duncan, A. E. Small, G. A. Hall, W. J. Hawkes, C. H. Vilas, Chicago; E. H. Pratt, Wheaton; H. M. Bascom, Ottawa; M. M. Eaton Peoria; F. H. Van Liew, Aurora; T. Putnam, Farmington; E. M. Colburn, R. Brubacker, M. Troyer, J. H. Timkins, Peoria; E. Perkins, Peoria; R. F. Baker, Davenport; F. C. Gale, Lacon; W. B. Bolton, Cuba; H. N. Keener, Princeton; A. Stockwell, El Paso; E. H. Stilson, Knoxville; G. E. Cowell, Elwood; J. J. Lobaugh, Elmwood; Charles Davis, Henry; J. McFatrigh, Lena; J. S. Allen, Kewanee; T. J. Merryman, Aledo, J. P. Willard, Jacksonville; A. O. Brickman, Baltimore, Md.; D. T. Morgan, Bushnell; C. B. Kinyon, Normal (student); P. B. Sparks, Decatur; J. Hartz Miller, Abingdon; M. B. Campbell, Joliet; M. C. Sturtevant, Morris; Boeckstruck, St Louis, pharmacist.

The courtesies of the society were extended to Dr. Brown, of Peoria, and to Dr. Morgan, of Bushnell, Allopathic physicians. Dr. Stewart, Allopath, also being present, was welcomed. He responded briefly to the invitation, thanking the association for its courtesy. He was interested in the advancement in science.

The minutes of the last meeting were then read by the secretary, T. C. Duncan, M. D., of Chicago. M. M. Eaton, M. D., of Peoria, chairman of the committee of arrangements, made a report of the reductions in rates made by the various railroads and hotels of Peoria to the members of the Association.

Dr. Danforth moved that the president's address be postponed till the evening session. Carried.

Communications were read from I. N. Eldridge, M. D., secretary of the Michigan Homœopathic Medical Society; J. A. Campbell, M. D.,

of St. Louis, Mo., delegate; G. L. Chapman, M. D., Polo; O. H. Crandall, M. D., Quincy; J. N. Clarke, M. D., Golconda; E. W. Taylor, M. D., Freeport; L. H. Holbrook, M. D., Chicago; C. H. Seymour, M. D., Belvidere; F. H. Foster, M. D., Chicago; M. Ayers, M., D., Rushville; S. J. Bumstead, M. D., Decatur; M. B. Campbell, M. D., Joliet; C. Ruden, M. D., Beecher; G. S. Coutant, M. D., La Salle; M. C. Bragdon, M. D., Evanston; J. A. Bell, M. D., Naperville; C. Link, M. D., Litchfield; J. McFatrigh, M. D., Lena; T. J. Merryman, M. D., Aledo; Charles Gatchell, M. D., Milwaukee; R. W. Nelson, M. D., Waukegan; A. Van Patten, M. D., Mt. Carroll; H. P. Gatchell, M. D., Highwood; T. D. Wadsworth, M. D., Chicago; H. L. Godden, M. D., Petersburg; E. Parsons, M. D., Kewanee; J. A. Vincent, M. D., Springfield; M. M. L. Reed, M. D., Jacksonville, and others throughout the state, expressing intention to be present at the society's meetings; desiring to become members; expressing regret at unavoidable absence, etc.

The committee on publication reported that last year's proceedings, when set up, made so small a volume that they recommend the postponement of its publication until next year. Accepted.

Dr. Van Patten, of Mt. Carroll, sent a paper upon "Climatology," which was read by the secretary. The beneficial effect of change of air, food, and rest, upon lung troubles in general, was pointed out.

The secretary read a paper by Dr. C. Ruden, of Beecher, on the "Duties of the Physician."

A paper on "Homœopathic Pharmacy" was read, from Dr. T. D. Williams, of Chicago. Reference was made to a degree of laxity in the preparation of our drugs, which, if allowed to go on uncorrected, will certainly destroy our so-called system of pharmacy. A protest was offered against the growing practice of having the regular druggist prepare and sell our Homœopathic medicines. The remedy suggested was, first to undo what had already been badly done, then to have a pharmacopia representing a standard of strength and preparation of each medicine.

Dr. Streeter, of Chicago, thought it wise for us, as a society, to discountenance the sale of our remedies at ordinary drug stores because the druggist's want of confidence in the potentized drug was likely to lead to dishonesty. He thought our cause was much hindered by their careless preparations.

Dr. Duncan, of Chicago, felt deeply on this subject. Just had a case of *Merc.* poisoning, and another of *Bell.* poisoning from low

preparations of those powerful agents. The *Bell.* was marked 3d. but it looked like the 1st, or stronger.

A member—Diluted fluid extract!

Dr. Streeter gave notice that he would introduce a resolution on this subject.

A paper by Dr. C. B. Gatchell, of Milwaukee, Wis., on the "Glycogenic Function of the Liver," was also read. It presented a valuable and condensed statement of the opinions of the best recent authorities on this subject.

Dr. Bragdon, of Evanston, had a paper on "An Anomalous Case of Labor," which was read.

"*Acidum sulphuricum* vs. Diphtheria," a paper by Dr. T. D. Williams, Chicago, was read by the secretary. In it attention was directed to the difference in action between *Sulphuric acid* and *Sulphurous acid*, the first being an anti-ferment, the last an anti-putrefactive agent.

A report from committee on statistics," Dr. T. S. Hoynes, of Chicago, was then read. It indicated that the increase in number of physicians in this state has not, during the past four years, been proportionate with the increase in population, nor equal to the growth in the adjoining state of Indiana. Present number, 439, an increase of thirty-three last year.

Dr. Duncan thought the conclusions of the report were incorrect, and that the directory of 1873 contained so many errors that it was not a reliable standard to estimate from.

Dr. Mitchell believed that the growth had been commensurate with increased population. Increase in numbers in Chicago was very evident, and the location of college graduates indicated large accessions to our ranks. The western states drew largely upon us for recruits, which would account for the disappearance of a certain number from our midst. He had urged that the association meet in various parts of the state, to aid the cause.

Dr. Eaton believed Homœopathy was on the increase. The patrons were increasing, if the doctors were not. Many of us were recent converts. He was one himself. He was surprised that so many employed Homœopathic physicians. Homœopathy was on the increase in Peoria.

Dr. Streeter said we could prove almost anything by figures. Thought the author a croaker. Homœopathy increasing all the time about him. Thought one-third of the wealth of Cook county was

Homœopathic. Thought personal experience recited would prove beyond question that Homœopathy is constantly on the increase, and is attracting the intellect and wealth of our communities.

Dr. E. H. Pratt spoke decidedly for Dupage county, where the evidence was unmistakable, that the Homœopathic treatment was being adopted in preference to the Allopathic by large numbers, who never went back to the "flesh pots" of crude drugs.

Dr. Danforth said that a *pro rata* division of our college graduates would give each state in the country about seven students. That we had our full share, and more rapid growth might well be regarded as unhealthy.

Dr. Van Liew—Knew from the record in Dr. Hoyne's Directory of the physicians in his own town, that there must be a large admixture of error in the entire work. Thought it very desirable to have reliable statistics. We could all aid in the work, and see that a more careful registry was prepared.

Dr. Duncan explained the lack of increase, if there was any, on the basis that many Illinois Homœopathic physicians were being called west. 1873, 1874, and 1875 had been very healthy, and our physicians cared for more families. Perhaps those present would remember the Allopathic discussion on the status of the two schools, as published in *THE MEDICAL INVESTIGATOR*, when it was affirmed that 75 per cent. of the families living on the avenues of Chicago employed Homœopathic physicians.

[To be Continued.]

Medical News.

Dr. C. N. Dorion reached Chicago on the 20th of June, after ten months of diligent study in the hospitals of Paris. He is in excellent health and spirits, and has resumed his old relations at 520 Wabash avenue.

Removed.

Dr. A. P. Forster from Tonica, Ill., to Fort Scott, Kan.

Dr. J. T. G. Emery from Tuftonboro, N. H., to Topsfield, Mass.

Dr. C. E. Cushman from Chicago to Oshkosh, Wis.

The Legislature of Illinois at its last session passed two bills which are of interest to the profession. One of them is an Act to regulate the Practice of Medicine, and the other incorporates a State Board of Health. Both laws are to be worked by the said Board of Health, which Board consists of seven persons, to be chosen by the Governor, and by him appointed for seven years. Governor Cullom has already appointed this board, which had its first meeting in Springfield on the 13th inst. Prof. Ludlam is a member of the board.

The next meeting of the State Board of Health will occur in the Grand Pacific Hotel, Chicago, on the 23d of July.

The School of Midwifery.—The fifth regular commencement exercises of the Missouri School of Midwifery and Diseases of Women and Children was held Monday evening, June 11th, at the college building, No. 2022 N. 9th St. The class valedictory was delivered by Mrs. M. B. Pearman, of St. Louis, and that of the faculty by Dr. J. Martine Kershaw. The degrees of the college were conferred by Dr. Wm. C. Richardson, president of the institution.

The list of graduates was as follows:

Elizabeth Weiss, Ohio; Augusta Weiterer, Missouri; Anna Kost, Missouri; Hilka Bauer, Illinois; Mary Ettlmg, Missouri; L. Harm, New York; Caroline Wulfer, Missouri; J. H. Miller, Illinois; M. B. Pearman, Missouri; Louisa A. Coy, Ohio; M. DeYoung, Missouri; Julia A. Lee, California; J. Derx, Illinois; Anna Anderson, Iowa.

Opening of the Children's Homœopathic Hospital, in Philadelphia. This new charitable enterprise for the care of poor and needy sick children opened for reception June 20. The success of the hospital is assured by the election of a medical board composed of physicians of the first talent in the city, consisting of the following visiting board: Drs. J. G. Houard, A. A. Ashton, Bushrod W. James, W. H. H. Neville, John E. James, C. S. Middleton, Pemberton Dudley, E. E. Farrington, Aug. Korndoefer, Robert J. McClatchey, M. M. Walker, and M. S. Williamson. Consulting staff: Drs. C. Hering, Jacob Jeanes, James Kitchen, Charles Neidhard, and Thomas C. Williams. The board of lady managers is composed of the following ladies: Mrs. E. Y. Landis, M. E. J. Howlett, Miss Cornelia Skerrett, Mrs. Catharine Mecke, Mrs. E. Turly, Mrs. Joseph Elwell, Mrs. S. L. Kirk, Mrs. William C. Hannis, Mrs. A. H. Thompson, Mrs. William D. Kelley, Miss Mary Lippincott, Mrs. Washington Fidler, Mrs. William Mtchell, Mrs. Charles Salmon, Mrs. Joseph Truitt, Mrs. William T. Donaldson, Mrs. Joseph Rittenhouse, Mrs. S. Kirnbaum, Mrs. John H. Ward, Mrs. William M. Shoemaker, Mrs. V. C. Haven, Mrs. William H. Rhawn, Mrs. George Allen, Mrs. William W. Allen, Mrs. John C. Darrah, Miss Georgiana Sturgis, Mrs. Dr. J. G. Houard, Mrs. T. K. Peterson, Mrs. Thomas P. Stotesbury, Mrs. Dr. M. M. Walker, Miss Chambers, and others. The matron is Mrs. Beulah P. Townsend. The resident physician, Thomas L. Bradford. Solicitor, William H. James, Esq. The ladies have decided to hold a fair in the fall, in behalf of the hospital, to which the friends of the cause are earnestly requested to contribute.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

SANDUSKY, N. Y., July 11.—It is distressingly healthy here now and has been for several months; but we are now having very warm days, and very cold (for the season) nights, and so we are patiently waiting, Micawber like, for something to “turn up.” What little sickness there is, is catarrhal or rheumatic, calling for *Rhus tox.*

E. W. EARLE.

COLORADO SPRINGS, Colorado, July 13th.—During the winter and spring, influenzas of a severe type were common. *Aconite*, *Bryonia* and *Bell.* were generally sufficient to cure, with *Arsenic* for the more chronic cases. Then followed chicken-pox, which required no medical interference. This was followed by whooping cough, which has been very prevalent. *Drosera* 2x, however, controlled it charmingly. Occa-

sionally of late, there is a case of scarlet fever, with severe throat symptoms; two dying the past week under Old School treatment. In my cases *Belladonna* 3x and *Sulpho-Carbolate of Soda* have been sufficient to carry them through safely. Of course, lung and throat diseases, or in other words, consumption, is the prevailing disease we have to treat here in this locality. Under the influence of the equable and stimulating climate, and the well-selected Homeopathic remedies, many rapid and remarkable cures are effected. As a health resort for this class of patients, there is no place that equals this in the State.

L. D. COOMBS.

MUNCIE, Ind., June 1—30.—Latitude, 40½; Longitude, 85½.

Date.	Weather.	Prevailing Dis.	Remedies.	Remarks, Sequelæ, Deaths, Etc.
June 1—8	Fair and Cool.	Intermittents. Very Healthy.	<i>Merc., Nux.</i> <i>Natrum mur.</i>	Promptly curative. Few relapses and
8—16	Fair and Cool.	Intermittents. Very Healthy.	<i>Merc., Nux.</i> <i>Natrum mur.</i>	Few Deaths.
16—24	Much Rain and Hot.	Intermittents. Very Healthy.	<i>Merc., Nux.</i> <i>Natrum mur.</i>	Very little Sickness. Healthiest time we have
24—30	Much Rain, but Cool and Pleas- ant.	Mostly of the Chylo-poetic Viscera.	<i>Merc.,</i> <i>Nux,</i> <i>Rhus.</i>	had for five years. No sickness—no money.

E. BECKWITH.

CONSULTATION CASES.

CONDENSED MILK.

Will those who have used condensed milk tell me how much you order it diluted for a new-born infant? Some say fifteen, twenty, and twenty-five parts of water to one of the milk, but none state the age of the child. Does it agree better if starchy food, like corn-starch, is added? How shall I know that it disagrees? By the vomiting, colic, or stools?

D. C. THOMAS.

FOR DR. EVANS' CASE.

For this case, in *MEDICAL INVESTIGATOR*, page 22, I would prescribe *Sulphur*.

CASE.	SULPHUR.
In morning head feels full and heavy, and sometimes aches in occiput.	Pressure in the head in the morning immediately after rising; dullness of head in morning and oppression of forehead; feeling of fullness and heaviness of the head.
Eyes feel weak and strained with dimness of vision, and some vertigo.	Bruised pain of the eye; sensation in eyes as if full of blood; occasional dimness of vision; weakness of sight.
Vertigo very severe, so that he must hold to some object to prevent falling; rarely accompanied by nausea, never by vomiting.	Violent vertigo; vertigo when walking in the open air; reeling sensation in the head; vertigo, with inclination to vomit.
Urine sometimes very high-colored, sometimes very clear, etc.	The urine is at times clear and at times saturated with a thick sediment.
Bowels irregular, inclined to constipation.	Occasional costiveness; chronic constipation.
Sometimes despondent, at other times hopeful.	Despondency; low-spirited, inclined to weep, etc.
Begin with the 30th, three times a day. If improvement is not manifest in a few days would give the 200th in the same way, and so on up the scale, as high as necessary. E. W. EARLE.	

TAKE THE TEETH OUT.

In the July 1st number of *THE UNITED STATES MEDICAL INVESTIGATOR* I notice a query whether pregnant women should have aching teeth removed. In January last I invited a very expert dentist to extract teeth for a patient in the sixth month. If I would take the risk, he would do the work. The patient was *Etherized*, and in less than ten minutes he removed eighteen teeth and roots. The only trouble that followed was searching for the teeth on the carpet. The patient enjoyed life much better for the next three months; had a good, healthy infant. Have run the same risk five or six times, and always with the same result.

BRIDGEWATER, Mass.

S. ALDEN.

SUB-INVOLUTION OF UTERUS.

Allow me, through your columns, to ask of Dr. Von Tagen some explanation of his article in the June 15th number. I would like to know what he understands "*sub-involution* of the uterus" to mean. I must confess his article, as it stands, seems to me rather obscure and confusing.

A. G. BEEBE.

REMEDY FOR BITING FINGER NAILS.

Will some of the readers of THE UNITED STATES MEDICAL INVESTIGATOR tell me what remedy has "biting the finger nails?" Will friend Hering, Lippe, Allen, or any other materia medica man, tell where that symptom may be found?

T. C. D.

WHERE SHALL I OFFICE?

In a small town, where is the best place to have one's office? I have noticed some have their office in their residence, and others have it separate. In the latter case, what is the most convenient size? In either case, what number of rooms most convenient?

OFFICE HOURS.

Another thing: Give me the most convenient hours to set apart as office hours, or is it best to have any office hours? Give us your experience, and oblige

YOUNG COUNTRY DOCTOR.

WHAT SHALL I RIDE?

I read with interest this department of the journal, and often feel like asking a variety of questions of some better informed reader. Now, self-preservation is the first law of nature, and as a physician has to be jolted about the country so much during a life-time, I would like some of the older doctors to tell me which is the easiest conveyance for both man and horse, viz., buggy (open or close), sulky or horseback? If the latter, the kind of saddle. Some years ago, the Massachusetts Homœopathic Medical Society discussed this subject, and if I remember rightly, the preference was given to side-spring open buggy. Am I correct?

GO EASY.

THANKS FOR COUNSEL.

On page 537 of THE UNITED STATES MEDICAL INVESTIGATOR, June 15th number, I inquired, "what will cure?" I have received from many places and physicians very valuable advice, and I must thank every one for such prompt and kind responses. As the case is of rather long standing, and I cannot follow up the advice of each particular suggestion, allow me to make a statement of my proceedings from the first day of taking the treatment of this case up to date. In the appearance of the symptoms there was scarcely any change, and I will, in response to advice from Dr. D. A. H., from San Francisco, state that all the secretions and excretions are in good and regular condition, the sleep and appetite good, the sexual functions most regularly and temperately performed. The habits of patient, who is a very happy, kind and loving husband and father, never inclined to excesses. The symptoms, as first stated, were correct in all; but there is one mental symptom mentioned by D. A. H., fearful of something, "dreading something not known;" but it is not constant, merely at times. I will now state the treatment I gave from the first:

Belladonna 6x morning and night, one dose, and during paroxysm every quarter or half hour, until better, then not so often. This changed nothing. It shortened the paroxysm sometimes, but they returned at irregular intervals. Later, it commenced to appear oftener, even every week. I prescribed *Atropine* 4x, morning and night, one dose, and to be taken oftener on days of paroxysms. This was all I prescribed, and as the majority of the physicians who kindly advised, pointed to this remedy, I continued it, and the last paroxysm, night before last, had full six weeks of free preceding interval.

Dr. A. L. Marcy, of Evanston, and Dr. Edw. P. Scales, of Newton, Mass., advised *Belladonna* high, and I will follow this advice, though I must honestly confess that I never used high potencies, but will do it now, and hope to succeed. Should this not answer, I will try the *Baptisia*, or *Santonin*.

So much has been experienced until now that the complaint seems to grow less, but by far no cure yet.

PERIODICAL SICK HEADACHE.

I will thank my professional brethren for their kindness; and in return, allow me to state one case successfully treated by me, which might be of some interest:

Mrs. F. M. complained since five years of paroxysms of sick headache, or, properly, of periodic headache, with following symptoms: At every full moon exactly, she had such fearful headache as to compel her to remain in bed in a dark room. The headache on the left side; the left eyeball swollen and congested, so much so that it looked perfectly red, and seemed almost to burst. During the headache, violent fever, thirst, no appetite. There was not the slightest connection with the monthly period. The whole paroxysm lasted exactly three days from beginning to its highest pitch, and took three days to its disappearance. She was always under Allopathic treatment, but received no benefit. Shortly after I moved to Havanna she applied to me for help. I prescribed *Arsenic* 3x morning and evening, a dose. This made her free for three months, but the paroxysm appeared again in the same intensity, and even the kind of pain could not be accurately stated. It was so intense that the patient could not give any analysis of it. The next, *Arsenic* 30x, the same, with no effect, then *Arsenic* 2x, also no effect. Then a happy thought struck me. I inquired if the pain did not come on gradually, and then disappear the same—and it was so. I gave *Hannum* 6x, morning and evening, a dose, and since that she is cured, with no return for three years.

Phosphor. acid 2x, cured two very bad cases of diabetes, in three and six weeks *Teurum mar. ver.*, 3x, cured three cases of soft polyp of the nose, used internally, and as a snuff.

JOHN MARENBERG.

IS THERE ANY CURE ?

Have been troubled with catarrh for some time. Present condition: mornings; have to clear the nose several times, sneeze; constant hawking and spitting until the head and throat are cleansed. During the day have to clear the throat from once to three times in the course of an hour; during the whole night, once or twice. Expectorated matter, thin, mostly light colored, sometimes thick yellowish, a little inclined to be stringy. Occasional sense of stuffing up of one nostril. During the night the matter raised is a thick yellowish. Slight cough, no headache, good appetite, bowels regular, urinary organs in normal condition. Hereditary tendency to asthma, sanguine bilious temperament, light complexion, age thirty.

. J.

THERAPEUTIC HINTS.

BRYONIA.

Dysentery, tenesmus, with one prolonged effort. Aggravation of pain, with desire for stool by any slight motion. One dose of the 200th promptly cured.

TARTAR EMETIC.

Loss of breath as soon as she slept; would awaken gasping for breath. Two cases, patients ladies. One, following parturition; the other, following a severe chill. Both patients slept inside of ten minutes after one dose of the 200th, and had no return of the symptoms.

CHICAGO.

E. A. BALLARD.

PRACTICAL NOTES.

NOTES FROM THE SEASHORE.

I am summering (and practicing) for "the season," at the seaside. This place adjoins Ocean Grove, and is really an overflow from it, under the management of that excellent and most liberal of men, James A. Bradley, Esq., of New York. It is hence a favorite resort of those who enjoy exemption from liquor selling, and all that goes with it.

The Coleman House, on the beach, would be esteemed "first-class" anywhere, and is kept by an estimable lady, Mrs. S. L. Coleman, late of New York.

Then, the Dairy Building, at the Centennial grounds, was bought and brought here by Mr. Oves (Brother Oves, as many call him), and it is now the "Ocean Hotel," and bids fair to be tip-top. Besides, there are a multitude of smaller hotels and boarding houses, both here and in Ocean Grove, where health-seekers may board at from \$10 up, per week. Cottages or tents can be rented at moderate prices, the former at from \$125 to \$500 the season, the latter at \$2.50 per week and upward. Provisions abundant and reasonable in price. Bathing first-rate, boating, fishing, etc.

The religious character of Ocean Grove, its camp-meetings, etc., who has not heard of them?

Of Homœopathic physicians, there are also here, Drs. Evans, Herrick, Alday, and more or less, Karzner, Youlin, Tantum, and another resident, Dr. G. M. Palmer.

The last is a younger brother of Dr. W. C. Palmer, of New York, and formerly lived in southern Indiana.

NEW INDICATIONS FOR REMEDIES IN AGUE.

For the sake of the readers of THE UNITED STATES MEDICAL INVESTIGATOR, and remembering the "tapping" propensities of its editor, by which we all profit so much, I drew the doctor out yesterday on ague, and was glad to learn that he has full faith in potentized drugs to cure it, without *Quinine*. He says he finds that the urinary apparatus reveals important indications. Thus, for red, sandy sediment, he gives *Belladonna*; if yellow, *Nux vom.*; if cream color, *Bryonia*; if white, *Nux vom.* *Belladonna* is his main reliance in cases of moderate duration, premising *Ipecac* for usual gastric troubles the first day. *Gelseminum*, etc., etc., he also values. His potencies range from the 2d to the 5th usually. Curiously enough, he never had a case of "congestive chills," although he heard of fatal cases. This goes to show that sound Homœopathy *doesn't make bad cases*. And the relation of *Belladonna* to the "fever-center" which H. C. Wood and others locate "in or above the pons varolii," its centric action, primarily, and its location in the region of the fourth ventricle, being my own and other's thought — these points render Dr. P's experience very suggestive.

ASBURY PARK.

J. C. MORGAN.

ON THE DOUBLE REMEDY.

In the April 1st number of THE UNITED STATES MEDICAL INVESTIGATOR Dr. A. M. Piersons expressed an opinion at the end of his article on "Medical Experience" which contradicts truth and reality. He says: "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."

This may be true of beginning practitioners of Homœopathy, who were educated as Allopaths before, but not of those who have been practicing as Homœopaths for several years, and have acquired the necessary theoretical and practical knowledge. Allopaths who become converts of Homœopathy hate and despise the therapeutic principles of Allopathy rather more than those Homœopathic physicians who neither studied nor practiced it, and know the dreadful defects and mischievous rules of the same more from hearsay than from their own physical and mental perception. On the other hand, I have noticed, from time to time, that even Homœopaths, trained as such *a priori*

in this country, indulge in notions not strictly Homœopathic, and belonging more to the Old School than the New School, or Hahnemann's mode of treatment, so that on the whole, both parties are about equally justified in finding fault with each other.

According to Grauvogl, the greatest authority after Hahnemann, and in some respects decidedly superior to the discoverer of our therapeutics, in exceptional cases, a deviation from the leading principles of *similia similibus* is admissible, especially when a purely *physiological* action on the organism is intended, which conviction I entertain myself.

Dr. Piersons farther says :

“ The habit of alternating Homœopathically prepared medicines, is a direct outgrowth of Old School physicians. To give *two or more* remedies in rapid alternation, *for a disease*, is simply potentized Allopathy.”

The last sentence is *partly* correct, and *partly* incorrect ; correct inasmuch as *more than two* remedies are concerned, but incorrect in regard to *two* remedies, a view which may be substantiated every moment by the *two masters* of our therapeutical system, Hahnemann and Grauvogl, as well as by the majority of Homœopathic practitioners in every-day practice. About a year ago I wrote some articles on that subject for this journal, evidently proving that the important discovery made by Dr. Julius Aegidi about the double remedy, and communicated to master Hahnemann in 1833, illustrated by 233 cases of cure, had been received with the greatest satisfaction by the latter, and endorsed simultaneously. Hahnemann stated explicitly in his reply to Dr. Aegidi that he had dedicated a whole paragraph to that discovery in the fifteenth edition of the Organon, having sent the manuscript to one Arnold, with the desire to have it printed as soon as possible. But we cannot find such a paragraph in the Organon, although it was to be published according to Hahnemann's demand. What tricks have been played here, nobody can tell, except those who were directly concerned in this matter, and are probably not among the living at present.

Why not acknowledge directly an important therapeutical fact, which had been approved by Hahnemann himself more than forty years ago, in the public press, when it is acknowledged and practiced by the majority of our profession as to the greatest benefit to mankind without cessation.

CHICAGO.

J. B. BRAUN.

SOME CLINICAL EXPERIENCE WITH DISEASES OF
THE SKIN.

BY GEO. R. MITCHELL, M. D., RICHLAND CENTER, WIS.

Eczema is of quite frequent occurrence in Richland county, and about the only skin disease of any consequence, that is, aside from the eruptive fevers. In regard to its diagnosis, I would call your attention to Lilienthal's *Diseases of the Skin*, p. 32; Neumann's ideas in regard to it. This accords with my experience, for I have seen in every case vesicles and pustules, that is, at different stages. Another thing I have noticed, a certain degree of contagiousness, varying according to the severity of the disease.

TREATMENT.

In my experience I have found *Ars. iod.* 3x trit., and *Iris* 1x dil., the most reliable remedies. I use the latter remedy for the pustular form, also apply it externally. I cured a case of favus (scald head) [*tænia capitis*—ED.] in three weeks with this remedy. There was complete destruction of the hair follicles on one-third of scalp, and consequent baldness.

For the vesicular form, moist or dry, the former remedy I prescribe with the utmost confidence, grs. jss., 3x trit., (usually) every four hours at first, afterward, twice a day, or every other day, according to symptoms.

Local.—*Tar* and *Glycerine*, or *Tar* and *Olive oil aa.* I prefer the first. Apply freely at first, afterward, often enough to cover all diseased surfaces. Sometimes I use *Cosmoline* on the face, also *Sub-Nitrate of Bismuth*. I order a little cap, made of thin muslin, to be worn, and while the parts are kept clean, they should not be irritated too much, for it only makes them worse. I have failed in only one case of effecting a cure, and that was in the first year of my practice. And although this case went into other hands, and got well, still I think I contributed in no small degree toward the cure. I have had several cases, given up by other physicians as incurable, in which I have succeeded in effecting radical cures; twelve weeks being the maximum, and two weeks the minimum time required. *Rhus tox.*, *Cicuta vir.*, *Croton tig.*, *Sulph.*, I use occasionally. In regard to the *Tar* ointment, I do not know as you will consider it Homœopathic, but I aim to tell *the whole truth*. Although it may produce some uneasiness at first, so far as my observation goes, it has done no harm.

Urticaria.—Treatment, *Urtica* 3x, *Rhus tox.*, and *Apis*.

Scabies.—*Sulph.*, 30x to 200, trit. Locally, *Sulph.* ointment.

I have given nearly all my experience in this class of skin diseases.

WITH THE ERUPTIVE FEVERS.

Rubeola.—My experience in this disease is limited. Only two cases have occurred here for the last four years, and scarcely any treatment was necessary.

Variola.—No experience.

Varioloid.—Same.

Varicella.—Cases that I have met need but little, if any, treatment. One case of repelled eruption I soon cured with *Bry.* 3x, and 30x.

Vaccine.—I have used the Fon du Lac (cow-pox virus, would use no other) and have never had any bad results. Scarification is the method I employ. I have yet to find the first case in which a second vaccination did not take. Two months is the youngest that I have vaccinated.

Erysipelas.—I have seen no cases among children.

Roseola.—No experience.

Scarlatina.—I have seen all grades of this terrible disease, but they have been sporadic and endemic. Last fall I had six cases in one family, four out of the six had the simplest form (scarlet rash), and they had no treatment. In the remaining two the blood seemed thoroughly poisoned, producing a somewhat malignant form. I mention this to show that the same cause will operate in a similar, yet different degree. This is only one out of many instances. In some I have found no eruption, only in the mouth and fauces.

In its simplest form, I find that scarlatina needs but little, if any, treatment. I have met a few cases of real typhoid scarlatina. *Baptisia* met the indications. Lilienthal, p. 232, gives good indications for its use, and accords with my experience.

In the majority of cases, *Bell.* 3x to 30x will be all that is required; at least this is my experience. I know by proving it, that it will produce similar symptoms to scarlatina. While some advise *Aconite*, *Gels.*, *Verat. vir.*, before the appearance of the rash, and during the fever, I rely on *Bell.* as soon as I determine its true nature.

What remedy is nearer the simillimum? I have never used the pack, but apply *Olive oil*, *Glycerine*, or rub with a bacon rind, and this must be done until the patient is entirely well.

I have met a few cases in which there was true diphtheritic deposit. In such cases I have found *Merc. iod.* 2x or 3x, trit., successful.

In some *very malignant* cases, *Ars. iod.* 3x trit., I found all that could be desired. In such cases there seems to be a terrible blood poison, rapidly leading to stupor and death, without arrest.

I think *Ars. iod.* the specific for this symptom, viz., discharge from the nostrils, acrid, thin, excoriating the surrounding parts. [*Arum tri.*—ED.] *Ars. iod.* is indicated when there is great swelling of the glands of the throat. As far as my experience goes, the peculiar poison is very acrid in its nature. Even the sores formed on portions of the body are so. I think this is a very valuable remedy, and I have a great deal of confidence in its controlling the malignant forms. Dr. Hale recommends it very highly as a prophylactic.

I trust that you will give this remedy the prominence it deserves. I have not used the *Sulpho-Carbolate of Soda*. *Ipecac*, *Apis*, *Rhus.*, *Hepar*, *Bryonia*, *Sulphur*, *Silicea*, I have used according to indications. Of the many cases of scarlatina which I have treated, only one died. In regard to *Bell.* as a prophylactic, I think I have seen good results from its use.

THE NAME HOMŒOPATHY.

CAN IT BE ABOLISHED?

It is claimed by our best thinkers that Homœopathy is the science of cure. If it is one of the medical sciences, then its perpetuity is inevitable. We are apt to overlook the fact that a medical science lies between drug-action (pharmacology), and pathology—that there is a Danube to be crossed. *Homœo-pathos* throws across a pontoon and flanks the position of pathology, and routes the enemy of the system. Those intent only on the study of *pathos* look for its removal by discovering the *ætion* (cause). The cause may be remote and removed, and still “*pathos*” continue to be manifested by the system. To relieve the system of *pathos*, pharmacodynamics must be evoked. Then comes the question of the selection. Shall it be Greek fire (antidotes), a center charge (*contraria*), or a flank movement (*similia*)? In *many* cases, the cause cannot be antidoted. Then, there is no general rule for antidotes. The center charge is generally followed by reaction, for it attacks the normal as well as the abnormal expressions of the system. Suppression or metastasis is not cure. “Taken on the wing,” by a remedy moving in the same direction, is both

scientific and harmless. If the system can be helped always, then *similia* is the science of therapeutics; then "Homœo-pathos" will stand side by side with pathology, physiology, etc. It must, then, ever rank as one of the medical sciences. Viewed in this light, how absurd to think of sinking the name, Homœo-pathos, as some English physicians suppose.

Allied to the selection of the medicine (pharmaco) is that of the dose, and there will, no doubt, be the attempt to make posology a separate science. But it is evident to the thoughtful that the Homœo-pathos set up by the remedy must be "like" in quantity, as well as in quality. Repetition is involved in the question of quantity, and belongs to the science of pharmacodynamics (medical power).

From the above, it is evident that to attend upon the sick, i. e., treatment, involves the consideration of dietetics and hygienic means, as well as curative remedies, (therapeutics,) the selection of which demands a law. The law of diet, it seems to us, is *contraria*.

T. C. D.

*DIFFERENTIAL DIAGNOSIS BETWEEN ANGINA DIPH-
THERETICA AND ANGINA MALIGNA SCAR-
LATINOSA.*

Dr. Halbey, of Wetzlar, treated last year two hundred and twenty cases of scarlatina, and came to the conclusion that:

1. In relation to the external appearance of the exudations, both diseases cannot be differentiated, except by the accompanying exanthema.

2. In scarlatina, the process remains localized in the throat and nose; whereas, in diphtheria, the trachea, the bronchi, the sexual parts, the conjunctiva, even the skin, may participate. In seventy-three cases of angina scarlatina the process remained limited to the throat.

3. In both diseases, the nasal mucous membrane and the tonsils are affected; but diphtheria attacks also other parts of the fauces, especially uvula, arcus, the posterior wall of the fauces, which are only exceptionally attacked in angina scarlatina.

4. Still more rarely is the larynx affected in angina scarlatina maligna. Only once in seventy-three cases, and even in that case, it

appeared only on the tenth day, and other symptoms pointed strongly to true diphtheritis, as two children in the same house were soon down with diphtheria.

5. Glandular swellings around the neck, with ichorous discharges, are found in both.

6. Albuminuria belongs to both, but in diphtheria we rarely meet exudato-cylenders in the urine, nor is the disease followed by *anasarca*.

7. Paralysis after diphtheritis is frequent; after scarlatina hardly ever.

8. Angina scarlatinosa maligna appears more suddenly and rapidly, and deglutition is more difficult than in diphtheria. B. V. W.

THE LAW OF DIET AND THE LAW OF CURE.

THE FORMER CONTRARIA AND THE LATTER SIMILIA.

We read and hear a great deal just now about "physiological *medicine*," "physiological *remedies*," "nutrition *remedies*," etc. We are sorely puzzled to know just what is meant. The terms seem incompatible. When shall we give a "physiological remedy?" By physiological is understood normal functions. A "physiological remedy" must be one that supplies a want in the system. Then the term is equivalent to physiological food. Is every remedy a food? Is *Aconite* a food? Are *Belladonna*, *Puls.*, *Gels.*, etc., foods? We are told that a food is anything that supplies the elements of the body. Then the "physiological" medical foods are very few, if any. How shall we know when to select the proper one? What is the law of selection of food? Let us see: Here is a lean man taking only 50 per cent. of water when the system demands 70 per cent. He craves acids, stimulants, and avoids water. Shall we select according to his appetite—articles that would bring another into a similar condition? No; we go contrary to this, and make up the loss by an added supply of fluids.

Another illustration: A poor fellow, burning up with typhoid fever—so prostrated that the jaw drops, and he slips toward the foot of the bed. The whole system is acid, as is seen by the fiery mucous membrane and the urine. Wasted quite to a skeleton, we instinctively think of food, and above all others we choose beef tea, milk, etc. alkaline articles, just the contrary to his acid condition. But what *remedy* shall we select of all the proven substances that will rouse the fast-failing energies, that the fever may be arrested and the food

assimilated? *Homœo-pathos* selects above all others as the most similar remedy, *Acidum muriaticum*. The success with this remedy proves the choice as correct.

Here we see that *the law for the selection of food is contraria*, while the law for the selection of the remedy is *similia*. It would seem, then, that much of the recent confusion in medicine has arisen from the confounding of foods and remedies.

ARE REMEDIES EVER FOODS?

If so, then we may select them according to *contraria*. Let us see: We will take the best known illustration, i. e., the use of the phosphates, in supposed brain exhaustion. Surely, here is good proof that the phosphates supply the wasted brain tissue. What do the phosphates accomplish? The action of *Phosphorus* upon the system is to produce fatty degeneration, and consequently a large amount of fat finds its way into the circulation to nourish the nervous system, that demands 5 to 15 per cent. of fat, and about 80 per cent. of water, but only one of phosphates. It also produces "a gone feeling at the stomach"—a mild gastritis, that demands water and food. (A stimulant will produce the same feeling.) The circulation is quickened and the brain is nourished by the extra supply of water and food sent up.

Instead of either of these highly-scientific, but purely dietetic methods, we prescribe the similar remedy, perhaps *Nux v.* The patient then sleeps, eats, assimilates naturally. The result is *prompt* and *satisfactory* relief. The former takes time, as all nutritive efforts do, and it is doubtful to which to attribute the indirect benefit. Rest would accomplish the same result in about the same time. Surely rest is not a remedy or medicine—in the strict meaning of the term.

Those who would class aliment among medicines as therapeutic agents, prove at once their lack of knowledge of hygiene (proper feeding), pharmacodynamics (medicinal action), and therapeutics (remedy selection). When the science of therapeutics is better known, then we may expect to see the term, "physiological *medicine*" become obsolete. Surely, no one skilled in the law of *similia* should ever thus use it.

Physiological treatment is based on the expectation that proper diet, quiet, and time, will restore the diseased system. To make it apply to the selection and action of remedies, is a perversion of medical terms that only those who ignore the science of therapeutics might employ.

T. C. D.

THERAPEUTICS OF ICTERUS.

Dr. Ozanam in the *Bibliothèque Homœopathique* recommends the following remedies in the treatment of this disease.

Aconite when there is a rapid failure of strength, congestion of blood to the head, fainting, agitation with cries or somnolence with a state almost cataleptique, congestion and hæmorrhage from the nose stomach, bowels, chest, bladder, uterus; hard, frequent, accelerated cough; tendency to paralysis; most suitable at invasion of disease.

Carbo veg. when there is complete collapse, and reaction seems impossible; hæmorrhage; gastro-intestinal catarrh.

Chelidon maj. Where there is beside the jaundice, spitting of blood and phlyctenæ in the bronchi, epistaxis, peripura, bloody stools, hæmaturia, metrorrhagia, constipation, paralysis of an arm or leg.

Digitalis recommended by *Bœhr* if the jaundice is well marked with rapidity then slowness, irregularity of the pulse, delirium with extreme agitation soon followed by prostration, constant spitting of watery substance; bilious vomiting.

Latrodectia aranea (Corsican spider).— Especially when the icterus is complicated with syncope, cardialgia, convulsions, with trembling suffocation when the air is close, articular pains.

Phosphorus.— Nothing resembles a violent attack of icterus like a case of poisoning by *Phosphorus*. It often suffices for a cure by itself. We have cardialgia, vomiting, jaundice, manifold hæmorrhages from all the passages and internal organs, cramps, paralysis, diurnal blindness; finally, the famous lesion type, *acute atrophy of the liver*, and rapid death in coma. We cannot too strongly urge this remedy upon practitioners, whether in the high dilutions (from 30 to 200,) or in ponderable doses, as the 3d, in form of syrup, or in the state of red *Phosphorus*, the 1st dec. trit. The use of the red *Phosphorus* is without any danger. (This is to be taken with some caution.—TRANS.)

Ricinus.— (Whether the writer mean *R. communus*, or *R. major*, i. e., *Jatropha curcas* is not clear.—TRANS.) When there is cardialgia, with horrible cutting pains, general saffron, icteric color, tendency to gangrene of the feet, violent diarrhœa, or repeated vomiting.

Staphysagia has produced a fatal jaundice, and might probably cure it if the symptoms indicated its use.

Sulph. acid., *Nit. acid.*, *Crotalus*, *Lachesis*, *Vipera torna*, also produce analogous symptoms, jaundice, hæmorrhage, paralysis, and their use might be of advantage, but it has not yet been clinically established.

If the icterus has followed the abuse of alcoholic liquors, *Nux vom.*, *Digitalis*, *Arsen.*, should be given, at least as intercurrents.

During convalescence, *China* 30 would be well indicated, and would restore the strength rapidly. Where there is more debility, *Carbo veg.* 30, might be given one day, and *China* another, for a month or two.

CHICAGO.

G. E. SHIPMAN.

Children's Diseases.

ON SCARLET FEVER.

BY J. A. HOFFMAN, M. D., MENDOTA ILL.

Read before the Illinois Valley Homœopathic Medical Association, May 3.

The investigation of the nature and treatment of scarlet fever, just at the present time is a matter of much importance. Dr. Beebe threw a bomb shell into the Homœopathic camp when he advanced the germ theory. Homœopathic physicians were hardly ready to receive it. Though Pasteur in France, Tyndall in England, and a host of hard workers in Germany, had already demonstrated the new philosophy in fermentation and its legitimate bearing on the origin of zymotic disease.

It is frequently said that scarlet fever is caused by atmospheric influence. But what do we really mean by this? We mean that scarlet fever is a zymotic disease, and, as the term implies induced by a veritable ferment. This ferment consists of living germs in the air. These germs go usually in flocks or swarms and when they settle down in any place then the "epidemic" will be likely to appear. These germs are taken into the system mostly by inspiration, and the real virus or morbid force is generated by the process of fermentation during the period of incubation. By fermentation the *Torula* plant converts nutritious sugar into poisonous Alcohol, and the mycodema asiti, converts the Alcohol into bland and cooling vinegar. Reasoning from analogy, I conclude that the germs in the air are not poisonous, but that the virus is generated within the body, and all of the symptoms of the disease show the success or failure of the vital forces. The remedial efforts of nature will cure all cases of simple scarlet fever if left

entirely to itself, and I have no doubt but that some of these mild cases prove fatal in consequence of interferring with that which should have been left to nature alone. But malignant scarlet fever requires the most careful management. And the question which has recently received so much attention, whether there is any medicine or substance which can neutralize this septic poison in the system, is one of much importance. The so-called *antiseptics* are supposed (by some) to accomplish this object. On general principles, I do not believe this to be true. But any medicine which may be indicated by the special pathological condition and specific symptoms, must be completely adapted not only to induce *vital reaction*, but also to *neutralize* the morbid force. The fact is that judicious Homœopathic treatment will accomplish everything in that direction which is within the limit of science or human art.

The germs in the air are of a great variety. Each different species inducing different zymotic disease. The "Black-tongue" which runs its deadly course in a night, resulting in gangrene and death, may be produced by the "Bacteria" of putrefaction. These germs may commingle with those of scarlatina, diphtheria, dysentery, or typhoid fever, increasing their malignancy and tendency to destruction.

The "Epizootic" which spread from Maine to Texas, in three or four weeks, was undoubtedly produced by a flock of these peculiar germs. It sometimes happens that the virulency or amount of this septic poison is so great that the *organic nervous system is completely overwhelmed*, and the patient sinks at once into a comatose condition, evincing every symptom of internal congestion. These are the very worst cases, and will die in a short time, unless relieved. The indications are to increase *vital reaction*. For this purpose, I put them at once into a hot water pack, with a jug of warm water to the feet, and cold water cloths to the head. (And if they can take it) plenty of cold water to drink. I keep it up in this way until *vital reaction* takes place. The mind becoming clear, the rash appearing on the surface and the circulation equalized. And now we have simply a malignant case of scarlet fever.

On the other hand it sometimes happens that the heat is intense, the inflammatory action severe, the fever high up to, or even beyond the danger line, with a tendency to rapid destruction. I promptly put such patients into a cold water pack and renew the water as occasion may require until the fever subsides. I do not give this treatment on theory alone, but have practiced this way for the last twenty-five years

with the most complete success. I have no doubt but that warm or cold water is an excellent thing when rightly used in any form of eruptive disease, but I use it only in the most dangerous and desperate cases which go beyond the reach of any medicine of which I have any knowledge. And as to the use of medicine in these cases, of course all Homœopathic physicians understand the principal upon which our selections are made. In this I have the most absolute and perfect confidence.

Disease is a conflict between the morbid force and the living system. Sometimes nature succeeds, sometimes fails, and in those cases of failure that I have mentioned, the organic nervous system being completely overwhelmed by the morbid force, in addition to the hot water I use, as the most important medicine of all others *Arsenicum*, until reaction takes place. Perhaps other remedies may be indicated. The condition is that of *anæmia*, and it is a fatal mistake to use as (some do) *Aconite* and *Belladonna* on account of the comatose symptoms. While on the other hand in these extreme inflammatory cases, *Aconite*, *Belladonna* and that class of remedies are at once indicated. Here is just where the trouble comes in. A want of adaption to the exact pathological condition, as well as to the corresponding characteristic symptoms. In a medical point of view, I have no more sympathy with the pathologist than with the mere symptomatologist.

Co-ordination.—The correlation of forces is the grand law of nature. There can be no greater manifestation of intellectual power, than to make under all the different and various circumstances, a thoroughly correct Homœopathic prescription. Let us all aim at this high attainment. For there can be no doubt but that many lives are lost for the want of this comprehensive knowledge on the part of the physician.

PREVENTION.

This comes under the head of sanitary science and not that of therapeutics. If it be true that the morbid force which induced this disease is generated by the process of fermentation, then it follows as a legitimate sequence that any means which can *really* present fermentation must in the nature of things prevent the development of zymotic disease. Whether we have any such means or not is another question. Believing in the germ theory and septic origin of scarlet fever, it appears, at least, probable that the judicious use of "antiseptics" will be the more likely to furnish the greater protection. But this to my mind is as yet an open question. Some think that *because Arsenicum*,

Apis mel, *Mercurius*, *Rhus*, *Bryonia*, *Belladonna*, and other remedies have been successfully used in scarlet fever, that some one or all of them ought to prove a prophylactic. But who can tell in advance what characteristic symptoms will be manifested in all of the different temperaments and conditions of our future patient. This no one can possibly know. But why select out *Belladonna* more than any other remedy. A medicine is valuable only when indicated. *Belladonna* is certainly a good remedy in some conditions of scarlet fever, but it bears no comparison to *Arsenicum*, *Mercurius*, and some others, in its most malignant and deadly form.

Homœopathically considered, I do not believe it possible to prescribe for a disease in advance of its existence. To my mind the whole subject of the preservation of health, or in other words the prevention of disease, belongs exclusively to the domain of hygiene.

DISCUSSION.

Question.—Why do you use water if you believe in the Homœopathic law? I believe that hot and cold have a specific adaption to these conditions. Hence must in the nature of things be Homœopathically indicated.

Question.—Is it not a fact that in these dangerous cases when the patient sinks at once into a comatose condition the blood is fatally disorganized? Not at once. The organic nervous system is overwhelmed by the amount or virulency of the morbid force. The remedial effort is a *failure*. Nature is *overcome*, and the tendency is to rapid destruction. *Arsenicum* above all others is the remedy during this stage of *collapse*. It enabled me to snatch a little fellow from the grave a few days ago. The only one saved out of a dozen within the last two weeks in this city.

Question.—Is cold water not a dangerous remedy? Not in the least when indicated. Of course it requires as much sense to use water to the best advantage, as anything else, and I use it only in these very extreme cases. When the patient is burning up with fever and apparently beyond the control of medicine, I put him at once into a cold water pack, and cover up well with blankets. In ten or fifteen minutes he will be smoking hot. Let him remain from one-half to one hour. Then re-wet the sheet by drenching it with cold water. Cover up as before and let him steam. Keep on in this way until the fever subsides, then wash off in warm water and put him into a dry bed. Of course the patient may need other treatment of which I need not speak, my object being to show how to *cure* these extreme cases which

too often prove fatal. Perhaps I might say that the one extreme demands at first *Aconite*, *Belladonna*, and that class of remedies, while the other extreme demands *Arsenicum*, *Salicylic acid* perhaps *Sulpho-Carbolate of Soda* and some others. When we remember that these are cases of septic poisoning, we can readily understand that *Arsenicum*, *Salicylic acid* and remedies of this class cover a much wider range than has heretofore been supposed. In fact I have used *Salicylic acid* as a constitutional remedy, especially when indicated by fermentation or a tendency to putrefaction either alone or in alternation with any other which may be indicated by the symptoms, with superior success.

Question.—What is the proof of the germ theory? This cannot be given in brief. I refer you to the writings of Pasteur in France, Tyndall in England, and the most advanced scientific minds everywhere.

Question.—How do you account for the contagiouness of this disease?

Like seeks its own. The germs in the air are attracted to the object of their affinity, and when a susceptible person comes near, the germs are inhaled and the seed is sown. In conclusion I will say gentleman, that there is no manner of sense or need of so many children dying of malignant scarlet fever.

MORBILLI VS. DIABETES.

BY T. D. WILLIAMS, M. D., CHICAGO.

Miss Nettie B., aged five years, American parentage; temperament nervous lymphatic; diathesis scrofula; since birth has suffered with enuresis; (in this case the disorder was evidently caused by worm irritation), for this *Aconite* 3, *Canth.* 3, and *Cina* 1, was given; the latter named remedy proving itself to be the most efficacious. During the past winter the patient contracted and severely suffered from an attack of whooping cough; the treatment for this, was *Tur. emetic* 3 and *Sambucus* 2, and was almost continuously given, however *Hepar sulph.*, *Opium*, and *Hyos.* was administered as occasion indicated. Following the attack, an increasing desire to urinate, and the voiding of large and increasing quantities of colorless water, attended with insatiable thirst was noticed; these conditions together with a disposition of the early putrescence of the urine, caused an analysis to be made; which in result, showed the presence of *Muriate of Ammonia* and *grape sugar*.

Immediately subsequent to this analysis, before commencing treatment, (with exception of a few doses of *Acidum benzoicum* 2) the patient

suffered an attack of measles; the treatment given for this was in no wise unusual; the remedies were *Aconite* and *Pulsatilla*; they were given in teaspoonful doses alternating every two hours; strength of remedies, six drops of tincture in two thirds of a glass of water.

From the appearance of the eruption until present time, the quantity, color and constituents of the urine, have been normal.

Ophthalmic Department.

ON GRANULATED EYELIDS.

BY J. HAMILTON JACKSON, M. D. NEWTON, IOWA.

With all due respect to an *Angell's* advice, I decline to resort in this affection to such un-Homœopathic, unnecessary and mongrel treatment as "a smooth crystal of alum, a crayon composed of one part *Nitrate of Silver* to three parts of *Nitrate of Potash*," no not even "in these old and difficult cases," would I so far forget the teachings of the master as to use "a smooth crystal of *Sulphate of Copper*." I will not occupy the time of my readers with a description of this disease, but will give a few cases from practice which will illustrate that granulated eyelids can be *cured*, thoroughly and promptly by the administration of *similium* in a high potency. I say *cured*, and by that I mean a very different result from that which follows the application of "a smooth crystal of alum," or "a crayon composed of one part *Nitrate of Silver* to two parts *Nitrate of Potash*."

CASE I. J. M., aged twenty-eight, tall, dark complexion, black eyes and hair; has had granulation of eyelids for past year. Complains of stitches as from needles in eyes; stitches in chest, right-middle portion; bag-like swelling of upper lids, worse in morning; tongue pointed, red at tip coated yellowish-white; hoarseness, particularly after 4 P. M.; sleepless about 2 or 3 A. M.; has to arise to urinate at that time. Prescription, *Kali carb.* 30, one dose a day. This improved the case much, the painfulness complained of in the eyes subsiding in a day or two. Continued *Kali carb.* 30 for three weeks, when the 4000th of the same remedy was required, which in time seemed to lose its

action, when I then gave the 30th potency, which acted promptly, then the case seemed to stand still. The 4 P. M. hoarseness and aggravation of eye and other symptoms at that time suggested *Carbo veg.*, the 30th of which completed the cure, three months being required to consummate it.

CASE II. Mrs. McC., aged fifty-five; brown hair, blue eyes, fleshy. Treated Allopathically for erysipelas some years ago; ever since has been troubled with catarrh of nasal passages; has employed the nasal douche, which improved the catarrh, but developed a severe attack of inflammation of the eyes. This occurred two years before consulting me. Has employed all the "smooth crystal of alum" treatment she desires, and from this malpracticing was nearly blind, not being able to distinguish my features six feet away; both lids of each eye granulated, right most; intolerance of light; smarting and burning in eyes; a feeling as if a blunt body were pressing from within out, in both eyes; black motes in field of vision; sharp cutting pains; halo around light; eyelids adhere in the morning; low-spirited and depressed on awakening from sleep; weak and faint at 11 A. M.; heat on vertex; burning of soles of feet and palms of hands; trembling of tongue; catches on under lip. *Sulphur* 10,000, and *Lach.* 100,000 cured this case in the space of nine weeks, two doses of *Sulphur* and four of *Lach.* only being required.

MYOPIA AND ITS THERAPEUTICS.

BY JAS. A. CAMPBELL, M. D., ST. LOUIS.

IN THE UNITED STATES MEDICAL INVESTIGATOR of March 1, 1877, I ventured to examine some of the views which had been held, and the successes which had been claimed in reference to the therapeutic treatment of myopia. In the course of this article, among the other treatments noticed, I alluded to that by *Calabar bean*, which had been several times offered to the public as a cure, by Dr. Woodyatt of Chicago. I endeavored to show as fairly as possible, that the administration of *Calabar bean* as a cure for that condition known as myopia, was based upon a claim not consistent with either theory or fact. This position I assumed in all due candor, and endeavored to show by reference to recognized authority, that it was untenable as a theory, and that the remedy in my hands had proved a failure.

In this journal of April 15th, is a contribution by Dr. W., which is

intended to be a rejoinder, in which I am accused of deliberately misrepresenting and misquoting him; of indulging in the questionable practice of manufacturing quotations, which I attributed to the writer; that by my free use of quotation marks, I have made a man of straw and then proceeded to tear it to pieces; of not understanding the subject, etc.

I desire to free myself from such imputations, and object to the assertion that I have in any instance either misquoted or intentionally misrepresented, all of which I propose to demonstrate; I propose to discuss this question entirely upon its merits, aside from any personal considerations or personal prejudice, which is the only spirit in which any discussion of scientific interest should be conducted.

During the last two years, to the best of my knowledge, Dr. W. has brought this subject before the public three times. The first at the meeting of the Western Academy of Homœopathy at Davenport, in October 1875. Next in *THE UNITED STATES MEDICAL INVESTIGATOR* of Nov. 1, 1875; and again in the same journal of June 15, 1876.

At Davenport the paper was given at the close of the public meeting in the evening. It was not published in the proceedings of the Western Academy of Homœopathy. It was announced as a new cure for myopia without qualification or restriction. The article of Nov. 1, 1875, was headed "Therapeutic Treatment of Myopia, with Cases." And that of June 15, 1876 was under the heading "Myopia." From the title of these articles and from their general tone, I was certainly simple enough to imagine that myopia was the subject under consideration, and with this understanding, discussed it.

When the subject was first introduced at Davenport, I offered several objections to it, as it radically opposed, both in theory and fact, the generally accepted views on the subject at the present time. I took careful and complete notes of the articles as presented at that time, and have the same now, every word of which I will vouch for, as being accurately noted. It was in this paper especially, that the subject was presented with so much assurance; and it was from it that most of the quotations were taken.

In my March article I said; One extraordinary case was reported where the "Choroid was torn off," but under *Physostigma 3x*, it "perfectly recovered." Dr. W. denies having made any such statement, that is, he endeavors to place me in a very unfavorable light by saying in his article of April 15th, (page 392), "A careful search for these quotations(?) has resulted in failure. The superfluous generosity in this

free use of quotation marks, introduced an element of inaccuracy which detracts materially from the trustworthiness of this paper." In reference to this point, I again take occasion to say that every word I quoted is correct, and was given by Dr. W. just as I quoted it. With questionable *finesse* he says, "A careful search for these quotations (?) results in failure." It is true that this remarkable cure does not appear in either of the two articles published subsequently, but it was among the cases and cures presented at Davenport. But as I may be regarded as a prejudicial witness, let me offer some proofs from other sources. With this in mind, I have taken occasion to write to several gentlemen who were present at the Davenport convention, upon this point. It is not to be presumed that every one at a medical convention could have a distinct remembrance of everything in each paper presented unless notes are taken, and so in answer to my inquiries, four replies were about to this effect, "I remember something of the sort, but nothing definite however." But fortunately there was one who did remember, and I am permitted to present his statement. Prof. E. C. Franklin, who was the orator of the evening gives me the following :

"I recall the remarks of Dr. W. H. Woodyatt upon the cure of myopia as given by him before the Western Academy of Homœopathy at Davenport in October 1875, and to the best of my memory, among the several cases given by him was the case where the choroid was torn off, which was cured by the use of the *Calabar bean*, as mentioned by Dr. J. A. Campbell in his article in THE UNITED STATES MEDICAL INVESTIGATOR of March 1, 1877. E. C. FRANKLIN."

Farther comment on this point is unnecessary.

In my March article I said ; For the safety of this theory it was necessary to assume in the beginning that *the cause of myopia was overuse and consequent spasm of the muscle of accommodation.* Dr. W. denies this assumption and says, (April 15, 1877, page 392), "Now since this was not assumed by any one except the critic, any argument on the subject is unnecessary." This is certainly a novel way of disposing of a contested point. If any one will take the trouble to read his article of Nov. 1 1875, he will on page 376 find the following : "This spasm (of accommodation) should be regarded as one of the principal causes of a permanently elongated eyeball ;" and on the same page he will also find "Myopia is beyond all question or dispute, due principally to tension of accomodation for near objects." He objects to my calling his cure a theory and says, "Just how the report of fifteen cases treated by *Physostigma* can be treated as a theory may need explana-

tion." (April 15th, page 392), As explanation is called for I shall endeavor to comply by giving it. I certainly regarded it purely as a theory, but as my powers of comprehension may be somewhat dulled, let me call attention to some other and better authority. In Allen's and Norton's Ophthalmic Therapeutics, under *Physostigma venosa*, on page 105 may be found this, "Dr. Woodyatt *adopting the theory*, (italics are mine), that myopia is in the great majority of cases due to the spasm of the ciliary muscle, etc," from which it appears that others have also been misled. It is to be presumed that Dr. W., himself would be good authority as to exactly what he did mean, and so I direct attention to his article of Nov. 1 1875, (page 382) where he says, "Theory when supported by the curative action of medicine given in accordance therewith, receives strength that withstands theoretic objection," which sounds to me very much as if he understood it then about as other people did.

I mentioned that in my hands, embracing several cases, *Physostigma* had proved a failure. Doubt is squirted all over this statement because of the vagueness of the term "several." I presume it would have sounded better and looked larger if I had exhausted the alphabet and said, Miss. A., Miss. B., Mr. X., Y., Z., etc.; but I will relieve all over anxiety on that point, by saying that I treated six cases, which I think is a very fair trial of a thing you do not believe in as according with either theory or fact. When it will do no harm, I always endeavor to give every such claim a fair trial before pronouncing upon it; and in this case I waited a year and a half before expressing my views upon the matter, which does not seem to me to be over hasty.

If there is anything in Homœopathy, it certainly is the fact that there is no such thing as a specific remedy for any one disease, and aside from this theoretic assumption that the cause of myopia is spasm of the accommodation, to say that because *Calabar bean* produces spasm of the accommodation, it will alone cure this condition seems to me absurdity. We have a dozen, and for aught I know many more remedies which may produce this condition, each with their proper indications. With equal propriety we might as well say that because *Arsen. alb.* in crude form will produce pains in the stomach, then all that is necessary to cure pains in the stomach will be *Arsen. alb.* in Homœopathic form.

If, as was intimated in his last article, it was only his intention to bring forward *Physostigma* as a valuable remedy in spasm of the accommodation, complicating and stimulating myopia, then I can

heartily endorse it. I have used it with excellent effect in this condition, but by no means to the exclusion of other very valuable remedies. But if this was alone the idea it seems to me to be no more appropriate to call it a cure for myopia than to call it a cure for emmetropia, or for hypermetropia just the opposite to myopia, for as I mentioned in my article, spasm of the accommodation may be found in each of these conditions of refraction.

It would have been more in keeping with the spirit which should characterize a discussion of this kind, if more attention had been paid to the points made and the position assumed in my article, and less to me as its author. Since I wrote it I have had opportunity to exchange views on the subject with three or four other gentlemen in our ranks, who make disease of the eye a speciality, and they have been so unanimous in their report of my position, and their experience has so nearly tallied with my own, in reference to *Physostigma* as a cure for myopia, that I feel all the more confirmed in my belief that it is an opinion rather than a law, an assertion rather than a discovery. I do not claim to be above criticism, nor do I think that any one else is entitled to this distinction. When convinced of an error, I shall always be ready to acknowledge it, and if done in the proper spirit, shall endeavor to be duly grateful for the correction.

As this seems to be a disputed point, I trust that some other specialists will give the public the benefit of their experience in this direction, that the truth may be not only individually, but generally developed. I wrote my article because I deemed it, to say the least, unfortunate for the belief to become prevalent among the profession at large that myopia could be so easily cured by *Physostigma*, for this would be a popular error, productive of much harm, by being the cause of much unnecessary and oftentimes injurious delay.

DIABETIC CATARACT WITH SUGAR IN THE CRYSTALLINE LENS.
—M. Teillas, of Nantes, reports a case of the above in which he operated successfully, by linear extraction, on both eyes. The patient was a woman of twenty-three, who was much reduced by diabetes, having for some years secreted about three hundred grammes of sugar daily.

Society Proceedings.

NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

The Homœopathic Medical Society of the State of New York convened in the Common Council Feb. 11, about forty members being in attendance.

The society was called to order by Dr. Timothy F. Allen, of New York, President.

The president delivered his annual address, giving a review of the condition of the Homœopathic school of medicine throughout the state.

The president then appointed standing committees on auditing, credentials, invitations, and presidents address.

The following nominated at the last annual meeting, were duly elected permanent members of the society: Drs. Alex. Barghaus and F. E. Doughty, of New York; Dr. Harrison Willis, of Brooklyn; Dr. W. C. Doane, of Syracuse and Dr. A. C. Hoxie of Buffalo.

The proposed change in the constitution, noticed by Dr. Dunham at the last meeting of the society, was then called up. The proposition amends article six, by providing that the annual meeting of the society shall be held on the second Tuesday of October in each year, instead of the second Tuesday in February as now. After a lengthy discussion of the matter the amendment was lost by a decisive vote.

Dr. H. M. Paine then gave notice that at the next meeting he would move to amend the same article by changing the time of meeting from the second to the first Tuesday in February.

The question of publishing the transactions of the society came up, and after considerable discussion, the matter was referred to the following special committee with power: Drs. Hills, Fiske and Blumenthal.

A motion to strike out all reference in relation to the charges against Dr. H. M. Paine, from the transactions of the society when published, was unanimously adopted.

AFTERNOON SESSION.

The society reconvened at two o'clock. Henry M. Smith, M. D., of New York, chairman of the bureau of pharmacology, read a paper on that subject.

Dr. Everett Hasbrouck, of Brooklyn, Kings county, read a paper on "Yellow Fever." The paper was written by Dr. Mandeville, of that county, and was read before the Kings County Homœopathic Medical Society on Tuesday evening of last week, and by that society ordered presented to the state society.

Dr. T. L. Brown, of Binghampton, read a paper entitled "How can we be certain of the best remedy in a given case."

Dr. T. Franklin Smith, of New York, read a paper on "*Sepia* and *Macrotin* in Congestion of the Uterus."

Dr. W. C. Doane, of Syracuse, read a paper entitled "Pathological Changes produced by *Aconite*."

Dr. H. V. Miller read a paper entitled "*Aconite*, an Exceptional Remedy for Typhoid Fever."

Dr. A. K. Hills, the secretary, of New York, read two cases of clinical practice by Dr. J. A. Terry, of New York. Dr. Hills also read by title a paper by Dr. Terry on *Gelsemium* in remittent fever of children; also a paper on the Successful Treatment of Scrofulous Tumors, etc., by Dr. A. S. Shroder, of New York.

Dr. Brown made remarks in reference to symptoms.

The bureau of clinical medicine was then closed, and Dr. W. C. Doane, of Syracuse, was elected chairman of the bureau for the ensuing year.

It was decided to have the committee on county societies consist of but one member. The chair appointed Dr. Everett Hasbrouck, of Brooklyn, as such committee.

On motion it was decided to appoint a committee of three to visit the Homœopathic Insane Asylum at Middletown. The chair appointed the following as committee: Dr. E. D. Jones, of Albany; Dr. W. M. L. Fiske, of Brooklyn; and Dr. E. R. Wright, of Buffalo.

Dr. H. V. Miller moved to memorialize the legislature relative to the appointment of a new board of trustees for the Middletown Insane Asylum.

On motion the subject was referred to a special committee consisting of Drs. Hollett, Doane, and Miller.

Dr. A. P. Hollett, of Schuyler county, offered the following:

Resolved, That we the permanent and delegate members of the Homœopathic Medical Society of the State of New York, representing the Homœopathic School of Medicine in the State, do hereby endorse general provisions of a bill introduced by the Hon. William Gulick in the state legislature, entitled "An act to create a state board of health,

and to prevent the spread of disease in the state of New York," and known as the Assembly bill No. 31.

Resolved, That we consider its provisions for the organization of said board of health, fair and equitable, and calculated to prevent any of the schools of medicine from securing control of said board, and thus establish a "State medicine," which we depreciate; we consider that this will be prevented by organizing the board, as is provided by this bill, from the state officers or laymen not connected with the medical profession, and the physicians on the board to be appointed by the regularly incorporated state medical societies.

Resolved That the officers of the society are hereby instructed to transmit to the members of the legislature the above expression of the sentiments of this society.

The resolutions were unanimously adopted.

EVENING SESSION.

The society reconvened at half-past seven o'clock.

Dr. T. L. Brown, of Binghamton, from the bureau on materia medica, reported a paper on "*Protogon*." *Protogon* was first prepared and investigated by Liebreich and was formerly known as *Cerebrin*, *Cerebic acid* and *Lecithin* in an impure state; as now understood *Protogon* consists of albumen combined with *Glycerines*, *Oleine* and *Hypophosphorous acid*, of the tribaric form, or vitalized *Phosphorus*. It forms the chief constituent of the nervous substance in the nerve centres; it has only been obtained pure from the brain. The specimen presented was presented from the brains of a cow.

Dr. St. Clair Smith, of New York, was elected chairman for the ensuing year, and the bureau closed.

Dr. Everett Hasbrouck, chairman of the bureau on obstetrics, presented the following papers: "Amniotic Fluid in Labor," by Henry M. Lewis, M. D., of Brooklyn; "The Obstetric Bandage," by the chairman.

The bureau then closed and Dr. Henry Minton, of Brooklyn, was elected chairman for the ensuing year.

Dr. H. R. Stiles, of Middletown, chairman of the bureau of mental and nervous diseases, read a paper entitled "An introduction to the study of the nervous system," by Dr. C. W. Boyce. He also read by title a paper by Dr. Joel D. Madden entitled "Cerebral Tubercular Degeneration as a cause for convulsions in children." The bureau was closed and Dr. H. R. Stiles was elected chairman for the ensuing year.

Dr. T. L. Brown, of Binghamton, read a paper entitled "Some of

the Avoidable Evils of Vaccination." A discussion ensued, participated in by Drs. Fiske, Minton, Waldo, and others.

The bureau of vaccination was closed and Dr. Brown was elected chairman for the ensuing year.

ILLINOIS ASSOCIATION.

TWENTY-THIRD ANNUAL MEETING.

[Continued from page 121.]

BUREAU OF CLINICAL MEDICINE.

J. S. Mitchell, M. D., of Chicago, read a paper upon

"THE CURABILITY OF CONSUMPTION,

the necessity for its early detection, and the value of *Baptisia tinctoria*." He was of opinion that the disease can in many cases be cured. He narrated cases to substantiate this opinion. Disposition to well-marked chills at 10 A. M. or 3 A. M., followed by steep temperature, general languor, dyspnoea, profuse expectoration, purulent or muco-purulent, anorexia and emaciation, calls for *Baptisia*; a remedy to which he wished to call special attention, as of great value in many cases. For early detection of pulmonary changes he explained the rationale, and the use of the resonator. Also exhibited a new and improved pleximeter, and an improved stethoscope.

AFTERNOON SESSION.

Discussion on Dr. Mitchell's paper.

Dr. Danforth—Commended the practical character of the paper. It contained a clear statement of the conditions to be met by one remedy, whose range of action seemed to be very large, in the varying phases of consumption. It should be tried by all who have to contend with this dread disease.

Dr. Duncan—Thought the paper enlarged our knowledge of the pathology of *Baptisia*. Its usefulness in ulceration of the superficial lymphatic glands, (Peyer's patches) in typhoid fever, would lead us to think of it in obstruction of the thoracic glands and destruction of lung tissue.

Dr. E. H. Pratt—Inquired why *Baptisia* would not be a good remedy in pyæmia.

Dr. M.—Thought, as it would prevent suppuration and fever, that it might act favorably.

Dr. Beebe—Wanted to add his testimony to that already offered, in favor of the curability of consumption, even when it has advanced to the suppurative stage. That some of our cases should not be regarded as hopeless, even when vomica had formed.

ON SYMPTOMS.

M. M. Eaton, M., D. of Peoria, read a paper on "Symptoms." Symptoms are signs of disease, not the disease itself. They may represent the entire disease, or may only *suggest* the presence of certain pathological conditions. We should never be satisfied with symptoms alone when more definite knowledge can be obtained. Illustrated the unpleasant consequences likely to arise if symptoms alone were regarded, by several cases in which mechanical means removed the cause, which cause was not suggested by the symptoms.

Dr. Woodyatt would confirm the remarks of Dr. Eaton. He cited cases of cough due to disease of the ear.

Dr. Pratt cited the presence of worms in the alimentary canal, giving rise to convulsions, and other reflex phenomena.

Dr. Duncan thought too limited a view was put upon the term "symptom." Symptoms were signs, and were objective or subjective, local or remote, functional or structural.

T. J. Merryman, M. D., Aledo, read a paper on

FERRUM PHOSPHORICUM IN VENOUS CONGESTIONS,

illustrating its efficacy by a case in which it relieved symptoms supposed to be due to cerebral venous congestions. He believes its action is different from that of either of its parts.

Dr. Duncan—Asks question: Does Dr. M's study of remedy indicate it as a new one (as *Hepar*), or a combination of the symptoms of the two remedies?

Dr. M.—Considers new symptoms.

Dr. Danforth—Thinks both last papers should inculcate the lesson of first seeking new remedy, if one fails, and also to seek for cause. Two cases of rectal irritation, *Nux* prescribed in both cases, one relieved, other made worse, until examination of rectum found a turkey bone lodged.

Dr. Grosvenor—Glad to hear Dr. Danforth's remarks. Too many of our school depend upon symptoms alone, and ignore pathology. If remedies do not cure, we should look behind symptoms. Dr. D. is famous for looking *behind*, and he likes him for that spirit.

Dr. Miller—Asks if *Phosphorus* would not have covered most, if not all of the symptoms enumerated.

Dr. Merryman—Thinks not. At any rate, his attention was not called to it in looking over its recorded symptoms, as it was to *Ferrum phosphoricum*.

NEW MEMBERS.

Board of censors reported favorably upon the following named persons for membership:

H. L. Godden, Petersburg, Ill.; C. H. Seymour, Belvidere, Ill.; J. McFatrigh, Lena, Ill.; H. N. Keener, Princeton, Ill.; H. W. Roby, Chicago, Ill.; G. E. Colwell, Elwood, Ill.; E. H. Stilson, Knoxville, Ill.; A. Stockwell, El Paso, Ill.; Mrs. Julia Holmes Smith, Chicago, Ill.; W. B. Wilson, Watseka, Ill.

They were elected members.

REPORT ON OBSTETRICS.

J. W. Streeter, M. D., of Chicago, from the committee on obstetrics, reported on forceps. Exhibited pair of Hale's. Commends Dr. Comstock's as the best in use for all purposes. Has none of the prominence about the shanks that renders Hodge's and other forceps objectionable. The bend of the shank renders it extremely useful, and is applicable in all positions.

Dr. Mitchell—Adds testimony. In a recent case of delivery of thirteen-pound child—serious trouble to deliver—had no trouble to apply forceps, and no slipping, no accident of any kind to perineum.

Dr. Streeter—Sees Dr. Mitchell, and goes him one pound better. Fourteen-pound child. Applied forceps easily, and kept them there for three hours. Thinks no other forceps would have held on so long.

Dr. Eaton—Wants to know why he kept those forceps there so long.

Dr. S—Because he could not get the child before.

Dr. E.—Calls attention to the principle of perseverance.

Dr. Grosvenor—Calls attention to an important point. Muscles may be tired out in setting a limb—same principle applicable in labor. Dr. G. would insist upon the necessity of proceeding slowly and cautiously; must allow nature to make haste slowly.

Dr. Keener—Asks question with regard to a published case of Dr. Ludlam's, who introduced forceps within uterus through a rigid os. Asks if such experience is usual.

Dr. Streeter—Reports another case. Large lady, second labor, normal labor for almost seven hours. Os well dilated, but head had not escaped. Introduced instrument without *Chloroform*. Supplemented

every pain with slight traction. Later, administered *Chloroform*, for an hour or more. Kept forceps in four hours. Does not think it necessary in a medical convention to mention relaxing pressure of forceps. No laceration of perineum. Another case, small woman, feeble, and with somewhat contracted pelvis. After twelve hours' labor, began to show signs of sinking. Applied forceps within os, and after four hours' severe labor, delivered child—about eight pounds. Some laceration of os. Both made good recovery. Does not believe it often necessary to introduce within os, but has done so in three or four instances.

Dr. Danforth—Had a case forty-eight hours in labor. Pains inefficient; os rigid. Gave *Ergot*, drachm at a dose, and various other expedients. Pains fifteen minutes apart, and inefficient. Could not take *Brandy* or *Chloroform* enough to stimulate pains. Head descended a short distance and impinged. Os partially dilated; covered two-thirds of head, when he applied forceps. After some time, pains ceased. He became discouraged, and removed forceps. After an hour or two absence, returned, to find pains stronger than ever. After waiting some time, again applied forceps, and finally delivered child. Although exercised best skill and thought, to prevent laceration of perineum, there was laceration down to sphincter, but stitched at once, and recovery insured. Thinks it is always important to take with you needles, kept threaded with silver wire, and stitch at once. Commends Elliott's forceps, as good as Comstock's, will not slip. Considers Hale's forceps more ornamental than useful; no invention, unless it be the wooden handles. If we need help, these forceps are useless, as they would not hold.

Dr. Pratt—Woman fell on ice, was pregnant; thrown forcibly back on seat of sleigh. Had convulsions, os just dilated. Applied forceps within the os, and delivered of twins; giving *Secale cornut.* to increase pain. After children delivered, thought convulsions would cease, but they grew, if anything, more frequent and severe. Numerous remedies and expedients were resorted to, but all without avail, and the doctor thought patient must die. Finally, put a few drops of *Sec. cor.* in one-half glass of water, and directed it to be given in teaspoonful doses. On return, to his surprise found that after second dose, convulsions had ceased, and woman finally recovered—at first, with much loss of memory, but this is growing better.

The report on diseases of women was postponed until some of the members of the bureau were present.

The report on the diseases of children was then called up. Dr. Duncan reported on

UNUSUAL AND SINGULAR CASES.

Thought enuresis was wrongly named, that it was not a disease, but a symptom, sometimes said to be present, when the real condition was catarrh of the bladder. Reported an interesting case, in illustration. Reported a case of spontaneous luxated thumb in a child. Gave *Calc. phos.* Same child, at another time, unable to sleep, except between 2 and 4 A. M., relieved by *Coffea*, after the failure of *Bell.* and *Cham.*

Case of enormous hypertrophy of the tonsils, antenatal, where the tonsils were far up behind the posterior nares.

Case of convulsion from poverty of milk. The mother took no dinners.

Several cases of diphtheria and scarlet fever combined.

One singular case of membranous croup, diphtheria, scarlet fever of low type, and when doing well, was seized with congestion of lungs, when it gave up the struggle.

He also read an interesting case of abscess of the brain, reported by Dr. W. R. McLaren, of Oak Park, of the same committee.

An interesting case was also read from Dr. H. L. Godden, of Petersburg. A case demonstrating the susceptibility and sensitiveness to scarlet fever of those who have had it, was reported by Prof. H. P. Gatchell, of Highwood, Ill.

Dr. Keener—Asks Dr. Duncan if he has had any experience with *Episc. hym.* in enuresis.

Dr. Duncan—Thinks its chief value is due to the *Silicea* it contains, of which it is so largely made up.

SCARLET FEVER.

Dr. R. N. Tooker then read a paper on the Etiology of Scarlet Fever. (See THE UNITED STATES MEDICAL INVESTIGATOR, Vol. VI., p. 41).

Dr. Baker—Asks to have distinction again drawn clearly between septic and zymotic disease.

Dr. T.—If séptic may be zymotic, a zymotic must be septic. Septic disease results from germs developed by putrefaction.

Dr. Keener—Believes the remark of Dr. Tooker, that we must adhere to the experimental method of treating disease, and not upon chemical or other theories. Believes the experience of all is that disappointment follows all attempts at theory. To be sure, we must not believe that Hahnemann discovered all that is to be known, but we must follow his example in our method of discovery.

Dr. Mitchell—Listened to the paper with interest, and admired scientific character and research. Agrees with paper, that it is impossible to combat such disease with chemical means. But believes the etiology is septic. His experience went to show that the most malignant cases were in houses infected with sewer gas. He stated that Dr. DeWolf thinks Bridgeport may have been exempt because of fewer to be infected. Thinks there is the septic influence, and also an unknown factor. There is a difference of susceptibility. Illustrated by known results of influence. Sometimes grasshoppers or army worms appear, at other times stay away. Sometimes we have one form of bacteria, and at others another. If we look in the throat of a patient affected with a non-malignant disease, we find one form of bacteria, and *vice versa*. We must ever keep this unknown factor in view, and finally we shall discover this now unknown factor. Remembers an epidemic of scarlet fever on his native island. The island was in all respects favorably situated. This epidemic was very malignant. The disease disappeared, and after a lapse of years, returns with malignancy. Always unknown factor. A septic disease may appear in one locality, disappear there, and reappear in some other locality. Does not believe *Sulpho-Carbolate of Soda* was of benefit. All these chemical theories will fail. Nature's laboratory is different. While he believes in septic etiology of scarlet fever, he does not believe in the septic treatment. In the Berkshire hills, a sudden and serious epidemic was found to be due to an impregnation of water with drainage, and susceptibility of patients was directly in ratio to distance of residence from the place where it occurred.

Dr. Danforth—Approves of the paper. Stars cut no figure where there are suns. The unknown factor is the "vital breath—that ethereal air" which ever surrounds us. Endorses both Dr. Tooker and Dr. Mitchell. Believes both are traveling in the same direction. We are thrown back upon the law of cure, *similia*, etc.

Dr. Duncan—After Dr. Danforth's talk, we are led to examine the air for the unknown cause. After severe snow storms we may look for scarlet fever. Snow brings down *Ammonia*. Compare the symptoms of *Amm. carb.* and scarlet fever, and they compare like twins. We have had much snow, low clouds, and little sunshine. *Carbonate of Ammonia* is developed under such conditions. We should take these things into consideration together. We find that we have a succession of years of wet and dry, and neither one excessively, and

in somewhat similar order we find epidemic and non-epidemic years. Bacteria is a result of putrefaction, not a cause.

The following were appointed delegates to the Western Academy of Homœopathy, to be held at Indianapolis, May 29th, 30th, and 31st: Drs. R. N. Tooker, T. C. Duncan, L. C. Grosvenor, Chicago; H. M. Bascom, Ottawa; E. H. Pratt, Wheaton; M. M. Eaton, Peoria; S. J. Bumstead, Pekin; E. Parsons, Kewanee; W. C. Barker, Waukegan; E. M. McAfee, Mt. Carroll.

Adjourned until 8 o'clock, P. M.

EVENING SESSION.

The secretary read communications from Dr. J. A. Vincent, of Springfield, and Dr. E. Parsons, of Kewanee, expressing regrets at their inability to be present. Important legislation detained Dr. Vincent.

The president then delivered the annual address, which was an able production, pregnant with practical ideas, and was listened to with rapt attention. A vote of thanks was accorded the president, and on motion, Drs. Mitchell, Campbell, and Allen were appointed a committee to consider the suggestions contained in the address.

ON OPHTHALMOLOGY.

An interesting paper was presented by Dr. F. H. Foster, of Chicago, on Interstitial Keratitis.

Dr. Keener — Is syphilis curable ?

Dr. Danforth — Has learned to-night the relation of the eyes and teeth. That the notched or screw-driver teeth and certain conditions of the eye, go together in indicating syphilitic disease.

Dr. Adams — The paper is so lucid; thinks little could be said to make it more clear. Thinks many cases occur in the general practitioner's experience, where, if these symptoms were looked for, would clear up the true condition. With regard to question of Dr. Keener bearing upon the curability of syphilis, he speaks from experience in Erring Woman's Home; that there Homœopathic treatment is much more efficacious than the Allopathic treatment. Errors of diet and cold, often suffered by the patient, interfere with treatment. *Mercury*, and in small doses, is the effective treatment, and is the similar.

Dr. Keener — Also had charge of an Erring Woman's Home, a year and four months. Bears testimony to the efficacy of treatment with Homœopathic remedies, and illustrated with cases.

W. H. Woodyatt, M. D., of Chicago, read an interesting paper on the Relation of Errors of Refraction to Granular and Catarrhal Conjunctivitis, Blepharitis, and General Nervous Disorders.

PHYSOSTIGMA IN MYOPIA.

Dr. W. B. Campbell asks what the experience of members has been in the use of *Physostigma* in myopia.

Dr. Adams—Has noticed several cases under Dr. Woodyatt's care, one marked case, a member of my own family, and the remedy has done all that Dr. Woodyatt has claimed for it.

Dr. Bascom—Testifies to the value of the remedy. During two or three month's use of *Physostigma*, had a short-sightedness relieved one-half, and is to-day nearly well.

Dr. Woodyatt—In offering his experience with *Physostigma* in myopia, has tried to be very clear in his statements, and to avoid the very natural tendency of claiming more than the facts warranted in first presenting the virtues of a new remedy. In his own tests, had questioned the results very closely, and sought to disclose everything that might bear upon them, such as natural fluctuations in the condition itself, changes in the light, general condition of patient, etc., etc. The opinion expressed in his first article had been strengthened by subsequent experience, namely, that some cases of so-called myopia could be cured if taken in time. These were probably cases in which ciliary spasm antedated organic change of form in the globe of the eye, and yet the spasm in many instances did not express itself by any of the symptoms which are laid down in the text-books as indicating the presence of such a condition. Believed that such cases were constantly receiving glasses, when the remedy might be used with much better effect, both as regards the present and future condition of the eyes.

In other cases, the amount of myopia could be diminished, so that weaker glasses would enable the patient to see as well or better. In many of the cases also, the ciliary spasm was probably present, though only detected by the internal use of the drug. Other changes, believed to have been wrought by the remedy, are removal of the amblyopia, due to congestion of the fundus, caused by the state of the ciliary muscle, in connection with the recti muscles, and the position of the head and body during close work; an increased range of accommodative power through relaxation of the ciliary muscle; and arrest of organic changes in the fundus which were the manifestation

of the above named unfavorable influence disappearing when the exciting cause was removed.

Called attention to the absolute necessity of careful examination with the ophthalmoscope and test type before deciding as to the efficacy of the curative agent. Many cases of short sight yield negative results, which in no degree detracts from the value of *Physostigma*. The good derived by a patient who was able to substitute weaker glasses for stronger ones, and have as good or better vision, was incalculable, and if nothing but the arrest of a progressive myopia could be accomplished, the remedy would still be too valuable to be ignored. Had no theory to uphold, no feeling to be injured by the revelation of facts. Hoped the remedy would be carefully tried, and its true worth made known. Had been pleased to hear from competent specialists in cities east and west, of the good which they had been able to do with the *Physostigma*.

-The Association then adjourned.

SECOND DAY.

Morning session assembled at 9 A. M. President Van Liew in the chair.

DISEASES OF THE EAR.

Dr. C. H. Vilas, of Chicago—Read an interesting paper "On the Ear Complications *Accompanying* Scarlet Fever," which elicited a hearty endorsement.

Dr. Danforth—Confirmed the fact that disease was disposed to traverse the same tissues.

Dr. W. J. Hawkes, of Chicago—Wanted to know more about the remedies for otorrhœa following scarlet fever.

Dr. Vilas—Remarked that that would be a digression from the scope of the paper. He mentioned several remedies however, prominent among which were *Arsenic*, *Tellurium*, *Pulsatilla*, *Calc. carb.*, *Merc.*, etc. He promised to consider this subject in a comprehensive manner at some future time.

PELVIC HÆMATOCELE.

Dr. W. Danforth, of Chicago—From the committee on surgery, made an interesting report on Pelvic Hæmatocele, reporting several cases, and illustrating his paper by a chart.

Dr. A. E. Small, of Chicago—Was interested in the treatment. He did not discover in the paper that anything was used but palliatives. He would like to inquire if hæmatocele was met in all classes of constitutions?

Dr. Danforth—Thought it was not.

Dr. Small—Then we might introduce preventive treatment.

Dr. Grosvenor—Believed the hæmorrhagic diathesis was most liable to this trouble. Related a case that occurred after the fire. Was taken with severe hæmorrhage, and then with heaviness in the pelvic region, as Dr. D. has so ably described. Did not think of hæmatocele. Dr. D. was called in council, and he passed an exploring trocar into the dependent mass, per vaginum. The relief was very great.

Dr. Small—Inquired if those cases were not all of the hæmorrhagic diathesis.

Dr. Danforth — Thought not.

Dr. S.—Inquired for the purpose of classification.

Dr. Danforth—Thought the causes given in the paper would explain the majority.

Dr. D. S. Smith, of Chicago—Thought hæmatocele might be taken for metritis. He believed as Homœopathic physicians, we cure such cases without even knowing what they are. Heard Dr. Thomas, of New York, remark that many able physicians treated cases for metritis when they were hæmatocele, and did not know it. He said metritis was not common. He also said that fibroid was often mistaken for simple hypertrophy.

Dr. Streeter—Commended the paper. Had met several cases. Two cases, he was able to anticipate the nature of trouble by the tendency to collapse. One case took long ride during menses. Had sharp pain, and almost collapse. Found in cul-de-sac of Douglass a soft tumor, which gradually became hard, about the size of a goose egg. He kept down inflammation, used McMunn's *Elixir of Opium*, per rectum, to relieve pain. Another case was brought on by over exertion. Thought the tendency to collapse more diagnostic than the pain. The cause is usually some accident.

Dr. Small—Inquired if these cases were of the hæmorrhagic constitution.

Dr. Streeter — Said they were not.

Dr. Beebe—Thought the only disease hæmatocele was liable to be mistaken for, is pelvic cellulitis. The feel might distinguish, as the former is soft, fluid, while the latter has a more solid feel. But in some cases it is difficult to make the diagnosis. However, this distinction would not be of so much importance if we were to adopt the treatment advocated by Dr. Brickell, in a paper published during the

month past, as the treatment would be appropriate for either disease, and would itself clear up the diagnosis. It consists in puncturing the swelling with a trocar, and evacuating the fluid through a canula, in all cases where there is a well-established pelvic cellulitis; claiming that in all such cases, either pus or serum is present.

Dr. R. F. Baker, of Davenport—Gave the results of a post mortem he had recently made, in which he found in the lower bowel a mass of coagulated blood. The left ovary was gone, and in its place this tumor. The case, briefly, was this: Lean woman. had borne one or two children, troubled with pelvic congestion. Was out riding Saturday. Stopped at her husband's store; was taken suddenly with faintness, almost to collapse, with great pain and vomiting. Nothing would relieve, and she died Monday eve. The case had caused some talk, and she was charged with attempt at abortion. I was at a loss to diagnose the case.

Dr. Duncan—Inquired if she was pregnant.

Dr. Baker—She had passed one period.

Dr. Danforth—Thought it a case of hæmatocele.

Dr. G. A. Hall, of Chicago—Could not concur. We must not suppose that every case of pelvic pain is due to hæmatocele. In twenty-two years' practice had only three cases. Some physicians seem to have a great number of a certain class of cases. The report that it is not amenable to internal Homœopathic remedies he did not think true. Had cured one case with *Amm. caust.* To prevent conception, the patient used ice-water injections, which produced pain deep in the pelvic region. At the next time, the tumor had increased to the size of a large egg, which, on probing, proved to be a hæmatocele. *Amm. caust.* internally, and 1-10 externally, cured the case.

Dr. Hawkes—Said that there was one feature left out of the paper. It was like other papers of its class, where forty pages were devoted to diagnosis, and only a half-page to treatment. These cases, it seemed to him, to belong to constitutional dyscrasia, and are curable. Some, the result of suppressed menses. Of the five cases reported in the paper, only one died. One was operated on, while the majority got well in spite of the treatment, it seemed to him. One case diagnosed ovaritis. The pain was terrific, but was cured with *Caul.* As champion of the materia medica he would stand up for it.

Dr. Keener—There are certain points settled—the pain and the tendency to sinking. I agree with Dr. Hawkes, that remedies will control pain.

Dr. Mitchell— I yield to no man my admiration of *materia medica*, but where there is a quart or two of blood in the peritoneal cavity, he did not think remedies would cure.

Dr. Smith— If any one said two quarts of blood, I failed to hear it.

Dr. Hall— Believed that nature was one of our best remedies.

Dr. Duncan— Could not understand why remedies would not control pain in these cases when they will control all sorts in other cases, from neuralgia to peritonitis.

Dr. Danforth— Replied that remedies would not do everything. An old hæmatocele acted like a foreign body, which must be got rid of.

A. G. Beebe, M. D., of Chicago, reported on

OVARIAN HERNIA.

He related several interesting cases.

Dr. T. Putnam, of Farmington— Related a case which he was satisfied was hernia of the ovaries. Attending a young lady a year ago for bilious fever, her mother requested an examination of tumors in groin, but young lady objected. Had been there since birth—both sides—grew larger as she approached puberty. At time of menstruation enlarged, grew tender, and often gave extreme pain. So tender did they become that at such times she could not go up or down stairs, and even flexing the leg gave great pain. He believed this to be ovarian hernia. Would ask Dr. Beebe if, without seeing this case, he would from the symptoms make such a diagnosis?

Dr. Beebe— Yes.

Dr. Adams read a paper on the

IMPROVEMENTS IN SURGERY.

Dr. D. S. Smith— Asks if the size of catheter governs him in cases of enlarged prostate gland.

Dr. Adams— Selects largest, for it distends the folds of urethra, and not so apt to catch in lacunæ.

Dr. Smith— Wished to call attention to this fact, which he was taught long ago by Dr. McClellan, and it has enabled him to introduce catheter where others failed.

Dr. Vilas— Having formerly been a pupil of Dr. Van Buren, a pupil, in his turn, of Dr. Thompson, Dr. Van Buren says the American urethra is much larger than any other. It takes a No. 24. Dr. Van Buren also recommends the largest size; says thirty minutes is the least time it should take to catheterize the American urethra.

Dr. Grosvenor—Wants to ask Dr. Adams with regard to use of aspirator in spina bifida, one of which he reported cured. Was there an absence of bony parts of spinal column? How did he prevent the refilling of sac? Would he expect cure to result in such cases?

Dr. Adams—In this case he did not expect cure to be obtained by aspirator. Pressure also was employed. There was a failure of development. He mentioned those cases as examples of the use of instrument.

Dr. Grosvenor—These cases are usually expected to be fatal shortly after birth. Thinks if they are curable, it would be valuable information to the profession. Wants to ask about use in case of synovitis. Do the joints not refill with fluid after aspiration, or is it curative in action?

Dr. Adams—Has used it after the subsidence of inflammatory symptoms. It relieves tension and pain sooner, while the natural process of absorption takes place. Earlier used, would expect the sac to refill.

Dr. Campbell—Dr. Adams recommends the use of elastic ligature to cure fistula, and would seem to limit it here. Dr. C. has also used it in the treatment of hæmorrhoids, with good results, even in aged men. The suggestion to confine the ends of the ligature with silk cord, is new to him, but commends itself to his attention.

Dr. H. M. Bascom, of Ottawa—Asked the experience of the society in the use of Dr. Mitchell's remedy for fistula, which was given to the profession by Prof. Andrews, of Chicago, which he described as follows: Small pencils of *Sulphate of Copper* are surrounded by a thin layer of cotton or charpe, and introduced into the fistula after being treated by injections of warm water, that the surface may be free from fecal discharge. These dressings are allowed to remain till the discharges are sufficient to remove them, or should the pain be too severe, may be removed by the patient. Granulation soon follows, and healing from the base.

Dr. Adams—Is not familiar with the mode of treatment mentioned, but the treatment by *Iodine* is just as efficacious, but is not so convenient, and otherwise advantageous as that by the ligature or knife.

Dr. Campbell then read a paper on Insanity in Women. He was followed by Dr. Pratt, with a report on morbus coxarius.

Dr. Small—Was interested in these cases. The subject has been thoroughly canvassed by me, and has an illustrious example of the connection between tuberculosis and morbus coxarius. A young lady of Chicago began to fail in nutritive forces, followed by

epistaxis; evidences of the development of tuberculosis. Suddenly a severe pain manifested itself in the right knee, from which was traced a case of hip-joint disease. The cough ceased, and the whole force seemed to center in this latter disease. Subsequently the upper third of the femur was removed, and the girl recovered, and from that day to this she has continued well.

Dr. Grosvenor — Asks as to condition of limb, as to use, length, etc.

Dr. Small — Used extension until the space seemed to fill up with cartilaginous tissue, and she could walk with crutch. Subsequently she was taken to New York, to Dr. Willard Parker, who pronounced all done which could be. The limb gradually strengthened, and she has since danced a quadrille.

The society then stood adjourned.

AFTERNOON SESSION.

Dr. Van Liew in the chair.

G. A. Hall, M. D., of Chicago, then presented the report on obstetrics. The paper was illustrated by a large number of instruments.

Dr. Campbell — Understood Dr. Hall to say that in contracted pelvis, the pelvis might be enlarged. Is that so?

Dr. Eaton — No.

Dr. Danforth — That might be — so a man might fly.

Dr. Streeter — Thinks that, for short forceps, Dr. Bartlett's might be useful, not otherwise. Thinks he could not introduce them, and they are an invention without usefulness.

Dr. Adams — Explains — that it is intended to pass the blade with long fenestra over the handle of the other blade.

Dr. Hall, (who was out of the room, returned) — Did not state that pelvis might be enlarged, but that compression would give more room. As to locking the Bartlett forceps he would say, if any one could not do that, he better attend another course of lectures. (Sensation).

Dr. E. H. Pratt reported on anatomy.

Dr. Keener asks if Dr. Pratt had ever seen an artery running down the arm, which was situated subcutaneously.

Dr. Pratt — No; not an artery of any size.

Dr. Keener — Stated that while at college at Ann Arbor, there was a student in the class who had an artery so situated, extending the entire length of the fore-arm, and which he frequently showed when the pulsations could be plainly discerned.

MATERIA MEDICA.

Dr. Hawkes then presented a report on the materia medica.

Dr. Duncan—Thinks the study of materia medica to many, a formidable one. Would like to know how we are to start in its study. Many would study it more if they knew how to take hold of a drug. Thinks not enough stress has been given to characteristics. Illustration: asked how he should know a certain individual? In the description, three points were given as peculiar, and by these he at once knew the man, as soon as he saw him in a crowd. Asked Dr. Lippe how he studied materia medica. He said he took and read over the symptoms several times, noting the peculiarities, then he noted the similarities, then he tested these peculiarities (verified them), then he was sure he knew the remedy.

Dr. Small—The subject of materia medica presented a wide field. We profess to regard it as a pathogenetic one. The symptoms are not the drug, are not the remedy, but the struggles the system is making to get rid of the poison. Disease is manifested by similar struggles. Therefore, the more we study the struggles of disease, compared with those produced by drugs, the better we are capable of getting the affiliation between drug and disease.

ELECTRICITY.

Dr. Tooker—Has no report to make, himself, on electricity. He has used it much during the past year, but no cases he deems of sufficient interest to report.

On invitation, Dr. E. Smith, of Peoria, addressed the Association as follows:

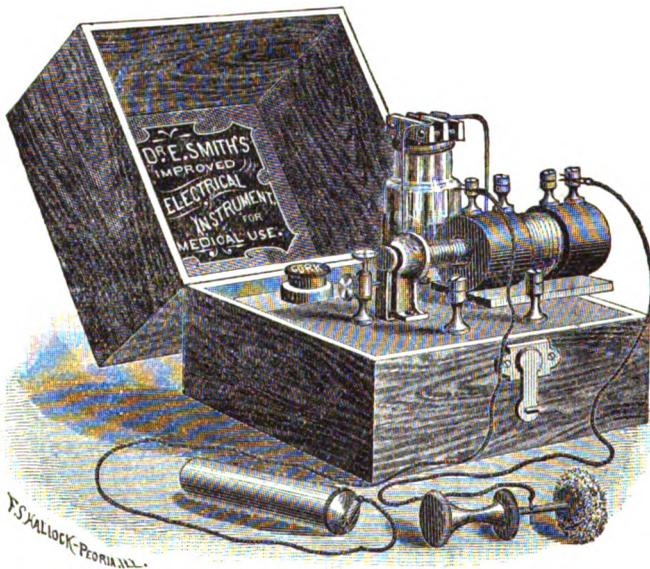
“MR. PRESIDENT AND GENTLEMEN OF THIS CONVENTION: The instrument I here show you is a representative of that class known as the electro-magnetic or secondary current batteries. In order to properly understand its construction, I will give a brief explanation of the cause, or the origin of the electric current in this class of instruments. A galvanic cell or battery is connected with an electro-magnet consisting of insulated wire coiled around an iron core. The circuit is broken automatically by means of a vibrating armature, which is generally so well understood as to need no explanation here. Whenever the circuit is closed or broken, the magnetism of the electro-magnet, or core, is made or destroyed. A coil of insulated wire is placed over or surrounding the core, and at every interruption of the current, the magnetism of the core flows outward through the isolated coil (Helix), producing an intense secondary current therein.

“In the year 1865 I discovered that a greater amount of the magnetism of the core was given off at the center than at the poles. I also

discovered that magnetic force had different degrees of intensity, and that the more intense particles, so to speak, were manifested at a greater distance than those of lower intensity; therefore, if I place several coils, one outside the other, the outside one receives and gives off the finest quality of current.

“ Instead of winding the secondary over the *whole length* of the core, as is usually done, making a *long helix*, I mass the wire at the center of the core, making the helix only about one-fourth the length of the core. This helix is so divided as to make three separate coils, one outside the other, and electrically isolated from each other, but connected to binding posts in such a manner that each coil can be used separately or all together, as the operator may desire.

“ The primary wire and core, as connected with the battery cell, represents the *quantity*, and the secondary coils represent the *intensity* of the instrument.



“ By using my arrangement as here shown, the quantities and intensities of the electric current can be controlled in a more perfect manner than is attained in using any other instrument. Price of the office instrument, \$50; portable, \$20.”

Dr. Mitchell—Reported on medical education. Gives detail of organization of Chicago Homœopathic College and the building, its clinical facilities, dispensary and hospital, lying-in hospital; college within easy distance by horse-car of County Hospital; number of students; course thorough and practical.

Dr. Small—made a report on necrology, and presented the following preamble and resolutions :

WHEREAS, This Association, in the dispensation of Divine Providence, during the past year, has been bereft of the society of the following-named members, by reason of their decease, to-wit: E. Kneipcke, M. D., of Chicago; J. R. Soule, M. D., of Belvidere; Helen E. Underwood, M. D., Chicago; G. D. Beebe, M. D., Chicago, and J. T. Temple, M. D., of St. Louis, therefore,

Resolved, That in their decease the Association deplores the loss of faithful, intelligent, earnest, and honored members, skillful, enthusiastic physicians and surgeons, kind and highly-esteemed friends and able co-workers and counselors in the labors of the Association.

Resolved, That this Association deeply sympathizes with the families of the deceased in their bereavement, and hereby extends to them its condolence and respect.

Resolved, That these resolutions be entered upon the records of the Association, and that a copy be sent the bereaved families.

The secretary read the report on legislation, forwarded by Dr. J. A. Vincent, of Springfield, giving two bills now before the legislature, one to Regulate the Practice of Medicine, and the other the State Board of Health Bill, accompanying which was a series of resolutions, addressed to the governor, that three Homœopaths be appointed on the board of health in case the bill passes.

The following resolution was offered by Dr. Smith :

Resolved, That the president and secretary fill in the names of three members, to be presented to the governor for appointment upon the state board of health, in case that bill should become a law. Approved.

The names selected were, Drs. Vincent, of Springfield; A. G. Beebe and T. S. Hoyne, of Chicago.

Dr. J. S. Mitchell offered the following :

Resolved, That the Illinois State Homœopathic Medical Association most respectfully but emphatically recommends the legislature *not* to pass the bill providing for a state board of health (senate bill, No. 219.) believing that it might create a superfluous board, one which might operate prejudicially to the interests of a large class of citizens of the state.

Resolved, That the same officers shall select and appoint seven members of the society, to constitute the board of examiners provided for in the bill to regulate the practice of medicine, known as the Rainer bill, should it become a law. Adopted.

Dr. J. W. Streater offered the following :

WHEREAS, Great care, perfect uniformity, and absolute purity, are of the utmost importance in the preparation of our remedies, and,

WHEREAS, We cannot expect to find this perfection among those whose interests are adverse to us and to our system, therefore,

Resolved, That we look with distrust upon the growing trade in Homœopathic remedies by Allopathic druggists, and that, as a society, we strongly recommend that Homœopathic remedies be procured from Homœopathic pharmacies only.

This was discussed *pro.* and *con.* It was opposed by several, some interested in pharmacies, and lost by a close vote.

The board of censors reported favorably on the following persons for membership: J. J. Lobaugh, Elmwood; F. C. Gale, Lacon; G. L. Chapman, Polo; O. H. Crandall, Quincy; Jas. E. Gross, Chicago; J. P. Willard, Jacksonville; W. Ayers, Rushville; E. Perkins, Peoria; P. B. Sparks, Decatur.

Old members to be retained: R. F. Baker, Davenport, Iowa; Thomas Putnam, Farmington, Illinois.

They were unanimously elected.

The treasurer then made his report. Balance in treasury, \$141.65. He asked advice about disbursements.

Dr. Small moved that the treasurer be instructed to pay, so far as money in the treasury shall permit, all bills for necessary expenses of the Association, or for purposes which may be ordered by the society. Approved.

The report of committee on president's address was then presented by Dr. Mitchell.

ELECTION OF OFFICERS.

The Association then proceeded to the election of officers, with the following result:

PRESIDENT—J. A. Vincent, M. D., of Springfield.

FIRST VICE-PRESIDENT—W. Danforth, M. D., of Chicago.

SECOND VICE-PRESIDENT—M. M. Eaton, M. D., Peoria.

THIRD VICE-PRESIDENT—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; H. M. Bascom, M. D., Ottawa; M. B. Campbell, M. D., Joliet; L. C. Grosvenor, M. D., Chicago; H. N. Keener, M. D., Princeton.

For this unexpected compliment, Dr. Vincent writes:

"Allow me to express my thanks to the members of our state society for the marked honor conferred upon me at their late meeting in Peoria. I fully appreciate it, and will discharge the duties of president to the best of my ability. Fraternaly,

SPRINGFIELD, Ill., June 5th, 1877.

J. A. VINCENT.

Book Department.

CONDENSED MATERIA MEDICA. By C. HERING. Compiled with the assistance of DRs. A. KORNDORFER and E. A. FARRINGTON. Bæricke and Tafel. New York: 145 Grand Street.

Probably the most confusing study to the student of Homœopathic medicine is *materia medica*. The method of arranging the symptoms produced by a drug adopted by Hahnemann, and which has been held to since, more or less perfectly, presents them in such a broken manner that the learning of them seems much like learning a table of logarithms. To commit these all to memory is impossible and undesirable, for it would not lead to clearness of perception of their relative value, nor of thought in their application in disease. It is almost impossible for the inexperienced student to separate those symptoms from the general symptomatology of a drug which shall be characteristic or most useful in their application to cure disease, as it is to commit the entire mass of symptoms to memory. If he chooses those symptoms which are marked by something strange in their expression, he runs the risk of gathering much chaff, for the strange circumstance of the symptoms may be a mere accident, and in no way be a trustworthy part of the symptom. In this way he would be kept from prescribing the remedy where it is Homœopathically indicated, because he considered the accidental part, as expressed in the record, a necessary part in its similarity. The element of time, or of exercise, or of eating, for example, may appear in the record of a symptom, influencing its on-set or departure, its aggravation or amelioration, and yet depend entirely upon other causes than the peculiarity of the drug action; a symptom or group of symptoms may appear in the morning after taking the drug at night, but the aggravation in the morning, or after sleep, or after breakfast, may be no true or essential part of those symptoms. If the drug had been taken in the morning the same symptoms would have perhaps appeared in the evening, and the record would have lacked the above aggravations.

While the student would be unwarranted in taking all the symptoms he finds in the *materia medica* which have some striking peculiarity expressed with them, he cannot safely reject them either, for they may contain those elements which will enable him to make correct use of them. It is these conditions which make this branch of medicine so embarrassing and unsatisfactory to the student. The full *materia medica* is like a dictionary;—as the words may give to us the most exquisite poem when they express the thoughts of genius and culture, so the *materia medica*, such a meaningless collection of symptoms at other times, will, when used with the light of learning and experience, enable us to go forth carrying divine healing to the afflicted.

In the work before us we have in some measure the result of such learning and experience. "Clinical experiences only can verify beyond peradventure symptoms obtained through provings; this we are gaining daily, and profiting thereby. Year by year we have been enabled through such experience, to separate good wheat from among the tares, until we have now garnered at least a fair percentage of good wheat—and the harvest is not yet over."

It is not only the inexperienced student who will be benefited by the study of the work, but the busy practitioner will find it one of the best works in print in which to study up his cases. It will make him feel that the one hundred and eighty-four remedies treated in this work are too few, and the more constantly he consults it, the more anxious he will be for the "Guiding Symptoms" to appear. We speak from experience, for the work is constantly on the table at our elbow, and is daily consulted, and we are confident that it has led us to make many successful prescriptions, which we could not have made, at least not so readily, if we had not had this aid.

The arrangement of the symptoms under the various remedies, is divided into forty-eight parts which are numbered uniformly, which enables a ready reference to any division which requires it. The parts which refer to modalities, time, etc., are indexed by reference to the number of the parts where the particular symptom so influenced is to be found; this renders this part of the work more definite than where this is given only under the heading of aggravation, etc.

The typographical part of the work is good, and the price, eight dollars—we shall be glad when the price of books feel the downward tendency of real estate.

H. B. FELLOWS.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE: DISEASES OF THE KIDNEYS. W. Wood & Co., New York, Publishers.

This is Vol. XV of this magnificent library on practical medicine. It is a most valuable work on the affections of the kidneys, by Profs. Bartels of Kiel and Ebstien of Göttingen. The work treats of structural diseases of the kidney, and the general symptoms of renal affections. The former includes the different diseases of the kidneys. These are well handled and exhaustively treated. This part of the work is done by Bartels. Ebstien takes up the affection of the pelvis, of the kidneys and the ureters, which include inflammation, tumors, parasites, dislocations, etc.

We like the way these subjects are handled. The symptoms are first taken, then analyzed, and then put together forming the many diseases of the renal organs. The arrangement is therefore somewhat confusing. We should like to examine each subject in detail but space will not permit.

THE LIVER AND ITS DISEASES BOTH FUNCTIONAL AND ORGANIC: THEIR HISTORY, ANATOMY, CHEMISTRY, PATHOLOGY, PHYSIOLOGY AND TREATMENT. By WM. MORGAN, M. D., of Brighton, England. Homœopathic Publishing Company, London. 12 mo. Pp. 244. \$2.00.

"Doctor, I am bilious, I want some medicine," is an expression very familiar to our western readers. Perhaps the "bilious" patient will add: "I have taken *Pod. Nux.* and last week wife gave me a blue mass. I am better for a little time but just get bilious again. Always worse in the spring. I guess I need a course of medicine. Remember it takes something strong to affect me."

"Biliousness!" mentally exclaims the physician. "Well, what is it anyway? I turn to my books and I find hepatitis and all sorts of diseases of the liver, but not one of which is 'biliousness.'"

Disgusted with names, he takes the symptoms which are usually as follows: Yellow-coated tongue; sallow face; constipation; no appetite; frontal headache; sleepiness and a general languor. He finds that several remedies cures these as well as several causes will produce them. They are labeled "due to torpid liver." He finds his patient worse not during the hot days so much as during sudden cool weather. But what will cure? *Nux.*, *Pod.*, *Sep.*, *Merc.*, *Bry.*, *China*, all low will relieve, but the attacks will return, and finally with explosive headaches. By and by these attacks are alternated by colic and diarrhœa,

but now we find a debility and irritability added. There is another phase to this biliousness I have come to recognize, and that is either before or after the diarrhoea with the furred tongue, there is hypertrophy of the follicles of the tonsils, with at times profuse viscid exudation, which in some cases is as solid as that in diphtheria. The question has arisen in my mind, is not this *tonsillitis a bilious expression?*

To understand this functional derangement of the liver, we must know more of its workings, and we are glad of any new work on this important organ. We know many Allopathic physicians see only "liver complaint" in all cases, but we are also aware that some of our physicians are disposed to treat its functional "pets" too lightly. The normal condition and functional disorders are first considered. The latter do not receive the attention necessary to satisfy an American physician. Neuralgia of the liver is a good chapter. Jaundice is well handled. The author is doubtless better acquainted with that than with biliousness. The relations the liver sustains to other organs is interesting, as a case will illustrate.

Mr. S., a weather-beaten ex-sea captain and a lover of the weed, superintendent of a growing suburb of Chicago, had repeated attacks of nephritis with hæmaturia aggravated by damp weather, these *Arsenicum* and *Rhus* as indicated cured; or at least the attacks subsided after abandoning tobacco. Now he took on flesh enormously. He soon began to complain of a bloated, heavy feeling in the abdomen, and hæmorrhoids, then of periodic attacks of diarrhoea with tarry, bloody stools—at times almost pure blood. With some of these he would faint, and for some days appear ex-sanguine, this would be followed by hyperæsthesia of the surface, particularly of the hairy portions of the body. The whiskers would feel like needles. This train of symptoms were finally relieved by *Phos. acid.* *Apis* helped very much, so did *Nitric acid* and *China*. The next phase was a tickling cough, which finally developed into a profuse, thin yellow, foul-tasting discharge. He has lost in weight and in size, except about the waist. There is hypertrophy of the liver and an abscess. Whether he can survive five years more till a post mortem decides the question of diagnosis, we do not know. Whether it is a case developed by the bilious western climate, or whether it is *Natrum mur* poisoning is an etiological question of deep interest.

The icterus of the new-born interests us deeply. We believe the skin and mucous membrane of the whole cylopœtic viscera under-

goes a hyperæmia, almost if not inflammatory, when the machinery starts up at first, which accounts for the stupor of new-born infants. The feebler the infant, the more extensive and prolonged the hyperæmia and the more performed the biliary and uremic coloring. Closing of the bile-duct by this physiological hyperæmia is very common. *Aconite* is the chief remedy. In yellow atrophy we miss any reference to the excellent articles published in this journal, (Vol. VI., 361, 388, 449.) The same is true of cirrhosis. In hydatids of the liver we believe the author confuses the "tænia echinococcus" with the tænia lata or solium — common tape worm. The tænia echl, is hardly a tape worm being but an inch and a half in length. We are most surprised in this work to find no reference to the cure of gallstones by *China*, as recommended by Dr. Thayer, of Boston. In fact, the chief fault we find with the work is the lame therapeutics. The author is not a sharp-shooter, but "a double-shot." Otherwise the work is very creditable and valuable.

Medical News.

Correction.—The article on "Obstetric Forceps," in the July 15th number, should have been credited to M. M. Eaton, M. D., Peoria.

Removals.

Dr. F. H. Foster, eye and ear surgeon, from 90 Washington St. to 70 State St., Chicago.

Dr. D. G. Wilder, from Newburgh, to Cleveland, Ohio.

Dr. H. Learned, from Salamanca to Cuba, N. Y.

Dr. J. W. Shepherd, from Quincy, Michigan, to Waterloo, Ind.

Dr. M. M. Eaton, from Peoria, Ill., to Cincinnati, Ohio, where he goes into partnership with Dr. S. R. Beckwith.

Dr. E. Bader, from Minneapolis to Osseo, Minn.

Dr. J. H. Dix, from Dansville to Honeoye Falls, N. Y.

New York Ophthalmic Hospital.—Report for the month ending June 30, 1877: Number of prescriptions, 2,950; number new patients, 338; number of patients resident in hospital, 39; average daily attendance, 114; largest daily attendance, 179.

ALFRED WANSTALL, M. D., Resident Surgeon.

Received.—Report on Dermatology, by Lunsford P. Yandall, Jr., M. D., Professor of Therapeutics and Clinical Medicine in the University of Louisville. (Reprint from the *The American Practitioner*

for June, 1877). *Yellow Fever; Its Treatment and Prevention*, by Ed. A. Murphy, M. D. *Inebriety and Opium Eating; in both cases a disease. Method of treatment and condition of success.* By Geo. F. Foote, M. D.. Stamford, Conn.

Homœopathy in Indianapolis.—The meeting of Homœopaths in Indianapolis seems to have borne fruit rapidly. One of our number, Dr. Boyd, has been appointed by the city council on the city hospital staff, at which some of the Allopaths resigned. There is a movement to fill their places with Homœopaths. This has created a lively discussion. Homœopathy is charged with no influence, and the daily papers publish a long list of Homœopathic patrons, which embraces, the paper states, "much of the intelligence, wealth, and social standing of the city." Among the names, we notice Ex-Governor Hendricks and Baker, Rt. Rev. Talbot, etc.

The Clinical Society of the Hahnemann Hospital of Chicago holds its summer meetings on the first Tuesday evening of each month, at the Grand Pacific Hotel. This society numbers nearly one hundred members, and is in a flourishing condition.

The State Board of Health.—The Board of Health for Illinois will hold its meetings for the inspection of diplomas and the examination of candidates, as follows: At Chicago, Thursday, Nov. 1st, beginning at 9 o'clock, A. M., at the Grand Pacific Hotel. At Cairo, Thursday, Nov. 15th, beginning at 9:30 A. M., at the office of Dr. Wardner, No. 111 Commercial Ave. At Galesburg, Thursday, Dec. 6th, beginning at 10 A. M., at the Union Hotel. At Champaign, Thursday, Dec. 20th, beginning at 10 A. M., in the parlors of the Industrial University. At Springfield, Thursday, Jan. 10th, beginning at 10 A. M., at the State House (the regular annual meeting). At Charleston, Coles County, in January.

Died.

DR. BACON, of Clarinda, Iowa, of phthisis pulmonalis. Thus another valiant soldier has been taken from the ranks of the grand army. The doctor commenced the old system of medicine in Ulrich. He graduated, locating at Mazeppa, Minn., where he practiced for some time. While laboring in this field the light of the new life-giving truth dawned upon his mind. He then removed to Anoka, Minn., where he continued to practice Homœopathy, until his failing health compelled him to seek a more congenial climate on the coast of Florida, the land of flowers. While on his way there, he stopped to see his parents, who are residing in this place, who persuaded him to stop and try practice, thinking he might be benefitted by staying here for a short time, but he gradually sank under his disease. The doctor was an exemplary young man, in the prime of his life; he was taken away beloved by all who knew him. He leaves a wife and child to mourn his untimely death. He was twenty-nine years of age, and a bright future before him, but the insidious enemy stayed not his hand, hence we have him with us no more. May he rest in peace.

J. W. JONES.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. VI., No. 4. — AUGUST 15, 1877. — *Whole No.* 196.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

TROY, N. Y., Aug. 1.— Little sickness here since May 1st. Amenable to treatment. Little or no difficulty. CHAS. G. CLARK.

FORT ATKINSON, Wis., July 21.— For the last eight months scarlet fever, whooping-cough, throat disease and mumps have prevailed to a considerable extent, but generally yield to rational treatment.

W. M. SMITH.

VINCENNES, IND., July 21.— Remarkably healthy here at this time. What diseases we meet with are those of the bowels, and are well met with *Ars.*, *Merc.* and *Nuz.* W. T. BRANSTRUP.

FT. WAYNE, Ind., July 24.—Business is good and growing better every day. We have no epidemic at present, but we are having our share of intermittent fevers as we always do in this part of the world.

A. C. WILLIAMSON.

CUBA, N. Y., July 19.—Generally healthy in this section excepting catarrhal affections, which easily yield to the proper remedies. I like THE UNITED STATES MEDICAL INVESTIGATOR very much, and hope you will continue it long for our general good. H. LEARNED.

GRINNELL, Iowa, July 27.—We are having considerable sickness, but no one disease prevailing to any extent. Some cases of cholera infantum and dysentery among children, the latter yielding readily to *Mercurius* 6, the former to *Cal. carb.* 3, and *Ipecac.* R. H. HARRIS.

MARSHALL, Mich., Aug. 2.—Whooping-cough is prevalent in city and country. *Ipecac* 3x, *Tart. emet.* 3x, *Cup. acet.* 3x. *Tart. emet.* has been most frequently indicated. Diarrhœa, cholera morbus and intermittent fever, the next most frequent diseases met with. *Pod.* 3x, and *Verat. alb.* 3x simulate the two former diseases, while *Ipecac*, *Nux*, or *Ars. alb.* meet the chills and fever with a few exceptions, when I am obliged to give *Quinine* or *Cinchonidia.* E. L. ROBERTS.

WATERLOO, Ind., July 25.—Left Quincy, Mich., this spring because it was too healthy. Been here one month. Result, two out of three children have chills; my wife and self not well. Signs favorable for sickness enough, in the wrong family to be profitable, however. No Homœopathic physician here in an area of forty square miles. Ague the predominant disease. People have been almost *Quinined* to death. Have cured every case of the old *Quinine* patients with one single visit. Prescription varies according to symptoms, usually, however, *Eupa. perf.*, *Gels.*, *Bapt.*, or *Ipec.*, during fever, and *Nux vom.*, during the apyrexia. So far, no second chill. One case of scrofulous ulcer cured with *Ars.* 200. Z. W. SHEPHERD.

LINCOLN, Neb., July 22.—We can report from this quarter the largest rainfall during the spring and into June ever known here; rain about every day, followed in June, with intense hot weather and later with cooler weather than usual for the season. Scarlatina prevailed largely during the winter months and late into spring; generally of a mild type; a few cases of malignant, with suppressed eruption. *Aconite* and *Bell.* were the remedies generally called for. Throat and bronchial affections followed next; ulcerated throat, *Merc sol.*, *Arum tri.* With the present cold nights and warm days,

diarrhœas are the chief trouble. A very few cases of dysentery; with children, *Apis*, *Æthusa cym.*, *Arsen.*, etc.; adults, the mercurials. There has been also, for some time, an extensive epidemic of whooping-cough, severe form. A number of deaths under Allopathic treatment. The remedies seemingly indicated have failed many times to give satisfaction. The worst cases relieved by *Coccus cacti*, *Tartar stib.*, *Ipecac.*

L. J. BUMSTEAD.

UNITED STATES, July, 1877.—The prevailing diseases in the United States, according to the mortality statistics in the chief cities for July was, (reports in *The Sanitarian*), as follows :

MORTALITY PER 1,000 INHABITANTS, ANNUALLY, FROM ALL CAUSES, AND CERTAIN SPECIAL CAUSES.

	Lung Diseases other than Consumption...	Consumption.....	Diarrhœal Diseases...	Puerperal Diseases....	Typhus Fever.....	Typhoid Fever.....	Whooping Cough.....	Croup.....	Measles.....	Scarlatina.....	Diphtheria.....	Small-Pox.....	By violence.....	Per 1000.....	Total No. of deaths from all causes.....	Deaths under 5 years.
New York, 1,076,925—4 wks. end'g June 23.	182	138	138	61	21	19	17	23	23	87	55	4	131	1706	721	
Philadelphia, 850,000—5 wks. end'g June 30.	111	246	146	113	12	6	48	40	12	40	16	34	163	1523	622	
Brooklyn, 528,000—5 wks. end'g June 30.	104	216	216	104	113	127	104	70	90	117	34	1	69	1000	494	
St. Louis, 500,000—5 wks. end'g June 30.	34	56	56	34	2	3	8	3	2	9	5	3	25	452	193	
Chicago, 550,000—4 wks. end'g June 30.	48	83	83	48	5	8	8	15	98	8	2	17	34	660	321	
Baltimore, 350,000—5 wks. end'g June 30.	38	42	42	38	1	1	1	27	47	7	33	30	33	937	601	
Boston, 383,000—5 wks. end'g June 30.	36	105	105	36	1	1	1	5	11	6	2	8	21	572	189	
Cincinnati, 295,000—5 wks. end'g June 30.	50	73	73	50	5	8	15	1	1	1	14	8	6	439	202	
San Francisco, 300,000—month of May.	34	58	58	34	5	8	15	1	1	1	18	2	9	444	148	
New Orleans, 210,000.	31	61	61	31	8	5	6	2	1	1	1	2	15	287	96	
Washington, 160,000—month of May.	1	1	1	1	1	1	1	1	1	1	1	1	1	21	36	
Pittsburg, 145,000.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	79	
Newark, 128,000.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Providence, 103,000—month of June.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Milwaukee, 101,000—month of June.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Rochester, 70,000, month of April.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Richmond, 72,500—5 wks. end'g June 30.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
New Haven, 60,000—month of June.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Charleston, 57,000—4 wks. end'g June 30.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Toledo, 50,000, 2 months 31.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Mobile, 40,000—month of May.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Dayton, 36,000—month of June.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Nashville, 27,000—month of June.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Wheeling, 25,000—month of June.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Buffalo, 170,000.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Knoxville, 13,000—month of June.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Pateron, 40,000—month of May.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Petersburg, 20,000.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Selma, 8,000—month of June.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Elmira, 20,100.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Yonkers, 18,000—month of June.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Memphis, 45,000.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Detroit, 115,000.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Syracuse, 60,000—month of May.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Erie, 26,000, month of May.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	
Bowling Green, 6,000—year ending June 15.	1	1	1	1	1	1	1	1	1	1	1	1	1	10	102	

ST. LOUIS, Mo., Aug. 1.—Population 450,000; latitude, 38.37½; longitude, 90° 15' 16"; altitude, 450 feet.

Date.	Weather.	Prevailing Dis.	Remedies.	Remarks, Sequelæ, Deaths, Etc.
July 1—8	Stormy. Fair. } 3 to 8 } Hot.	Summer compl's of children. Diarrhœa. Less malaria. Nervous exh's'n. Rheumatism.	Ars., Chin. Ipec., Merc., Cham., Pod., Camph., Ign.	There has been less sickness and fewer deaths than in July, 1876.
9	Showery. } 11 to 12 } Cool.	Cholera morbus. Malarial fevers. remittent type. Diarrhœa. Dysenteries. Hooping Cough. Parotitis.	Bry., Rhus., Sul.	Dysentery was noticed about the 10th, when the hot weather changed to cooler—became variable, so that it changed from hot to cool every twelve or twenty-four hours.
15	Warm. Rain. } 13 } Warm, Rain.		Ars., Chin., Pod., Camph., Gels., Ipec., Ars., Nux., Chin., Bry., Pod., Mer., cor., Pd., Ar Dros., Cupr., Ver.	With the diarrhœas and the prevailing fevers there is unusual cerebral irritation, and the nervous system very much excited.
16 to 24	Cool, with Occasional Rain. } 21 } Temperat're very changeable. Hot.	Bowel affect'ns. Dysn., Diarrhœa Malarial fevers, remittent type. Bil. fevers, parotitis. H. cough.	Merc. cor., Pod., Ars., Nux., Colch., Aloes., Ars., Pod., Chin., Amm., mer., Ars., Gels., Quin., Nux., Bry.	Parotitis has prevailed during spring and summer months, and were peculiar, so far as I observed in not being affected by the use of acids.
25 to 31	Fair, Rain, Hail-Storm. Warm, Showery. } 28 } Cool. 29 } Warm in day 31 } Nights cool.	Malarial fevers. } Diarrhœa, } Dysentery. } Hooping cough.	Pod., Gels., Ars., Natrum mer., Merc., Ars., Pod., Nux., Colch., Aloes.	Warm days and cool nights seem to aggravate the cough or phthical patients, and increase expectoration.

G. S. WALKER.

CONSULTATION CASES.

FOR DR. E. STEVENSON.

In answer to Dr. E. Stevenson, and purely out of sympathy for the child, I would advise him to procure Dr. Lewis Sayre's late work, entitled Orthopedic Surgery and Diseases of the Joints, in which he will learn how, in all probability, he can cure his patient.

S. J. BUMSTEAD.

A CASE FOR COUNSEL.

A female, aged thirty-nine, dark complexion. I give her statement of the early history of her case: "At the age of seven years I had the scaled head, and was cured by using a salve. At the age of nineteen, had what they called the itch on my fingers and in the bend of my elbows. I think I was cured up too soon with a salve, for some spots remained about my ears."

Since that time it has returned at intervals, (especially spring and fall, but worse in cold weather) on her face and in the bend of the knees. When it comes on her cheeks they are fiery red and toward night and during the night the feeling is as if there was something crawling in the parts, with a burning, itching feeling and no rest until she scratches the skin off. It swells, is red with small white blisters the size of a pin-head, and in a few days a yellow sticky, acrid discharge comes from it. The heat of the stove makes it worse. She is troubled with constipation of the bowels. She had gone the rounds with the physicians before I saw her. Last February I gave her *Sulphur* 3x for two weeks, then held off two weeks, but I saw no good effects, so I gave her *Arsenicum* 3x for awhile, about two weeks, and for the last six months she has taken nothing, and if anything she is worse than she was one year ago, but she says every year it spreads more over her body, especially where her clothes are tight. It is now on her head in spots. I have her now on *Sulphur* 200, a dose every eighth day. Advice will be thankfully received and acknowledged.

J. K. EBERLE.

DIARRHŒAS OF CHILDREN.

Will you please to tell me the best work to post up on the diarrhœas of infants and children ?

H. A. L.

The best work is, without a question, *The Homœopathic Therapeutics of Diarrhœa, Dysentery, Cholera Infantum, etc.*, by J. B. Bell, M. D. Compared with Guernsey's *Obstetrics and the materia medica*, the peculiar symptoms of each case should guide you in the selection of the remedy. Our older practitioners would aid the work of understanding indications if they would report verifications. T. C. D.

FOR O. C. EVANS' CASE.

You ask for diagnosis and treatment. I will give you my view of your case, hoping it may be of some use to you. You live in a miasmatic climate. The miasm you inhale, cuts up the red globules of your blood; this broken up blood lodges in the capillary blood vessels of the lobular plexus of the liver. It also affects the secreting vessels of the kidneys in a similar way; so there is a torpid action in these organs, and the blood continues to carry more or less of these abnormal secretions. Therefore the nerves of your spinal cord are to

a certain extent paralyzed, and you stagger and have all the symptoms you state, and now for the vertigo. It is caused by the brain being touched by this poison left in the blood. You can see that the use of tobacco lowers the nerve vitality and makes the system less able to throw off the miasm you inhale. Treatment: as the regulars would say, bring all the secretions into a healthy action. But we say, or go on the principle of *similia*, I would use for about four days one grain of *Podophyllin* 3x, morning and evening, also study *Merc.*, *Chin. sulph.* for the liver and kidney symptoms, but the liver is the first to consider. For the vertigo, *Stramonium* from 3x up to 200x, about twice a day. I would give the *Podophyllin* four days, then rest one day before commencing the *Stram.*, and so on, alternating to see the affects.

J. K. EBERLE.

EXTRACTION OF TEETH.

Dr. Vendt asks for information regarding extraction of teeth during gestation, and is answered by Dr. S. Alden, who, from the tone of the communication in the last INVESTIGATOR, seems to favor a wholesale extermination of the troublesome teeth. If the teeth were decayed and ached, they should have been attended to before pregnancy. That they were not, is good evidence that they were not the cause of much suffering. Every physician knows, or should know, that pregnancy brings to light many apparently new troubles, prominent among which is odontalgia. To drag out the aching teeth, even if they can be located — not always an easy matter — is about as sensible as to help a sinking ship by going up to her and knocking over her flag of distress, which the suffering crew have erected to attract attention to their condition. What with the aid we can find in such potent agents as *Aconite*, *Bell.*, *Cham.*, *Coffea.*, *Merc.*, *Puls.*, *Staph.*, etc., most of our pregnant patients can be carried through, and be enabled thereafter to perform mastication without aid from the dentist. Father Hering placed the profession and suffering humanity under lasting obligations for his valuable indications in the treatment of toothache, incorporated in Dr. Raue's Pathology.

E. A. B.

SELENIUM.

Worse after drinking tea. A lady suffering with a violent headache which commenced in the forehead and gradually involved the whole

head; heavily coated tongue; nausea; frequent vomiting of bilious-looking matter; for which many remedies were given in as many days, with no benefit. Learning that her usual cup of tea was always followed by an aggravation of all the symptoms, I gave *Selenium 200th* in water, and the symptoms rapidly disappeared.

CHICAGO.

E. A. BALLARD.

WHEN CONSUMPTIVES SHOULD CHANGE CLIMATES.

It is painfully certain that many eastern physicians do not yet have a very clear idea of what the climate of Colorado can do for their consumptive patients. Not unfrequently we see those far gone in the last stages of this disease sent here by the "family physician" to be cured.

It should be known by every Homœopath in the east that it is only those in the incipient stage of the disease that are reasonably certain of being cured by this climate. Those suffering in the second stage, with breaking down of lung tissue, are far less likely to be cured, although a large per cent. of this class are permanently benefited and life greatly prolonged.

But our advice to those in the last stage is to stay at home, for this climate is quite as likely to aggravate as to mitigate their symptoms, and to cut short their limited time. Could eastern physicians realize the importance of sending their consumptives here before the disease has reached a fatal stage, and not permitting those to come whose cases are hopeless, many lives would be spared and human suffering greatly lessened.

COLORADO SPRINGS.

L. D. COOMBS.

SOME MORE CLINICAL EXPERIENCE.

BY GEO. R. MITCHELL, RICHLAND CENTER, WIS.

FEVERS — INTERMITTENT.

Treatment, *Ipecac 2x*, *Bell. 3x*, *Sulph. quinine 1x*, *Lept. 1x*, *Merc. sol. 3x*, trit. *Santonin 1x*, *Gels. 1x*, *Aconite 3x*, *Natrum muriaticum 30x*, trit. *Ars. 6x* to *30x*, *Sulphate of Quinine 1x*, I find the best remedy for recent cases. After the chill ceases, I wait six days, then give six or eight two grain doses, so on for six weeks. I must not forget *Nux vom. 3x*.

REMITTENT.

Treatment similar. *Pod.* 1x is a valuable remedy if there is constipation, 3x to 6x if diarrhoea. *Bapt.* for typhoid symptoms. Quite often I use *Quinine* by inunction over abdomen, mixed with sweet oil.

GASTRO ENTERIC FEVERS.

Treatment, *Ipecac* 3x, *Nux* 3x to 6x, *Merc. sol.* 3x to 6x, *Arsenicum* 6x, *Bapt.* 1x, *Bell.* 3x, *Hyos.* 2x, and *Sulph.* 3x. I treated a case successfully last winter and spring. *Bell.* 3x, *Merc. sol.* 3x to 6x, *Ars.* 6x, *Nux* 6x, *Baptisia*, enemas of tepid water, *Sulph.* 30x, *Koumiss* gave good satisfaction, better than "Horlick's Food." Dr. Beebe, of Evansville, counseled with me; patient was a very delicate child, aged two years. It was three months before it fully recovered. There was a large collection of plants in the room where the child was sick. Upon their removal and use of *Sulph.* 30x patient improved faster. I think *Hydrastis c.* 2x was used at one period.

DISEASES OF RESPIRATORY ORGANS.

Whooping-cough (uncomplicated).

Bromide of Potassium is the best remedy I have used; it gives complete satisfaction, and I have used it in two epidemics, 1874-5. Dose, from one to two grains (crude) often enough to control the spasmodic action, which it has always done for me. In one valley most all the children had a bad form of whooping-cough. After treating a few, I had a great many applications for that "*Saltpetre*" as they called it; from one to two drachms to four ounces of water; teaspoonful at a time, is another way, but I prefer to give powder.

Before using the *Bromide* I had used *Bell.*, *Ipecac*, *Cuprum* and other remedies, but not satisfactorily. When complicated by pneumonia or capillary bronchitis, *Bromide* treatment is of no avail. I have lost no cases and have seen no bad effects follow the administration of *Bromide of Potassium*. I do not know as this is in accordance with the law, *similia similibus curantur*, but I do know that it does good. Dr. Beebe, of Evansville, told me to try it; he used it with great success. I regard it in the light of a specific. Even the regular physicians wanted to know what I used (after they had lost two cases). The experience of others may differ from mine; even it may be of no use in the next epidemic in my hands. Dr. Burt thinks *Ostrya virg.* (iron wood) a specific in sporadic and endemic cases of intermittents. I have tried it faithfully the last six weeks, and it is of no account. I cannot control a case. I prepared it carefully myself, and gave according to directions. From this I know that experiences differ.

CLINICAL CONTRIBUTIONS.

ECZEMA CURED BY DULCAMARA.

The patient was my own little girl, aged two years. The eruption extended over the whole thorax and upper arm, except as much of the chest and arm as comes in contact when the arm hangs down at the side. The inferior border in front as well as on the back was covered. At a distance it appeared as if the child had a cape on and my wife would not have been at a loss for a good cloak pattern. It was perfectly symmetrical on both sides.

The vesicular eruption appeared suddenly on a red and much irritated surface. After a few days the vesicles broke, discharging very profusely. The watery discharge formed into a yellowish scab, which peeled off after a few days leaving the skin red and smooth, making the impression that it was getting well. After a short time another crop appeared, going through the same process. I think the disease must have gone through six rounds in about as many weeks. The itching must have been excessive, it was worse about the time when the vesicles had filled, and it was better when the parts had scabbed over. After scratching the parts bled considerably. I think the discharge amounted to about eight ounces a-day.

By some means, probably Jahr's Manual, I was led to *Dulcamara*, which cured the case in a short time. The remedy was indicated by the profuse watery discharge. It was fortunate that I did not have Gross' Comparative Materia Medica which has under *Dulc.*; "Eruptions, generally dry." If Father Herring's Materia Medica had then been in my hands it would have been a good adviser, inasmuch as it gives the symptoms of this case under the respective remedy, better than any other work. I ought to say that a relapse followed after a few weeks and that the same single remedy removed every vestige of the disease.

LETHARGY CURED BY HYOSCIAMUS.

This patient was also my own child, aged about six weeks, without any premonitory symptoms she fell into a deep sleep which continued without two minutes interruption, at least three days. Only by hard shaking and loud calling she could be awakened sufficiently to take hold of the breast, but before she had drawn a few swallows she went off again. I could not discover anything abnormal in the respiration, circulation, nor in the secretions. After a useless trial of *Opium*, etc., there appeared at her lips large bubbles. She received a few doses of

Hyos. from which she awoke and was perfectly well for a few weeks, when a relapse required a repetition of the remedy.

These cases occurred twenty-two years ago, from which time dates my conversion to Homœobathy. Pulte's Domestic Physician and Jahr's Manual, together with a small case of medicine comprised my whole equipage. Encouraged by such excellent success, I resolved to study medicine more fully. We moved to Nashville, Ill. where my family resided while I attended lectures in St. Louis. During my absence both of these dear children took the diphtheria and died under Allopathic treatment, there being no Homœopathic physician within reach.

C. BERNREUTER

THE PHYSIOLOGICAL LIVERY.

BY AD. LIPPE, M. D., PHILADELPHIA.

The attention of the profession has for some years past been repeatedly called to witness the sportiveness of all sorts of Homœopathic physicians, in exhibiting as public teachers, or as authors, or as plain doctors the physiological livery, a garment fashioned by men, who profess to belong to our school, but who want to appear like the brethren of the common school of medicine, very learned, full of hypothesis and glistening seductive guesswork. We have seen these men on their chairs in our colleges sporting the physiological livery, talking about "rejuvenating drugs;" we have seen them sport the lancet before medical societies and claiming the right, although professedly Homœopathists, to return to phlebotomy whenever this absolute means of cure was called for according to their judgment. We have seen men, who, professing to belong to us, insist upon a return to pathology as a basis of therapeutics, and claim to correctly apply the law of the similars by first finding out the changed condition of organs and tissues, and thus apply a remedy which causes on the healthy the same changed condition of organs and tissues. These and many other similarly absurd departures were frequently exposed, but we could never learn nor could we conjecture for what final purposes these departures were introduced into our school, nor could we agree with some of our colleagues who insisted upon it that we must meekly bear with these departures and with their advocates, that by giving these unfortunate men full freedom of opinion and

action, they would the sooner return to that pure practice, which we all so much desired to be established. It became very evident that the Homœopathic school, especially in Great Britain, became less pure year after year, that especially there the departures were in advance, and that methodically, by first trying to throw discredit on Hahnemann's quotations, by ridiculing his posology, by perverting our materia medica into pharmacodynamics, they were trying to obtain ultimate object: What was this object? We now learn what these men want. It is no more nor less than a reconciliation between the two schools. It is almost incredible, but it is nevertheless a stubborn historical fact that a man who signs himself George Wyld, M. D., and is a vice-president of the Homœopathic Association of Great Britain, approached the Allopathic school through the editor of the London *Lancet*, and in a letter to this, Dr. Richardson unburdens himself and claims that under the circumstances, "*such as he states thus,*" a full reconciliation would be acceptable. Dr. Wyld's argument does not hold water, and he states such absurdities that his demand for reconciliation becomes a perfect farce. Dr. Wyld says, that because on the one side the "heroic" treatment has been greatly abandoned and that on the other side the pellet has been generally dropped, and doses in a tangible form have been substituted, and auxiliaries, such as aperients, anodynes, opiates, tonics, etc., are now in frequent use, that therefore now these altered circumstances will admit of a reconciliation. Dr. Wyld will learn to his sorrow that the Homœopathic Association of Great Britain, if that body should sustain or endorse him, (which we doubt) does not possess sufficient weight to overturn our school and deliver it over to the materialists of the common school of medicine. But why does Dr. Wyld desire, why does he plead for a reconciliation? He tells us, that, if his claims to be admitted into the ordinary medical societies were granted, "*we can see solid advantages to the profession on all sides, an increase of the amenities and dignities of medical life, and a higher professional status for all in the estimation of the public.*" Dr. Wyld here impliedly admits that he and his friends do not enjoy that estimation of the public which they desire so much, and that there are before his longing eyes "solid advantages" to be derived from such a reconciliation, besides dignified loveliness of the medical life which is to him a certainty. A higher professional status for all in the estimation of the public, can only be procured by a backward progress, assuming the position of a trades' union; the public is expected to bow down and worship such a

model combination. and that solid combination to derive "solid advantages" all around the professional lines. What of the solid advantages of the public? The learned Dr. Wyld seems to insinuate that the public is here for the sake of the medical profession! What a discovery — it has been held for ages that the profession is here for the sake of a sick public — now Dr. Wyld says, that all this is an error. Obviously the learned vice-president does not relish the position he occupies before the public, and we express our full sympathy for his unpleasant status." How could it be differently? The Allopathic school does not approve of Homœopathy, nay, exposes it with all its might — why? Because they know nothing about it. The better men among the Allopathists while opposing Homœopathy as a school, have been compelled to *respect* every practitioner of that school. It has become an acknowledged fact that in this country more copies of the *Organon* have been sold to non-Homœopathists than to professed Homœopaths; it is a fact that the best educated Allopathists have *read* the *Organon* and know the principles governing our school, and that they will and do respect any consistent, educated Homœopathic physician, that they will and do *despise* inconsistent medical practitioners, who profess to be Homœopathists, and who, like Dr. Wyld, administer tangible doses as well as aperients, anodynes, opiates, etc. No wonder Dr. Wyld does not relish his "situation." Again the public will always respect a consistent and honest man, who practices what he professes to believe in, and the number of people who will increase in the same ratio as his successes to cure the sick increases, and how Dr. Wyld or any of such pretenders can reasonably expect to cure the sick as Homœopaths are daily curing them, to the satisfaction of a confiding public, if they practice that which is entirely opposite to the laws governing the Homœopathic healing art is to us a riddle. That Dr. Wyld is becoming ashamed of this sham-practice, and so ashamed, becomes anxious to lay aside the name, is very probably owing to the fact that he and company have been found out by the public when comparing the results of pure Homœopathic practice with the results of this sham-practice; now they want a protection and ask it from the Allopathic school! Now, Dr. Wyld should know (does he?) and we have no doubt that Dr. Richardson of the *Lancet* knows what Sir John Forbes said in his paper on Allopathy, Homœopathy and Young Physic, which was published in 1845, what he said of Homœopathy then and there, how he *admitted* the superior successes of Homœopathic treatment, which then was comparatively

free from "departures," surely free from such absurdities as are now uttered by the "vice-president," and what were the deductions drawn by Sir John Forbes? Homœopathy cures better, quicker and milder than Allopathy; Homœopathy cures because there is "*no medicine*" administered, therefore let us imitate them and go on the expectant method—*young physic*—without *physic* must be established. The best thing Dr. Wyld can do is to read that classical letter written by an honest man, and then—what then? Why—vanish! Why did not Sir John Forbes become a Homœopathist, when upon the most searching enquiry he found the success of Homœopathic treatment superior to the successes of any other school? Because he could not see, never tried to see what effect a dynamic dose had to cure a dynamic disease. A dynamic disease was incomprehensible to Sir John Forbes as was the efficacy of a dynamic remedy, and Dr. Wyld has no clear idea of the logical necessity to apply dynamic means for the cure of dynamic disorders; his ideas are evidently muddled, the pillet is as great a stumbling block to him as it was to Sir John Forbes who at once rejected it—without even a trial—so does the vice-president. The highest professional status and the esteem of the people with the *solid* advantages thrown into the bargain, can only be obtained in *one* way. By practical successes. And if such superior practical successes are to be obtained by a Homœopath, he must of necessity apply Homœopathy according to the teachings of the master of the new healing art. Who is to be the judge of these successes? Surely not a medical society or even the privy council of Great Britain, the *only* judges must and will be the people themselves! To this "public," Hahnemann himself appealed very successfully when the profession would no longer listen to him, when Hufeland the leader of a privileged school of that day, refused him the pages of his journal. The medical profession in Europe is still a privileged class; men of the highest intellect demand liberty of conscience in religion, but with a rare inconsistency advocate and sustain the tyranny of the ruling school of medicine, and what is still stranger in these progressive days, is the fact that where religious intolerance prevailed most, the advocates and practitioners of Homœopathy were most persecuted: one tyranny begets another tyranny—and where free government prevails, as is the case in the United States, where all properly educated and licensed physicians have an equal legal status, are equally protected, not oppressed by laws enacted in the interest of a professed class, there does the new healing art most flourish. The law protects

every one alike; and the people, or as Dr. W. has it, the public are allowed to choose from among the various medical men whom they wish to prescribe for the sick. If Dr. Wyld & Company must seek the protection of an oppressive medical society to obtain a higher professional status than he and they are able to gain for themselves by their own merits, surely nobody will object to it; the true healer, who is in fact, and not only in name a Homœopath, will do here what Drs. Skinner, Wilson, Berridge, Arrowsmith and others do in England, appeal to the public; and while men like Dr. John W. Hayward express their dislike to be reprimanded before the public, claiming, as they have done, the privilege to present before the public their own "caricature," which they call advanced Homœopathy, the followers of Hahnemann and the true healers will accept their challenge, and in turn let the public know what sort of men these pretenders are; let them expunge the honorable name of Homœopathy—let them proclaim themselves "electics," and let every tub stand on its bottom, may it be cedar, oak or pine. No true Homœopathician will ever go on his marrowbones as did wild Dr. Wyld, and beg admission into the societies of a preferred class, a "caste" for the sake of "material gains," "solid advantages."

SUNSTROKE.

BY C. B. KNERR, M. D. PHILADELPHIA, PA.

Very little attention is shown by most authors to sunstroke in their work on pathology and practice. It is regarded as a somewhat obscure affection, about the pathology of which very little is known. As for the treatment, this is almost entirely neglected by the Old School; it being reduced to the simple application of cold water to diminish the violence of the attack, and a few counter-irritants and narcotics to relieve the consequences.

Sunstroke, with its numerous and striking symptoms, is eminently an affection for Homœopathic treatment. With a remedy like *Glonoine* which has proved a giant in many of the severest attacks, and a large number of remedies besides with which to combat the prodromal and concomitant symptoms, as well as remove the after effects, we should feel the utmost confidence in treating this disease.

Synonyms.—Insulatio, coup de soleil, heat apoplexy, heat exhaustion, thermic fever, "hitzschlag," "sonnenstich."

Authorities.— Von Grauvogl, Text Book of Homœopathy, § 159. Dr. Chas. Alex. Gordon, C. B., Surgeon 10th regiment, Edinburgh *Medical Journal*, May 1860, page 986. Dr. W. Simpson, surgeon to H. M.'s 71st regiment, Transactions Bombay Medical Society, 1857, 1858, p. 246 (Braithwaite's *Retrospect* No. 40, 1460, p. 300.) Da Costa's Medical Diagnosis. Billroth's Pathology. Ziemssen's Cyclopædia, Vol. XII. H. C. Wood, Jr., Thermic Fever, 1872. Homœopathic Journals and Raue's Record.

ETIOLOGY.

Season.— It is during the months of July and August that sunstroke most frequently occurs in our climate. May, June, and July are the months in which it is most prevalent in India. Dr. W. Simpson, Braithwaite's *Retrospect* 1860, reports eighty-nine cases having occurred among 417 soldiers in these three months. Thirteen died suddenly, and thirteen afterward in the hospital.

It is now acknowledged that sunstroke may be induced by prolonged atmospheric heat alone. The patient need not be exposed to the direct rays of the sun. Persons who live indoors entirely have been attacked. Soldiers in their barracks or tents, the workmen in sugar-refineries, furnaces or rolling mills, are particularly liable from excess of artificial heat united with the atmospheric temperature. Often the attack occurs in the night; this is particularly the case in India. (Persons given to excessive drinking, especially such as indulge in a mixture of drinks, are more liable.)

Metereological Conditions.— Hot, murky weather, with a temperature above that of blood-heat. Diminished oxygenating power of the atmosphere, Gordon says: "It is the subject of common remark in India, that one of the metereological conditions under which "heat apoplexy" chiefly occurs, is when the breeze for a time ceases; the sky becomes obscured by a film of dark, negatively electrified clouds, and a sense of oppression hangs like a weight upon the mental as well as bodily energies."

The real and sole *producing* cause of the disease is *heat*. (Wood.)

Predisposing Causes.— These are: want of acclimatization, lengthened exertion and want of rest, deprivation of water, the free and habitual use of vile drinks, debility, a febrile state, fatigue, bad ventilation, improper head covering and clothing. Particularly hurtful are depressing influences, such as disaster among troops and hardships on the road.

The *proximate cause*, seems to be a "lost balance of the cerebro-spinal and sympathetic nervous power." (Gordon.)

PATHOLOGY.

Most authors give very few post-mortem indications besides venous congestion of the principal vital organs. The fullest and most satisfactory post-mortem is made by Wood.

Post-mortem.—“Appearances mostly negative. Scarcely any constant lesion whatever of the solids; nor is congestion of the brain, or serous or hæmic effusion into its ventricles or substance, of frequent occurrence.

Right heart and pulmonary arteries with their branches, gorged with dark fluid blood. No congestion of the minute capillaries of the lungs, but when cut the blood flows freely from the largest vessels.

Venous congestion of the lungs and entire body. Arterial coats often stained red. The heart, especially left ventricle, rigidly contracted in every case. This condition is due to coagulation of the myosin and is very *pathognomonic* of sunstroke. In most cases it is a post-mortem rather than an ante-mortem phenomenon, occurring directly after death. In the so-called cardiac variety of sunstroke, death is probably due to a sudden ante-mortem coagulation of the cardiac myosin, and consequent instantaneous arrest of the heart's action.

The muscles after death from heat stroke soon become rigid, sometimes instantly so.” H. C. Wood, *Thermic Fever*.

SYMPTOMS.

The classification includes the premonitory symptoms, the symptoms of the attack and those following it.

Mind.—Mental derangement; dullness and listlessness; peculiar irritability and depression of the mind; great restlessness; smile and laugh unnaturally; frequent sighing; loud moaning during coma; talkative delirium; talks deliriously or gives confused answers in the midst of continuous and apparently indefatigable bodily effort; inability to perform any work requiring sustained attention; answers questions with difficulty; *inability to answer questions without weeping* (the strongest and most robust had this symptom. Gordon.); excited and alarmed when spoken to; feeling of horror or impending calamity;

Sensorium.—Giddiness; vertigo and fainting; tottering gait.

Head.—Dull oppressive pain in the head; violent headache; forehead hot; tightness, distension or throbbing in forehead and temples; feeling of weight and heat in the occiput; headache referred more particularly to the top of the head.

Eyes.—Conjunctiva reddened; eyes bright, pupils contracted; pupils

act to stimulus of light except during convulsions or coma when they are fixed and contracted (in several instances they became suddenly dilated for a few minutes after being fixed and contracted to a point); objects appear of a uniform color, in most cases blue or purple, in some red, green or even white.

Nose.—Nose bleed; fetid *hæmorrhagic* exudations from the nostrils.

Face.—Face somewhat flushed, suffused, often deeply cyanosed; countenance generally pale at commencement, finally assuming a leaden hue; countenance discomposed.

Tongue.—Tongue white; bitter taste.

Throat.—Difficulty in swallowing; attempt at deglutition brought on convulsions; swallowing brought on intense pain without swelling of the throat.

Thirst.—Intense thirst; swallows water in a painfully ravenous manner.

Stomach.—Loss of appetite; nausea and disposition to vomit; “burning pain inside; sinking sensation at pit of stomach; feeling of heavy weight just below the *ensiform* cartilage.”

Stools.—Stools liquid, often involuntary, but generally costive: peculiar odor of stools, skin and breath.

Urinary Organs.—Frequent micturition; irritability of the bladder; urine scarcely ever entirely suppressed but passes off involuntarily drop by drop.

Voice.—Thick and hoarse.

Chest and Respiration.—Pressure upon the chest; sense of constriction; accelerated and shortened respiration; breathing slow and sighing, rapid, or deep and labored, often stertorous; rattle of mucous in the trachea.

Heart and Pulse.—*Præcordial* anxiety; palpitation; irregular action of the heart; heart's action rapid and sharp; tumultuous action of the heart; pulse full and accelerated; frequent, feeble pulse; pulse exceedingly rapid; later, irregular, intermittent and thready; pulse varies; throbbing carotids: want of balance of the circulation.

Nervous System.—Lassitude; extreme weariness and prostration; relaxation of the limbs; dragging movements; musculature loses its tensive power; staggering gait; fall on their knees in full consciousness, so unexpected to themselves that they make powerful efforts to get up again; fall down uttering a shriek; falls down suddenly unconscious; complete insensibility of longer or shorter duration; *subsultus tendinum*: partial spasms or violent general convulsions; tetanic

spasms; convulsions epileptiform or tetanoid; paralysis of the spinal cord, the patient does not move a limb; paralysis of the limbs.

Sleep.—Inability to sleep; great desire to sleep; coma (almost invariably terminates in death); loud snoring in stage of coma.

Skin.—Burning hot dry skin; deficient or checked perspiration; petechiæ and ecchymosis.

SEQUELÆ.

After an attack of heat or sunstroke, persons are liable to certain after effects which are apt to last for years. These consist principally in symptoms of deranged innervation, inability to endure heat, loss of memory, insomnia, attacks of vertigo and weakness, headache which returns after going in the sun, or comes at regular times and in various parts of the head. In some cases, inflammation of the brain occurs; in others it threatens. Even insanity has been observed as the result of chronic brain disease growing out of sunstroke. Constipation, dyspepsia and derangement of the liver with their numerous attending symptoms are frequent results.

[To be Continued.]

Hospital Department.

HAHNEMANN HOSPITAL CLINICS.

EYE AND EAR CLINIC.

CONDUCTED BY C. H. VILAS, A. M., M. D., PROFESSOR OF OPHTHALMOLOGY AND OTOTOLOGY, WITH CLINICAL SURGERY, IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

We begin with

CASE No. 2198.—M—, aged sixteen years, applies for treatment of an encysted tumor of the upper lid. It is about the size of a large hazel-nut and of a deep-bluish color. The remedy is by enucleation, and the patient having consented, we will proceed to remove it.

For this purpose we make a crucial incision over it and remove the cyst entire, an operation of more difficulty than would seemingly be the case. We close the wound with sutures and await the result.

(NOTE.—The case did not do well. Erysipelas set in the second day. The sutures were removed and *Belladonna*, and subsequently *Rhus. tox.*, were given. The ecchymosed blood absorbed slowly, and after some delay the wound healed entirely by the second intention.)

CASE No. 2225, is a case of simple hyperæmia of the conjunctiva.

A protective bandage and *Belladonna* are the remedies, and we pass on to

CASE No. 2241, a very interesting one. This man aged forty-three, has for the last two years been troubled with a large quantity of black objects floating before his sight. As you know "black objects" is an indefinite term which may mean much or little. Fine black spots, lines, threads or motes, as they are variously called, are seen in the visual field of many whose eyes and sight are perfect, and within a certain range may be considered physiological. Again they are accompaniments of myopia, generally in the highest degrees, and while not physiological, are as a rule pathological accompaniments of minor importance. They are also the precursor of blindness (amaurosis) and attendant on derangement of the digestive organs and brain.

The rule may be laid down that objective spots, motes, etc., or in other words, those which may be seen by the ophthalmologist, with or without the ophthalmoscope, are always pathological. Physiological motes are not seen objectively.

Examining this case in the dark room, we find that we have but to cast a glance into his eye to see that the fundus is partially obscured with opaque inky-black objects, that they move about rapidly as he rolls the globe, slowly settling down when the eye is at rest.

What are these objects? is the query at once suggested. Undoubtedly products of inflammation in the vitreous humor.

There is a marked difference between the objects seen in this case and that of the man in the adjoining room,

CASE No. 2142, aged about fifty years, those in this latter case being the accompaniments of a high grade of myopia, and attended with large posterior staphyloma, atrophy, and marked amblyopia.

I might talk to you hours on this topic and you would not gain one-half the idea of the difference between the two, that you will by, in turn, inspecting them yourself with the ophthalmoscope. The patients and the dark-room are at your disposal, and I urge you all to avail

yourselves of the opportunity. Both cases are unique and comparatively rare.

CASE No. 2241 is a complicated case of chorio-retinitis. The man has waited so long, and is so far on the road downwards, one eye being almost filled and blind, that I am apprehensive of the result, but we place him on *Merc. iod.*, and instructing him to continue his present precautions, request a return in two weeks.

CASE No. 2142 is totally incurable in the present state of our art. It is extremely to be regretted, as he tells me he is desperate, and if not relieved, meditates suicide. This trouble is akin to noises in the ear; it renders patients desperate and often excites them to extreme measures to obtain relief. The point was alluded to in the clinical lecture on deaf-mutism last October.

So far as the floating of motes in the field of vision is concerned, he can obtain relief by wearing dark-blue or smoke colored glasses. These are often combined with the appropriate concave lenses, and frequently are of the greatest service. * * * *

The patient tells me he will not wear them however.

CASE No. 2103, appears before you early in life, in the arms of her nurse. Not yet a week old, she is the victim of ophthalmia neonatorum. It is a sad commentary on the medical profession that so many cases of blindness occur from this disease. Were not the tabulated statistics evidence, it would be utterly incomprehensible.

The symptoms or pathology of this trouble need not be dwelt on; you have had them fully explained in the didactic course. It is hoped that you all at least will understand that the "eyes" (irides) of all babies are blue until several weeks after birth, (except in Albinos) and that there is no necessity to inspect them by fond mothers to ascertain their color, or to fill them up with domestic remedies without provocation.

Mr. Carter lays it down as a rule that there is never any excuse for loss of sight consequent on this disease. While this may possibly be a little too severe, it is undoubtedly true that there is only in the extremest and rarest cases any necessity for such a dire result.

The prescription in this case is absolute cleanliness of the eyes and lids. No matter how much labor may be entailed, the cleanliness must be maintained. From a collyrium of *Nitrate of Silver*, one grain to the ounce of distilled water, a drop will be instilled in each eye night and morning, and a powder of *Argent. nit.*, 30x trituration, will be given thrice a day.

(NOTE.— Cured in seven days.)

We next turn to

CASE No. 2118, boy, aged nine years, who has a polypus in the right external auditory canal. On inspection with the otoscope its attachment is found to be sessile and near the outer end.

Much ingenuity has been expended quite unnecessarily in devising instruments for removing these obstructions and evidences of disease. Each case presents the question as to the simplest means of removing the growth—nothing more—and the armamentarium of chain-saws, expensive ecraseurs, etc., is quite unnecessary. If pedunculated, you may remove a polypus with the wire ecraseur; if sessile, you cannot to advantage, but may twist it off with forceps, cut it out with scissors, or tear it out piecemeal. Much force is to be avoided, but the degree that may with safety be used depends entirely on where and how the attachments are made. The same force that might be used for extirpating one near the outer end of the bony canal, would be wholly out of place and highly dangerous when applied to one located by peduncular attachment within the drum—say on the promontory—as the immense one was which we removed last fall. All these operations are not dangerous when well done; all may be highly dangerous when performed without discretion.

In this case we seize the growth with a pair of Von Græfe's fixation forceps and cut it out with curved scissors, syringing the canal from time to time. The bleeding is generally inconsiderable—sometimes a dab of Monsell's solution is necessary to check it.

(NOTE.— Removed accordingly.)

CASE No. 2055, you will all recognize as the interesting case we have had here before twice. French, aged thirty-six, by occupation a clerk. He came to us with his sight equaling 14—200, complaining that it had been failing for two years, but very rapidly the past three or four months. His general health was excellent. An ophthalmoscopic examination then made showed atrophy of the optic nerve. Without spending any time discussing the mooted questions of choked discs and similar hobbies, we considered it not improbable that at a time antecedent to his present trouble, nerve swelling had taken place. Some of you will remember we had a similar case in the beginning of last summer in the wife of one of our best students, who kindly allowed you to see it. The course was different in that case; resolution was complete, and sight became perfect. Not so in this. Either the swelling was greater, and the nutritive supply of blood was choked

off, or else there is sclerosis of the nerve centers, to which latter opinion I am inclined from his history of the case.

You will also remember that it was mentioned that we had a remedy in *Strychnia* which was often valuable, but not specific, or nearly so, as some enthusiasts would have it. We gave him *Nux vom.* 3x (which it is worth while to remember is not *Strychnia*.) on which remedy he has been. He reports so much benefit that our house-physician, Dr. Pillsbury, decided to send him in before you. You hear what he says, that he has noticed great improvement, that he "no longer feels afraid to step off," that the uncertain aspect of the ground is removed, and that he can read a newspaper, "a thing I have not done before for months and months." He will continue the remedy and again report his condition.

(NOTE.—This patient continued to come, reporting continued benefit for several weeks, when feeling himself able to go to work again, he discontinued his visits, and has been lost sight of.)

CASE No. 1826 is here again to-day as anxious as ever to get her bottle refilled. It is a most interesting case, and one in which I know you have all been deeply interested.

Ever since Mr. Hutchinson pointed out to us the nature and causes of these cases, they have been a source of deep study. It is a terrible thing to be born into the world in such a condition as this child was, terrible to see how powerless we are, at times, to check the ravages of this disease; but when such success attends our efforts as has in this case, we may well be hopeful for future ones.

Your clinical lecturer on these topics, Professor Hoyne, in the consideration of this class of constitutional diseases, has rendered it unnecessary for me to more than mention the cause. The etiology and specific diagnosis of the case was taken up and discussed when the case was first presented. As you remember, it was a case of interstitial keratitis dependent on hereditary syphilis. Both corneæ were opaque, and of that peculiar ground-glass appearance so characteristic of the disease. She was totally blind, being led here by her mother, who told us she had been under the care of Old School oculists, (to whom she had paid hundreds of dollars,) for nearly two years, growing no better, but much worse at times. Both corneæ are now perfectly clear with the exception of a streak in the left; she sees perfectly well to go about, and will be able to acquire an education. We will examine with the ophthalmoscope and see what complications are apparent.

The remedies she has taken, which from time to time you have recorded, are *Nux vom.*, *Mercurius iodatus*, and *Calcarea carb.*, and she has had frequent instillations of a solution of *Atropine*.

We now pass to the last patient.

CASE No. 2242, girl, aged fourteen years, is one of convergent strabismus. The squint equals nearly five lines, and will require an operation on both eyes. The theory and action of the muscles has been so fully explained, that no more will be said than that tenotomy of the internal rectus of the left eye will be performed; we shall then wait several weeks, and if all is well, divide the corresponding muscle of the other eye.

While Drs. Pillsbury and Rockey are *Etherizing* the patient, let me recall to your minds all that has been said about the dangers of the operation. The three cases we had of the hideous deformity resulting at the hands of so-called oculists in the performance of this operation, should warn us that a thorough knowledge of the subject is essential to success. The prejudice we often find against the operation is largely due to this, and like the terrible results obtained, is entirely unnecessary. CASE No. 1378 was an example of this shocking deformity. The axis of vision of each eye you will remember was everted to a right angle from the proper associated angle of vision, so that it was necessary for the patient to turn his side to you to see at all, each side being in turn presented according as he desired to see with the eye of that side. * * * * *

(NOTE.—The operation was performed as mentioned, by the sub-conjunctival method. A similar operation by the German method will be performed on the other eye.)

COMPULSORY VACCINATION.

Compulsory vaccination in England seems to work well, judging from statistics of deaths from small-pox in St. Luke's parish — one of the poorest — prepared by Mr. Neighbour, sanitary officer for the district. He shows that previous to the adoption of the compulsory act, the deaths from small-pox during 1873, to 1876, averaged 146 per annum. In the next four years, during a partial enforcement of such a clause, the deaths averaged fifty-two. In 1871 the small-pox epidemic carried off 504. Then the number again fell to fifty-two, but during the succeeding years to the present one, under an absolute enforcement of the compulsory act, there has not been one death from small-pox.

Ophthalmic Department.

ACCOMMODATION AND REFRACTION IN RELATION TO CATARRHAL CONJUNCTIVITIS, BLEPHARITIS AND HEADACHE.

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

Read before the Illinois State Homœopathic Medical Society.

In previous years the selection of a subject by myself to be presented at this, our annual state gathering, has always hinged upon the answers to the question, will it be of practical value to the general practitioner? Such papers have been offered as seemed to contain something that might be used at once in search of the cause of a disease which was likely to evade any but a careful examination, or that would make clear the efficacy and relationship of a remedial agent which otherwise might not have suggested itself.

Understanding that this special department, like each of the others, owes its existence to the broad basis of general knowledge from which it sprang, and knowing that this foundation should be enlarged and enriched by the contributions from the various specialties for the benefit of the whole and each other, the endeavor has been made to present facts and conjectures revealed to the investigations of ophthalmologists which may be utilized in other and broader ways. For the same reason and with the same end in view the ideas contained in this paper are offered, and your attention is invited to the significance of certain errors of refraction and accommodation in conditions where their presence may be overlooked, or if recognized, are apt to be misinterpreted in relation to the more prominent condition.

Some cases are given herewith which tend to illustrate that an abnormal shape of the eyeball, or want of harmony in action between the ciliary or accommodative muscle and the internal rectus or converging muscle may (1) cause recurring attacks of catarrhal conjunctivitis, (2) lead to and maintain a blepharitis, (3) be the exciting cause of frequent frontal or occipital headaches without the patient being

conscious of any strain upon or fatigue in the eye. The cases will be more intelligible and instructive, if the true meaning of refraction and accommodation is clearly understood.

An eye is in a normal *refractive* condition when parallel rays of light from an infinite distance falling upon its media of lenses are brought to a focus upon the layer of rods and cones of the retina, all action of the ciliary muscle having been annulled. The normal refractive state or emmetropia depends upon the anatomical condition of the component parts of the globe. When the globe is too long from before, backwards, and rays of light are brought to a focus before the retina, the condition of myopia is present. When the globe is too short from before backwards, and rays of light would be brought to a focus behind the retina, the condition of hypermetropia exists. Shortsight and oversight are then errors of refraction, and their correction demands the assistance of concave and convex glasses respectively. In the long eyeball the parallel rays of light must be diverged before entering the eye, that their focal point may be pushed backward, whereas in the short eyeball the parallel rays must be converged before passing into the eye, that their focal point may be brought forward.

Binocular *accommodation* depends upon the physiological action of the ciliary and recti muscles, and between these muscles there exists the most intimate and dependent relation. The state of accommodation or its amount corresponds to a definite convergence of the visual lines. When rays of light are parallel and fall upon the emmetropic eye, it is accommodated for infinite distance; but when these rays have a convergence of twelve inches, the eye is accommodated for twelve inches. And conversely, when the eye is accommodated for a given distance, convergence to the same point is at once established. This may be demonstrated by placing a weak concave glass before an emmetropic eye.

The effect of this glass will be a divergence or spreading of the rays of light and the production of an artificial oversight, or hypermetropia, that is, the rays will not be brought to a focus upon, but behind the retina. To overcome this effect of the glass, and focalize the rays upon the retina, the ciliary muscle will contract, or in other words accommodate itself. This act of accommodation will be accompanied for a corresponding convergence, and the object viewed will either appear double or one eye will squint to a greater or lesser extent, according to circumstances.

If from any cause the ciliary muscle is so weakened that it will have

to expend an effort sufficient in health to accomplish an accommodation for twelve inches, but now only enough to adjust the lens for fourteen inches, the internal rectus working in connection with the ciliary muscle would converge the eyes for twelve inches. Discord is at once established, for while the lens is adjusted for fourteen inches the eyeball is turned to a point corresponding to the mental effort put forth upon the ciliary muscle, which in this instance is twelve inches.

So also if from any cause the internal recti or converging muscles of the globe were so weakened that a nerve force sufficient in health to adjust the eyes for twelve inches, only accomplished a convergence of fourteen, the ciliary muscle would adjust the lens for twelve inches, the point aimed at by the recti.

In this way spasmodic conditions of the ciliary and recti muscles are produced, and the consequent irritation reflected upon the lid edge, the conjunctiva, the brain and the nervous system generally.

CASE I. Miss P., aged seventeen. Has to use her eyes continuously in sewing, and for some months past has been troubled with attacks of acute catarrhal inflammation of the conjunctiva. A simple wash would serve to quiet the attacks in a few days, but their frequent occurrence led her to consult me. It was discovered that she had a manifest hypermetropia of 1-24, and yet had perfect vision, 20-20, and a good range of accommodation. The constant strain upon the ciliary muscle to secure this vision had not been expressed by the usual symptoms of asthenopia, such as pain in the eyes and over the brows, blurring of the print, etc., but had developed a catarrhal condition of the conjunctiva. The refractive defect was corrected by a convex, twenty-four glass, and the patient continued her work with freedom from any other trouble.

The following is selected from a number of cases of a similar character, to illustrate the apparent connection between myopia (or hypermetropia) and an inflammation of the edge of the lid :

CASE II. Mr. D., aged thirty, student, sought relief from a blepharitis affecting the lids of both eyes. After a close application to his books, especially the Greek, the lid edges would become very red, the conjunctiva would smart and burn, get reddened on the globe, and secrete a slight mucous discharge. After rest the conjunctiva would clear and the unpleasant symptoms disappear though the tarsal margin of the lids would remain somewhat reddened, thick, and each morning be coated with a bran-like secretion along the roots of the lashes. He had obtained temporary relief a year before by the

local use of an ointment prescribed by an educated oculist, but his work over his books had developed the difficulty again. He was found to be shortsighted, having better vision in one eye than other. In reading and writing he brought the left eye nearer the table than the right, which would explain the difference in the following test: Right eye vision 20-200, myopia 1-24, vision 20-20; right eye, vision 20-40, myopia 1-42, vision 20-20. Believing that the lid trouble would disappear by correcting the anomaly of refraction, he was placed upon *Physostigma* 3x internally, four times daily. Under its use the myopia was reduced to 1-50 in the left eye and 1-60 in the right eye, and without glasses the vision of the left or worse eye raised to 20-70. His range of accommodation was also increased ten inches, and the lids got well without any other treatment.

CASE III. Miss M., aged twenty-two, consulted me with regard to her shortsight, which she learned might be improved by internal medication. She had experienced no inconvenience in the eyes themselves, except the limited vision, but during the examination it was developed that she was a victim of frontal and occipital headache, often accompanied by much dizziness, nausea and inclination to vomit. These headaches had been occurring twice or three times a week during the previous year, and were made worse by study or much reading. They were attributed to the action of the brain and regarded as evidence of a feeble constitution. That the headache might be connected with any trouble in the eye had not occurred to either physician or patient, and numerous remedies having failed to relieve it, the attacks were endured and study and reading limited. The popular error that a myopic eye is an unusually strong one was entertained in this case, and so far from complaining of pain in the eye on use, or being led by the eye pain to think of that organ as the seat of the head difficulty, the patient was inclined to be proud of the acute vision which she enjoyed in viewing objects closely and speak of the achievement as indicative of great strength. The test of the vision showed a myopia of 1-3 $\frac{1}{2}$ in each eye, which being corrected by the proper glass gave a vision of only 20-70, leaving an amblyopia of 5-7. The most distant point at which she could read Snellen 1 $\frac{1}{2}$, was 5." and the range of accommodation was one inch. All fine work thus had to be brought close to the face, and to maintain binocular vision the internal recti muscles were taxed to a marked degree. This over-taxing of the recti led to derangement of the ciliary, and thus complicated the original short sight. She took *Physostigma* 3x internally

four times a day for one month which diminished the myopia to 1-5, raised the vision to 20-30 and increased the range of accommodation four inches; at the same time the headaches disappeared and her general condition so much improved that "she felt like a new person." She regarded herself as perfectly well.

CASE IV. Miss K., aged seventeen. While under treatment for ear trouble complained so often of headaches brought on while studying in school or while practicing on the piano, that I was led to examine into the condition of the eyes. These were painful at times, but so slight as compared with the headaches, which was chiefly frontal, that the pain was regarded as an extension to the eyes rather than having its origin there. It was known that the vision of one eye was different from that of the other, but the fact had never been mentioned to the family physician, and had long been dismissed from mind under the impression that the condition had always been so and was not remediable. A careful test showed that with the right eye fingers could be counted only at ten feet, that when the existing myopia of 1-15 was corrected by a suitable glass vision was only 2-3. The range of accommodation was reduced to two inches. The left eye had vision 2-3, myopia of 1-48 and a range of accommodation of nine inches. She received *Physostigma* 3x internally for three weeks, during which the range of accommodation in the right eye was raised to nine inches to correspond with the left. Vision without glasses became 20-200, a little more than twice as good and with concave 16 was 20-20. In the left eye the myopia was reduced to 1-60. Concave 16 before the right and concave 60 before the left eye were the glasses prescribed, and their constant use enabled the patient to use her eyes as much as she pleased without any headache whatever.

GRANULATED EYELIDS.—An unmarried lady had for many years been subject to repeated attacks of this affection, which, each time, under the treatment of an oculist, was suppressed by the use of washes. Right eye much the worse; sensation of heaviness of the lids, making it difficult to raise them; aggravated by stormy weather. One dose of *Rhus* 1700 gave prompt relief, and the trouble disappeared in about two weeks, and had not again appeared in years after.

B.

Society Proceedings.

ILLINOIS ASSOCIATION.

SCIENTIFIC COMMITTEES.

The president then announced the following committees and delegates:

CLINICAL MEDICINE—A. E. Small, M. D., Chicago; L. Pratt, M. D., Wheaton, F. H. Van Liew, M. D., Aurora; A. W. Woodward, M. D., Chicago; M. McAfee, M. D., Mount Carroll; M. M. L. Reed, M. D., Jacksonville; S. J. Merryman, M. D., Aledo; J. S. Mitchell, M. D., Chicago; Sarah E. Wisner, M. D., Chicago; J. Keck, M. D., Barrington; R. B. McCleary, M. D., Monmouth; R. F. Baker, M. D., Davenport, Iowa; G. E. Cowell, M. D., Elwood.

OBSTETRICS—G. A. Hall, M. D., Chicago; R. N. Foster, M. D., Chicago; G. W. Foote, M. D., Galesburg; Mrs. L. C. Purington, M. D., Chicago; W. C. Parker, M. D., Waukegan; L. C. Grosvenor, M. D., Chicago; John Moore, M. D., Quincy; L. Dodge, M. D., Chicago; M. Troyer, M. D., Peoria; A. H. Potter, M. D., Maquoin; A. Stockwell, M. D., El Paso.

DISEASES OF WOMEN—R. Ludlam, M. D., Chicago; J. A. Vincent, M. D., Springfield; Mrs. Helen J. Underwood, M. D., Chicago; M. J. Chase, M. D., Galesburg; S. P. Hedges, M. D., Chicago; F. L. Bartlett, M. D., Aurora; J. P. Gully, M. D., Geneva; R. N. Tooker, M. D., Chicago; F. C. Gale, M. D., Lacon; H. N. Keener, M. D., Princeton; J. W. Streeter, M. D., Chicago; M. C. Sturtevant, M. D., Morris.

DISEASES OF CHILDREN—T. C. Duncan, M. D., Chicago; E. M. P. Ludlam, M. D., Chicago; J. P. Willard, M. D., Jacksonville; W. R. McLaren, M. D., Oak Park; D. A. Colton, M. D., Chicago; H. M. Bascom, M. D., Ottawa; J. P. Mills, M. D., Chicago; L. H. Holbrook, M. D., Chicago; H. M. Hobart, M. D., Chicago; J. H. Miller, M. D., Abingdon; E. H. Stillson, M. D., Knoxville; E. Perkins, M. D., Peoria.

SURGERY—W. Danforth, M. D., Chicago; Chas. Adams, M. D., Chicago; A. G. Beebe, M. D., Chicago; M. B. Campbell, M. D.,

Joliet; M. M. Eaton, M. D., Peoria; E. W. Taylor, M. D., Freeport; H. W. Stennett, M. D., Bloomington; J. Antis, M. D., Morris; T. Putnam, M. D., Farmington.

OPHTHALMOLOGY—W. H. Woodyatt, M. D., Chicago; C. H. Vilas, M. D., Chicago; F. H. Foster, M. D., Chicago; G. R. Woolsey, M. D., Normal; S. J. Ricker, M. D., Aurora; S. J. Bumstead, M. D., Pekin.

ANATOMY—E. H. Pratt, M. D., Wheaton; S. P. Cole, M. D., Chicago; Chas. H. Adams, M. D., Normal; L. S. Cole, M. D., Chicago; J. H. Miller, M. D., Abingdon; R. B. Johnson, M. D., Morrison; J. P. Garvin, M. D., Alton; S. Bishop, M. D., Bloomington.

PHYSIOLOGY—C. B. Gatchell, M. D., Milwaukee; A. L. Van Paten, M. D., Mount Carroll; C. S. Ruden, M. D., Beecher; H. B. Wright, M. D., Bloomington.

PATHOLOGY—J. E. Morrison, M. D., Hyde Park; C. S. Eldridge, M. D., Chicago; M. S. Carr, M. D., Galesburg.

HISTOLOGY—M. C. Bragdon, M. D., Evanston; J. Dal, M. D., Chicago; S. R. Mason, M. D., Sheffield; Geo. E. Hall, M. D., Chicago; A. R. Bartlett, M. D., Aurora.

HYGIENE—W. S. Johnson, M. D., Hyde Park; R. B. Brigham, M. D., Indianapolis; J. C. Burbank, M. D., Freeport; A. E. Small, Jr., M. D., Lincoln; C. H. Stillson, M. D., Knoxville.

MATERIA MEDICA—T. S. Hoyne, M. D., Chicago; W. J. Hawkes, M. D., Chicago; W. H. Burt, M. D., Chicago; C. A. Jaeger, M. D., Elgin; T. Bacmeister, M. D., Toulon; C. S. Fahnestock, M. D., LaPorte; C. B. Gatchell, M. D., Milwaukee; A. W. Woodward, M. D., Chicago.

ELECTRICITY—N. F. Cooke, M. D., Chicago; N. B. Delamater, M. D., Chicago; D. A. Cheever, M. D., Champaign; J. Dunn, M. D., Bloomington.

CLIMATOLOGY—H. P. Gatchell, M. D., Highwood; McCann Dunn, M. D., Bloomington; G. A. Corning, M. D., West Bend, Wis.; O. H. Mann, M. D., Evanston; Thomas H. Trine, M. D.

PSYCHOLOGY—E. Parsons, M. D., Kewanee; W. D. McAfee, M. D., Rockford; J. A. Bell, M. D., Naperville; H. B. Fellows, M. D., Chicago; C. D. Fairbanks, M. D., Englewood; S. E. Trott, M. D., Wilmington; Mary E. Hughes, M. D., Chicago; C. N. Dorion, M. D., Chicago.

CHEMISTRY—T. D. Williams, M. D., Chicago; H. N. Small, M. D., Chicago; W. H. Buck, M. D., Woodstock; J. J. Gasser, M. D., La-

Fayette; Thomas Eccles, M. D., Stirling; J. E. Gross, M. D., Chicago.

MEDICAL JURISPRUDENCE—J. R. Kippax, M. D., Wheaton, Ill.

MEDICAL EDUCATION—R. Ludlam, M. D., Chicago; J. S. Mitchell, M. D., Chicago; H. Smith, M. D., Sycamore; J. A. Styles, M. D., Freeport.

STATISTICS—T. S. Hoyme, M. D., Chicago.

NECROLOGY—A. E. Small, M. D., Chicago.

MEDICAL LITERATURE—F. Duncan, M. D., Osage, Iowa.

PROVINGS—E. M. Hale, M. D., Chicago; J. E. Gilman, M. D., Chicago; M. F. Page, M. D., Appleton, Wis.

LEGISLATION—D. S. Smith, M. D., Chicago; J. H. Miller, M. D., Abingdon; H. N. Keener, M. D., Princeton; M. B. Campbell, M. D., Joliet; M. Bascom, M. D., Ottawa; J. A. Vincent, M. D., Springfield; G. W. Foote, M. D., Galesburg; E. K. Westfall, M. D., Bushnell; S. J. Bumstead, M. D., Pekin; E. M. McAfee, M. D., Mt. Carroll; J. S. Mitchell, M. D., Chicago; W. Danforth, M. D., Chicago; T. C. Duncan, M. D., Chicago; J. P. Willard, M. D., Jacksonville; E. Perkins, M. D., Peoria.

Delegates to the American Institute of Homoeopathy.—R. Ludlam, M. D., Chicago; A. E. Small, M. D., Chicago; D. S. Smith, M. D., Chicago; W. Danforth, M. D., Chicago; L. Pratt, M. D., Wheaton; W. H. Woodyatt, M. D., Chicago; A. G. Beebe, M. D., Chicago; S. P. Hedges, M. D., Chicago; J. A. Vincent, M. D., Springfield; W. C. Barker, M. D., Waukegan; J. S. Mitchell, M. D., Chicago; J. W. Streeter, M. D., Chicago; F. H. Van Liew, M. D., Springfield; M. M. Eaton, M. D., Peoria; E. M. McAfee, M. D., Mt. Carroll; T. C. Duncan, M. D., Chicago; E. M. Hale, M. D., Chicago; Geo. A. Hall, M. D., Chicago; A. W. Woodward, M. D., Chicago; G. W. Foote, M. D., Galesburg; M. B. Campbell, M. D., Joliet.

Delegates to Wisconsin Society—C. B. Gatchell, M. D., Milwaukee.

New York—W. J. Hawkes, M. D., Chicago.

Pennsylvania—T. C. Duncan, M. D., Chicago.

Massachusetts—N. F. Cooke, M. D., Chicago.

Ohio—G. A. Hall, M. D., Chicago.

Michigan—Charles Adams, M. D., Chicago.

Indiana—E. M. P. Ludlam, M. D., Chicago.

Rhode Island—D. A. Colton, M. D., Chicago.

Connecticut—W. D. McAfee, M. D., Mt. Carroll.

Maine—S. J. Ricker, M. D., Peoria.

Iowa—F. Duncan, M. D., Osage.

New Hampshire—T. J. Merryman, M. D., Aledo.

Vermont—E. Parsons, M. D., Kewanee.

Minnesota—L. E. Ober, M. D., LaCrosse.

Missouri—A. H. Potter, M. D., Maquoin.

California—L. Pratt, M. D., Wheaton.

Canada—W. H. Woodyatt, M. D., Chicago.

Germany—M. Troyer, M. D., Peoria.

British Congress—R. Ludlam, M. D., Chicago.

The following notice was given of a proposed amendment to Art. IV. of the constitution, so as to read: "The qualifications of permanent membership in this association shall be as follows, viz., the candidate must have the degree of doctor of medicine from some *legally organized medical school, after at least two full courses of medical lectures, or, failing in this,*" etc.

JOHN W. STREETER.

A. G. BEEBE.

Resolved, That a committee on gynecological surgery be added to Art. VII of the constitution. .

Dr. Troyer addressed the Association in a few words. He said: Society just of age. Organized in December, 1855. Met in Haskell's Hall, a room smaller than this. Does not remember number of members. Time so distant, has most forgotten incidents, but had good time. Homœopathy has progressed throughout the state. He was the first Homœopathic physician here.

Dr. Smith—Holds in his hand a pamphlet, seemingly draped in mourning, but it was only a fashion, for they had a good time. All the members present received offices. Called to order by E. A. Guilbert, and organized.

Several additional names were handed in, but could not be made officers. Met in various places, until finally it became difficult to follow them round. It was then decided, for various reasons, to hold it at Chicago every year, until the cry came up that the rural districts were neglected. So we came down to the fair city of Peoria. But all declared we have had a good time. Was here twenty-one years ago. Thought it was then a pleasant town; thinks it beautiful yet. If health and strength are spared, shall be glad to meet here twenty years hence. Then others present now, with dark hair, will be bleached out, like himself. Homœopathy has advanced, and a noble work has been done by this society, as reports indicate. Believes the young men to come will carry on the work. If ever medical science is to be

advanced, it will be through Homœopathy. Would encourage local societies, but takes no stock in general organizations, etc.

Dr. Small—The father of the association was known, but none seemed to know the mother. We now know that the city of Peoria is our mother. (Cheers).

Dr. Danforth offered the following resolution :

WHEREAS, we believe the organization and operation of the Western Academy of Homœopathy was not in any sense a necessity to the welfare of our professional interests in the west, therefore,

Resolved, That it is our opinion that this Association ought to protest against such organizations, and that with due regard to our best general professional interests we do advise a strict adherence to our state organization; believing that every member of our school living within our state, and gifted with knowledge, or possessed of experience such as to enrich our annals, ought to contribute his best productions to our state societies, so that our society may, as it ought to be, enriched by such contributions, and our reputation as a first-class state society sustained. We would advise and urge other state societies to adopt a similar course, so as to strengthen and establish our state societies, which, unless this course is pursued, will soon fall into decay, and our best interests be sacrificed. Passed.

On motion of Dr. Bascom, the following resolution was adopted :

Resolved, That the thanks of this association are due, and are hereby tendered to the city council of Peoria for the use of their very convenient hall for this meeting, and also to the railroads and hotels for reductions in rates, and also to the press of the city. Adopted.

The Association after passing a vote of thanks to retiring officers, adjourned to meet in Chicago in May 1878.

The Military Tract Homœopathic Medical Society held a session in connection with the State Association, and added much to the interest of the gathering.

T. C. DUNCAN, M. D., Sec'y.

NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.

The twenty-fourth annual meeting of this society was held at the Phenix Hotel, in Concord, May 30, the chair being occupied by the president, Dr. J. H. Gallinger, of Concord.

After the transactions of some routine business, the president gave his annual address, the theme being "Medical Reciprocity." It was an earnest plea for a more honorable discharge of the reciprocal duties that physicians owe each other, and an emphatic condemnation of

those physicians who attempt to gain position or secure patronage by misrepresenting and maligning others in the profession.

Dr. A. M. Cushing, of Lynn, Mass., a delegate from the Massachusetts Homœopathic Medical Society, was introduced, and made a brief address.

Reports from committees were next heard, and the committees on clinical medicine, surgery, epidemics, obstetrics, and gynecology, made reports, which elicited interesting discussions, participated in by various members.

Dinner was served at the Phenix Hotel, after which the society re-assembled, when a committee appointed to draft suitable resolutions on the death of Dr. L. T. Weeks, of Laconia, vice president of the society, reported the following.

WHEREAS, Since the last meeting of this society, one of our most honored members and officers, Dr. L. T. Weeks, of Laconia, has been called from his earthly labors to his eternal home; and *whereas* his fidelity to principle, his nobility of character, and his interest in our society, justly entitle his memory to grateful remembrance, therefore be it

Resolved, That in all the elements essential to true character and genuine work, our late esteemed co-laborer and vice president, Lorrain T. Weeks, M. D., of Laconia, was richly endowed, and we feel a sense of personal bereavement in missing from our annual gathering his genial face and cheerful voice.

Resolved, That as evidence of our esteem and sense of loss, we hereby order that one page of our record book be set aside as a memorial page, expressive of the sorrow of our hearts, and also that a copy of these resolutions be transmitted to the family of the deceased, and published with our proceedings.

After feeling remarks by Drs. J. C. Moore of Lake Village, A. Lindsay, of Laconia, and others, the resolutions were adopted.

The following resolution was adopted :

Resolved, That in all cases when application is made to this society for certificates under the requirements of the act entitled, "An Act to regulate the practice of medicine and surgery in New Hampshire," a personal examination of the qualifications of the applicant shall be made by at least two members of the board of censors, and no certificate shall be issued unless recommended by said censors.

Dr. J. H. Gallinger of Concord was appointed a committee to represent the society before the legislature in opposition to a repeal of the law regulating the practice of medicine and surgery.

A committee was appointed to revise the constitution of the society, and report it in a new draft at the next annual session.

The following officers for the ensuing year were chosen :

PRESIDENT.—Dr. J. H. Gallinger of Concord.

VICE PRESIDENT.—Dr. T. E. Sanger of Littleton.

SECRETARY AND TREASURER.—Dr. J. C. Moore of Lake Village.

COUNSELLORS.—Drs. Charles S. Collins of Nashua, and A. D. Smith of Manchester.

CENSORS.—Drs. T. E. Sanger of Littleton, D. F. Moore of Lake Village, D. L. Jones of Lancaster, J. H. Gallinger of Concord, and W. C. Welch, Jr., of Manchester.

After the selection of delegates to the several national and state societies, and the appointment of committees by the president, the society adjourned to meet in the town of Lancaster on the third Wednesday of June 1878.

**THE NORTH MISSOURI VALLEY HOMŒOPATHIC
MEDICAL ASSOCIATION.**

This association held its second annual meeting at Hamburg, Iowa, June 5th. The meeting was well attended by physicians of Iowa and Nebraska. The president, O. S. Keidler, M. D. of Red Oak, was absent. On motion of T. N. Bragg, M. D. vice president, W. D. Stillman, M. D. of Council Bluffs, Iowa, occupied the chair.

Upon recommendation of the board of censors, D. W. H. Carley, M. D., C. L. Hart, M. D., were elected members of the association.

The election of officers for the ensuing year resulted as follows :

PRESIDENT.—T. N. Bragg, M. D., Hamburg, Iowa.

FIRST VICE-PRESIDENT.—W. D. Stillman, M. D., Nebraska City.

SECOND VICE-PRESIDENT.—A. M. Smith, M. D., Nebraska City.

SECRETARY.—C. R. Henderson, M. D., Glenwood, Iowa

TREASURER.—L. A. Cross, M. D., Magnolia, Iowa.

There were several very valuable papers read before the association which were ably discussed by different members present. The association adjourned at 5 P. M. to meet at Council Bluffs, Iowa, on the fourth Thursday in December 1877.

OREGON STATE HOMŒOPATHIC MEDICAL SOCIETY.

The glorious truths of *similia* are spreading, and another banner bearing the insignia of *similia similibus curantur* is planted in away-off Oregon, away over the great rivers and prairies of the west; over

the Rockies and Sierra Nevadas; in the valley of the beautiful Willamette, a tried and trusty few are fighting the good fight, are winning fields of glory.

Pursuant to an agreement, the following named Homœopathic physicians met at the office of Francis C. Paine, M. D., in the city of Portland: Drs. H. McKennell, of Portland; A. Pohl, of Portland; John Gantenbeen, of Portland; T. J. Sloan, of Portland; Wm. Geiger, Jr., of Forest Grove; Edward A. Shiel, of Salem; G. W. Wilcox, of Albany.

By appointing Dr. Wm. Geiger, Jr., chairman, and Dr. G. W. Wilcox, secretary, the meeting was called to order. Dr. G. W. Wilcox presented a form of constitution and by-laws, which was discussed, and referred to a committee for revision. The society then proceeded to the election of permanent officers.

PRESIDENT.—Dr. H. McKennell was nominated, and elected by acclamation.

VICE-PRESIDENTS.—Drs. Wm. Geiger, Jr., A. Pohl.

RECORDING SECRETARY.—Dr. G. W. Wilcox.

CORRESPONDING SECRETARY.—Dr. T. J. Sloan.

TREASURER.—Dr. Francis C. Paine.

After appointing the usual committees, and a hearty vote of thanks to Dr. Paine for his hospitality, the society adjourned, to meet in Portland on August 8th, 1876. This being the busy season with us, we could not remain in session but one day.

Aug. 8, 1876. The adjourned meeting was held at the office of Dr. H. McKennell, in the city of Portland, Dr. H. McKennell presiding.

After reading minutes of previous meeting, Dr. Wilcox, chairman of the convention, read the revised constitution and by-laws, which were adopted. After the report of different committees, and a few discussions on the prevailing diseases, the society adjourned, to meet in the evening.

EVENING SESSION,

at 7 o'clock, P. M., called to order by the president.

Dr. G. W. Wilcox delivered the first annual address. After a couple of hours' discussion, the society adjourned.

SECOND DAY'S SESSION.

Meeting called to order by the president, Dr. McKennell. After completing our society arrangements, we relaxed into social office talk, which was profitable and agreeable to all.

A vote of thanks was tendered to Dr. H. McKennell for the kind and hospitable manner in which we were received and entertained.

At 3:30 we adjourned, and after the hand-shake all round, we took our different trains or boats, and returned each to his own sanctum.

I look for the coming of THE UNITED STATES MEDICAL INVESTIGATOR as anxiously as I would for the return of a long-absent friend. I do not think I would exaggerate if I would say it was worth its subscription price every month.

G. W. WILCOX, Sec'y.

NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

SECOND DAY

The society reconvened at nine o'clock, and was called to order by president Allen.

The society then proceeded to elect officers, with the following result:

PRESIDENT.—Dr. Egbert Guernsey, of New York

VICE-PRESIDENTS.—First, Wm. Gulick, M. D., of Watkins; second, Henry R. Stiles, M. D., of Middletown; third, H. D. Brown, M. D., of Buffalo.

RECORDING SECRETARY.—Alfred K. Hills, M. D., of New York.

CORRESPONDING SECRETARY.—H. L. Willo, M. D.

TREASURER.—E. S. Coburn, M. D.

CENSORS.—Northern district, Drs. Pearsall, Clark, and Little; southern district, Drs. Whitney, Sumner, and Fiske; middle district, Drs. Terry, Watson and Hollett; western district, Drs. Kenyon, Bishop, and Bryan.

It was ordered that the semi-annual meeting be held at Utica on the first Tuesday of October, and that it continue at least two days, if that time be necessary.

The following gentlemen were nominated to the regent's degree: Drs. H. V. Miller, of Syracuse; Carroll Dunham, of Irvington; W. H. Watson, of Utica; Wm. Gulick, of Watkins.

The following gentlemen were appointed a committee on legislation: Drs. Wm. Gulick, E. D. Jones, H. M. Paine, L. M. Pratt, W. C. Doane.

The following were appointed a committee on institutions: Drs. C. E. Blumenthal and Alfred K. Hills, of New York; A. W. Holden, of Glen's Falls.

THE ASYLUMS.

A resolution was unanimously adopted, expressive of the confidence

of the society in Dr. Henry R. Stiles, late medical superintendent of the Middletown Homœopathic asylum for the insane.

The committee appointed yesterday to consider the matter of nominating to the trustees of the Middletown insane asylum, of a medical superintendent, etc., reported as follows :

First, a majority report in favor of nominating to the governor suitable persons who are known Homœopathists, to fill vacancies in the board of trustees, and the following named gentlemen were nominated by ballot: Dr. A. E. Sumner, of Brooklyn; Hon. Wm. Hering, of New York; Fletcher Harper, Jr., of New York; J. H. Peets, of New York; J. H. Norton, of Middletown.

Second, a minority report was made by the chairman, recommending the nomination of a superintendent, and A. W. Holden, M. D., of Glen's Falls, was so nominated. Considerable discussion ensued.

MORE REPORTS.

The report of the bureau of ophthalmology, with the departments of otology and laryngology, were presented by the secretary, Dr. Alfred K. Hills, representing the following papers: Diphtheria, by J. A. Terry, M. D.; Laryngoscopy, its Principles and Practice, by E. J. Whitney, M. D.; Aural Polypi, by W. P. Fowler, M. D., of Rochester, N. Y.; The Faradic Current in the Treatment of Tinnitus Aurium, by E. B. Squier, M. D., of Syracuse, with remarks by Henry C. Houghton.

The bureau was declared closed, and Dr. C. T. Liebold, of New York, elected chairman for the ensuing year, and W. S. Searle, of Brooklyn, chairman of the department of otology, and C. E. Jones, M. D., of the department of laryngology.

AFTERNOON SESSION.

Dr. A. W. Holden, of the bureau of surgery, presented the following papers: Surgical Report, by T. Dwight Stow, M. D.; Concerning Lateral Dislocations of the Astragalus, Complicated with a Fracture of the Tibia, or of the Fibula, by H. I. Ostrom, M. D., of New York; Urinary Infiltration, Etiology, Diagnosis, and Surgical Treatment, by Henry G. Preston, B. A., M. D., of Brooklyn; Gunshot Wound of the Liver, Complicated With Lesions of the Gall-bladder, by A. W. Holden, M. D., of Glens Falls, N. Y.

On motion, the bureau of surgery was closed, and M. O. Terry, M. D., of Utica, was elected chairman for the ensuing year.

Dr. A. R. Wright, of Buffalo, presented the report of the bureau of

climatology, consisting of the following papers : Report on Prevailing Diseases in Connection With Meteorological Changes, by H. M. Paine, M. D., of Albany ; Report of an Epidemic in Northern New York, in 1876 ; Report on Hygiene, by L. B. Wells, M. D., of Utica ; Climatology of Warren County, by A. W. Holden, M. D., of Glen's Falls. The papers were referred to the publishing committee.

Dr. Wilson, of Connecticut, called the attention of the society to an epidemic of intermittent fever.

The bureau was declared closed, and Dr. A. R. Wright was elected chairman for the ensuing year.

The secretary read a paper on *Cocculus* in Dysmenorrhœa, by Emma Scott Wright, M. D., of New York.

The bureau of gynæcology was then closed, and Dr. A. P. Throop was elected chairman for the ensuing year.

The bureau of pædology was closed, and Dr. James A. Bigler, of Rochester, was elected chairman.

The bureau of histology was closed, and Dr. T. D. Bradford was elected chairman for the ensuing year.

The bureau of vital statistics was closed, and Dr. S. H. Talcott elected chairman.

The bureau of medical education is as follows : Drs. John F. Gray, of New York, Dunham and Holden.

After the transaction of some minor business, the society adjourned.

Materia Medica Department.

CHARACTERISTICS OF CONIUM.

BY T. S. HOYNE, A. M., M. D., PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS IN HAHNEMANN COLLEGE AND HOSPITAL, CHICAGO.

Conium Maculatum.—Hemlock.

Antidotes.—Alcoholic Stimulants, *Coffea*, *Nitr. Sp.*

Duration of Action.—One Month.

Mental Symptoms.—The important mental symptoms are : Dreads being alone but avoids society ; great concern about little things ; inability to sustain any mental effort ; loss of memory.

Cephalalgia.—*Conium* has served us when these symptoms were

present: Brain sensitive to noise; sensation as if the brain were too full and would burst; pain in the occiput;—at every pulse it feels as though pierced with a knife; sensation as of a large heavy lump in brain; spells of tearing headache with nausea.

CASE CCCCLXXIII. After over-study, feeling at times of a foreign body under the skull, in vertex; better during reading, worse after reading; worse on going to sleep, or from excitement, or thinking of the pain; better by touch. The relief during reading seemed to rise from the mind being diverted from the pain. *Conium* 3000, one dose cured. Dr. Berridge.

CASE CCCCLXXIV. Eyes feel as if pulled outwards from the nose (ext., rectus mus.); photophobia; vertical pain in head worse in the open air; often has to leave school from a sensation coming over her—an overpowering giddiness; long sighted. *Conium* 8x cured. Dr. R. T. Cooper.

Migraine.—Dr. Trinks says: “*Conium* I have several times tried with hysterical elderly unmarried women, but without observing any beneficial results.”

Ophthalmia.—In scrofulous affections of the eye, *Conium* is very useful, particularly when the disease is chronic accompanied with great photophobia, and burning heat, from time to time, in the eye, but no inflammation.

CASE CCCCLXXV. Young lady, aged eighteen, lymphatic scrofulous constitution; swollen glands around the neck; severe photophobia; both daylight and artificial light unbearable; no inflammation, no pain. *Conium* 200, one dose cured the eyes in six days;—two months later the swollen glands had disappeared. Dr. W. Eggert.

CASE CCCCLXXVI. July 14. S., aged four and one half, right eye bloodshot; lachrymation; it always aches on lying down to sleep; agglutination in forenoon; irritable; urine turbid; had jaundice two years ago; has had “drops” for eyes; always thirsty; sweats often in head, face and neck. *Conium* 200, three doses two hours apart. July 18 nearly well. Cured. Dr. R. M. Theobald.

Injuries.—After wounds of the eye, *Conium* is some times useful for the photophobia that remains.

CASE CCCCLXXVII. After a wound of the cornea, in a boy aged eight, some humor of the eye had escaped through the wound; the iris had fallen forward and part of the same was pinched between the lips of the wound. Dilating the pupil with *Bell.* caused the iris to retract to its former place; *Arnica* 3 cured the wound, and *Conium* 6

the photophobia which had long resisted other remedies. Dr. Dudgeon.

Iritis.—The following symptoms indicate it in this affection : Pressure in the eyes, especially when reading ; drawing pain and redness of the eyes ; heat and burning in eyes ; tremulous look, as if the eyes were trembling ; photophobia, with pale redness of the eyeball, or partial congestion of the conjunctiva ; obstruction of sight ; red appearance of objects ; dark points and colored streaks in the room ; aversion to light without inflammation of the eyes ; aching in the eyeballs, increased by reading in the evening, and by closing the eye.

Cancer, Polypi of Conjunctiva.—Dr. Payr suggests its employment in these affections.

Amblyopia.—It has been recommended for amblyopia due to injury of the spinal cord.

CASE CCCCLXXVIII. A young man was violently thrown from his carriage ; for several days he was senseless and in convulsions. On recovering partly from the shock was unable to distinguish persons and objects about him. *Arnica* was the main remedy. *Conium* afterwards removed the spinal irritation consequent upon the shock and restored also the sight. Dr. A. E. Small.

Cataract.—It is claimed that *Conium* has cured cataract following an injury of the eye.

CASE CCCCLXXIX. Among the curiosities of practice I would mention the cure of a case of cataract following an injury to the right eye, which had caused total loss of sight. The patient was taking *Conium* 3 for a fetid ulcer on the leg, and after a course of about a fortnight she, to her surprise, found sight returning to the eye in which for eighteen years she was totally blind. When I left Cambridge the sight was not fully restored, but the patient could distinguish colors and could tell whether the dress was striped, and whether a piece of paper was plain or printed upon. Dr. Wm. Bayes.

Pustular Inflammation of the Cornea and Conjunctiva.—Dr. Geo. S. Norton gives the following indications : Pustules on the cornea with some discharge and intense photophobia ; eye feels worse at night. The intense photophobia and profuse lachrymation are out of all proportion to the amount of trouble ; thus the lids are only opened with great difficulty, and when done a flood of hot tears spurt out. Pains various, worse at night. With all this intense photophobia, etc., there is very slight or no redness of the conjunctiva, not sufficient to account for the severity of the symptoms.

CASE CCCCLXXX. Bertha H., aged five ; has been troubled much

with phlyctenular conjunctivitis. Pustules superficial; she had been declared to be scrofulous by another oculist, and her system treated on general principles. *Photophobia intensa, wholly out of proportion to appearances, and when the eyes are opened a gush of hot tears takes place.* Goes around with her head and body bowed down from the photophobia. *Conium* 3x cured. Dr. C. H. Vilas.

Chronic Otitis.—*Conium* proves beneficial when there are stitches in and about the ear, with the accumulation of a quantity of ear-wax, and bloody pus; humming noises in the ear and deafness, ceasing when the ear-wax is removed.

Coryza.—The acute form of catarrh seldom requires this remedy, but in

Chronic Catarrh.—*Conium* is suitable for old people and old cases. There is a taste as of a cold extending from the posterior nares to the mouth. The smell is very acute, or there is a smell as of tar in the back part of the nose, with imaginary taste of tar. The nose is usually obstructed.

Epistaxis.—When due to suppressed menses, or when accompanied with a purulent discharge from the nose, and an excessively acute smell requires *Conium*. The nose bleeds when sneezing; jerking sensation in the cardiac region; nose bleed of aged persons.

Cancer of Nose, Tongue, Lip, etc.—It has been recommended for these affections, and there is no reason why it should not prove as serviceable as in cancer of the breast.

Acne.—Dr. Hirsch employs it in acne of the face (obstinate cases), in combination with baths of salt water twice a week.

Prosopalgia.—In this affection *Conium* undoubtedly deserves the first place when the pain is worse at night, with or without swelling of the cheek. We were the first to call attention to this remedy in this affection, (see *Medical Investigator*, Vol. VI.)

Odontalgia.—*Conium* cures when the teeth feel loose while chewing; drawings in the hollow teeth on eating, not on drinking cold things.

CASE CCCCLXXXI. Three years since we had under treatment a case of spermatorrhœa, in a young man. The disease was the result of onanism, and was most aggravated. *Conium* was exhibited in the first decimal dilution; a dose three times each day. The first dose induced "pain in the teeth," a jerking pain, and during mastication the teeth seemed to be "loose." For three days the pain was severe for an hour after each dose, and then gradually subsided, to be renewed when the next dose was taken. The patient had no decayed teeth,

and had never before suffered odontalgia. On his second visit he mentioned the matter, and objected to taking any more of "that medicine." We, however, gave him the third, and this reproduced the same symptom, but in a minor degree. The following week, contrary to his wish *Conium* was repeated in the 15th and the symptom was again observed, but consisted simply of *twinges* in the teeth, and these were not unbearable. During the exhibition of *Conium* the excessive nocturnal (and daily) pollutions were markedly reduced in frequency and quantity. Dr. E. A. Guilbert.

Glossitis.—"Soreness of the tongue, soreness about the root of the tongue, glossitis, swelling of the amygdaloid glands, I have seen cured very speedily by *Conium* 1st to 30th." Dr. Wm. Bayes.

Diphtheria.—Occasionally *Conium* is useful, for, deficient circulation in the venous capillaries; somnolence with constantly waking up and changing position; incessant coughing, with sawing, snoring breathing; much difficulty in voiding urine, which becomes turbid on standing; exudation dirty grayish.

Spasmodic Stricture of Œsophagus.—This remedy sometimes cures after the failure of *Hyos.*, *Cicuta*, *Bell.*, *Aconite*, etc. Pressure in the œsophagus, as if a round body were ascending from the stomach; spasmodic constriction of the throat; hard swelling of the glands, with stinging and stitches after contusions and bruises. Worse at night; when eating; when lying down.

Laryngo-Tracheitis.—*Conium* removes these symptoms: scraping in the larynx, with the sensation of a dry spot in that place causing a dry hard cough and hoarseness; hacking almost continual cough, worse at night on lying down,—obliges him to sit up; during cough, headache, stitching pains in the side of the chest, flatulence, pains in abdomen; lying down and taking a deep breath causes cough also in the day-time. Especially suitable for aged persons, scrofulous individuals, and children.

Bronchitis.—" *Conium* is one of the most important intercurrent medicines," according to Meyhoffer, "in those forms of chronic cough which can only be referred to enlargement of the bronchial glands or irritation of the laryngeal lining. A dose usually prevents (if taken at bed-time) the dry hacking laryngeal cough. In swelling of the bronchial glands its action is less prompt and its influence soon exhausted."

Whooping Cough, following measles or scarlatina, in scrofulous children, is well met by *Conium*. Also coughs during pregnancy, when the

cough is dry, periodic caused by an itching in the throat; aggravation when talking or laughing. Hacking almost continual cough, worse at night lying down. *Conium* will be found of excellent service for the dry cough which is a frequent accompaniment of hypertrophy of the heart.

Asthma.—In rare cases of asthma, *Conium* is undoubtedly a valuable remedy; acts with better effect on light-haired persons. Principal symptoms: face of bluish-red color, urine pale, and sweat on the lower part of the body. The paroxysm is apt to come on in wet weather. Nervous bronchial asthma.

Hæmorrhage from the lungs after masturbation requires *Conium* for its cure.

Hypertrophy of the Heart.—*Conium* has served us well when this affection is accompanied by a periodic dry cough, aggravated by lying down.

Ulcus Ventriculi Perforans.—Here the hemlock relieves, when there are frequent sour eructations with hardness and distension of the abdomen; vomiting that looks like black coffee grounds; distension of the epigastrium and pressure in the stomach after eating; the worst pains come on at night and rouse him from sleep.

Cancer.—Similar symptoms indicate it in cancer of the stomach, and *hamatemesis*, with suppressed menstrual discharge.

Intestinal Catarrh.—The following are characteristic symptoms of *Conium*: Heat and burning in the rectum during stool; frequent stitches in the arms between stools; great weakness and trembling after stool; stools liquid, fecal,—mingled with hard lumps; undigested. Particularly useful when the diarrhœa continues through the day but not at night.

Dysentery.—The same or similar symptoms demand its employment in this affection.

CASE CCCCLXXXII. Mrs.—, aged thirty-six, dark eyes and hair, of a nervous, bilious, irritable temperament, had been ill for seven weeks, with acute disease of the heart. Complained at first of pain and tenderness in the epigastric region, which increased for four days, and gradually extended over the abdomen, with extreme tenderness, and considerable swelling and distension. Stools were as often as every ten or fifteen minutes, of a purulent character, mixed with patches resembling scrapings of the bowels, accompanied with the most violent pain and tenesmus, resisting for four days all my efforts to relieve her. The pain and tenesmus were slightly relieved

by *Merc. cor.* I was then induced, by a little clinical experience, to try *Conium* 200. Convalescence followed, and she soon recovered, the remaining treatment being based upon proper indications. Dr. Jno. Moore.

CASE CCCCLXXXIII. Mr.—, aged forty, dark skin, and nervous, bilious temperament, was taken at 2 P. M. with a violent diarrhœa. At 8 P. M. found the patient with frequent and febrile pulse, skin hot and dry; the alvine discharges every fifteen minutes, accompanied with pain and tenesmus. Gave him *Aconite*, *Merc. cor.* and *Colocynth*, without any apparent benefit. Left him at five in the morning. Was called again at eight; patient was worse; gave of *Conium* 200 five drops. The patient remained easy and quiet for three hours, then he had another stool, but with much less pain. Took no more medicine. He recovered promptly and entirely. Dr. Jno. Moore.

CASE CCCCLXXXIV. Chronic dysentery of four years standing cured with a single dose of the 200th of this remedy. The symptoms which led me to give it were, "trembling and weak feeling after stool, vertigo when lying down, craving for salt things, frequent urging to urinate especially at night, with intermittent flow of urine. The stools numbered from ten to fourteen a day." Dr. Goodman.

Periproctitis.—*Conium* has proved of service in some cases due to traumatic causes, with tenesmus and dull pains in the region of the rectum, aggravated by sitting and walking.

Constipation.—*Conium* may be successfully employed for constipation when there is "frequent urging without stool, or a small quantity is expelled at a time; chilliness during stool; palpitation of the heart and tremulous weakness afterwards; the flow of urine suddenly stops and continues after a short intermission; dizziness when turning in bed."

Hemorrhoids, if accompanied with bleeding and tenesmus of the rectum may be cured by *Conium*.

CASE CCCCLXXXV. Two married ladies, with bleeding piles (they believed they had dysentery), were cured by one dose each of *Conium* 200. Two soldiers, with lienteric diarrhœa, previously resisting all medication, convalesced immediately after taking *Conium* 200. Two children, who had been treated by Old School three months without benefit, recovered promptly after taking a few doses of *Conium* 200. This remedy has never failed me in tenesmus of the rectum. It also gives me the highest satisfaction in the treatment of hemorrhoids. Dr. J. Moore.

Jaundice.—*Conium* meets this symptom when the liver is swollen, when the patient sees dark points and colored streaks in the room, and when he has much difficulty in voiding urine,— it flows and stops again, then flows and stops at each emission.

Spleen.—Dr. Rapp advises it in affections of this organ for, pressing, tensive pains in the hypochondrium; painful tension around the hypochondrium, as if constricted. Stitch pain in the region of the liver; colicky pain of the most violent kind; dry, spasmodic, tickling cough in the night, with pressure upon the chest; glandular swellings.

Pancreatitis.—Here *Conium* is sometimes useful as the following case illustrates:

CASE CCCCLXXXVI. An acute inflammation of the pancreas we met in a woman who was suddenly attacked in the night with vomiting, and diarrhœa of white substance, which consisted of saliva without any admixture of the contents of either stomach or bowels. As the woman was of a gouty nature, she received one drop of *Conium* which at once set her all right. In lymphatic, scrofulous and tuberculous persons are indicated *Conium*, followed by calcareous preparations. Dr. J. Buchner.

Nephritis.—*Conium* has occasionally proved serviceable, when micturition was difficult and painful, the urine being voided drop by drop, and the pains in the kidneys unusually severe, especially at night.

Gonorrhœa.—*Conium* has served us occasionally when there were burning stitches extending the whole length of the penis, with more or less tenderness of the testicles and spermatic cords.

Phymosis, Paraphymosis.—When due to contusions, especially after the use of *Arnica*, usually yield to the curative powers of this drug.

Prostatitis.—When the urinary symptoms are as follows, this drug proves curative, viz., much difficulty in voiding urine,— it flows and stops; burning during and after micturition; sharp stitches about the neck of the bladder; urine deposits pus or a whitish mucous substance.

Orchitis due to a contusion is well met by *Conium*.

Stricture of the Urethra.—This remedy has not, we believe, ever been recommended for this affection. The following case shows that it ought not to be overlooked.

CASE CCCCLXXXVII. C., aged sixty, gentleman of wealth and leisure, contracted gonorrhœa when a young man, which was cured (?) by *Nitrate of Silver* injections. Ever since then has been troubled more or less with stricture of the urethra, increasing of late years to

that extent that at times it was almost impossible to pass even the smallest catheter. These facts came to my knowledge while prescribing for some other difficulty. A large number of physicians had treated him unsuccessfully, so that he considered himself incurable. As an experiment merely, the urinary symptoms indicating it, *Conium* 200 was given, a dose every night. For eight months I did not see him. At the end of that time he came in to get some more of the medicine saying that it had nearly cured him, but lately it was getting worse again. *Conium* 200 was repeated and he now has no difficulty whatever. Whether the case is cured or not cannot be stated yet. Hoyne.

Syphilitic Sarcocele.—*Conium* is the best remedy for this affection, when due to a bruise, or when complicated with glandular enlargements, eruptions, etc.

CASE CCCCLXXXVIII. A tramp came into the hospital with syphilitic sarcocele, who stated that he had syphilis some years ago, but that the swelling of the testicle was due to an injury, or rather from the chafing of the pantaloons in walking. He was totally unable to go any further. *Conium* 20 continued for three days enabled him to proceed on his journey. Hoyne.

Hydrocele occasioned by a mechanical injury sometimes yields to *Conium*.

Injuries.—In all injuries of the testicles and spermatic cords *Conium* is the remedy and not *Arnica*. The former meets all cases of indurations from injuries.

Blennorrhœa Vesicæ.—In catarrh of the bladder with the characteristic urinary symptoms, and discharge of viscid mucus, *Conium* is serviceable.

Ovaritis, due to an injury, or when it becomes chronic requires *Conium*, if the ovary is enlarged and indurated, attended with lancinating pains, and nausea and vomiting; pains in the breasts before the menses; pains in the iliac region; acrid leucorrhœa; urinary complaints; indurated os.

Leucorrhœa, burning, smarting, excoriating, of a milk-white color, with itching of the vulva, requires *Conium*. The glands in such cases are apt to be indurated, the menses too early and scanty, the abdominal pains, labor-like.

Metritis suggests *Conium*, when the pulse is very irregular, the pains in the region of the uterus aching and burning, and the flow of urine intermittent.

Displacements of Uterus.—Indications for *Conium* are: Burning, smarting, excoriating leucorrhœa; burning, sore aching pain in the region of the uterus; pressure from above downwards; pain in the breasts before the menses; intermittent flow of urine; much troubled with vertigo when lying down; great concern about little things.

CASE CCCCLXXXIX. Miss G., aged twenty-five, has always had dysmenorrhœa, the flow late, scanty, almost stopped; epistaxis, cough, stitches through the left lung, at times. Two years ago after unusual exertion and care, had bearing down pains, etc. *Bry.*, *Sep.*, *Sulph.* and *Graph.* relieved dysmenorrhœa somewhat but the prolapsus pains increased; examination showed uterus prolapsed and anteverted; bearing down as though the womb would be forced from the vulva, aggravated when standing and walking, before and during the menses; intermittent flow of urine, with cutting after micturition; obstinate constipation, absence of stools for seven days (long standing); stools large, hard, and followed by tremulous weakness; she must lie down; dull pain below left mamma (one year). *Conium* 1000 with prompt relief and speedy cure. Dr. Goodno.

Cancer.—Guernsey suggests it for cancer of the uterus when there are burning stitches, stinging, nausea, vomiting and sadness. The breasts are relaxed except at the menstrual periods, when they often swell and become sore and painful. The urine intermits in its flow. There is much vertigo, particularly on turning the head when lying in a prostrate position.

Amenorrhœa.—Similar symptoms to those just mentioned would indicate it in this affection.

Dysmenorrhœa when accompanied with sharp pains about the heart suggests *Conium*. Menses feeble and scanty with pains in the breasts, thighs and abdomen of a drawing character; much vertigo whilst lying down; intermittent flow of urine.

CASE CCCXC. Miss A. P., aged twenty-eight. Has pain during the menses which commences in the hypogastric region and goes down the legs; then sharp pains in the back; chills during pains commencing in the breasts. Vertigo at night in bed, everything turns around. Fullness and bearing down in the abdomen; menstruation five days too soon, too profuse but natural in color; has weak spells. *Conium* 1000 one dose cured. Dr. H. Martin.

CASE CCCXC1. Mrs. G., 209 Lake St., Cleveland, aged fifty-two of fair complexion and mild disposition, called me to see her, May 18, 1868. Her catamenia had been frequent and profuse, but latterly

returned every six weeks, and continued profusely from one to two weeks. At the above date, she had had for six weeks a constant, profuse, uterine discharge, much of the time of dark, coagulated blood. The os uteri was much swollen, indurated, and irregular. The back was pained, the feet and ankles slightly swollen; there was a sense of fullness in the epigastrium, while eating, and a feeling of fatigue after sleep. Anæmia and prostration were marked, and the features pallid. *Conium*, at first the 12th, and afterward the 200th potency, was sufficient for the speedy and permanent relief of all these symptoms. Dr. G. W. Barnes.

Pruritus Vulvæ following the menses and accompanied with bearing down pains, is relieved by this remedy.

Mastitis, due to a bruise requires *Conium*. Also

Cancer of Breast due to the same cause. The breast is always very tender just before the menses; dull aching, stinging pains; the worst pains come on at night and rouse her from sleep; itching of breast and nipple, burning after rubbing. Pains are better from warmth and motion. It is useful only in the earlier stages of the disease.

CASE CCCCXCII. *Tumor* of left mamma just below the nipple, hard, round, movable, not painful on pressure but somewhat sensitive, occasional shooting pains. *Conium* 3 night and morning. A few drops were externally applied every night. It disappeared in three months. Dr. W. T. Helmuth.

CASE CCCCXCIII. Mammary induration, following an abscess of the right mammary gland, remaining without change for two years. A single dose of *Conium* removed the induration in three days. Dr. Friese.

CASE CCCCXCIV. Scirrhus cancer of breast. Mrs. H., aged forty-seven. Left breast stony, hard, and about the size of half-pint measure; pains sharp and twinging, accompanied with sudden attacks of momentary blindness; offensive foot-sweat; sharp pains in left ear. *Conium* 1000 every fourth week for three months; cancer then soft and pulpy, but exuded an acrid, bloody matter; foot-sweat and symptoms at the eyes remained. *Sil.* 1000 finished the case in a few weeks. Dr. A. Thompson.

CASE CCCCXCV. N., aged sixty-two. Stony; hard, sharp, shooting pains and occasional twinges. *Conium* 1000, repeated every four weeks, cured in three and one-half months. Dr. A. Thompson.

CASE CCCCXCVI. Mrs. R., aged fifty-four years. Stony, hard, large as a tea-cup; pains shooting; sense of great heaviness in the

breast. *Conium* 1000. In four weeks pain much less. *Conium* 1000, at intervals of four weeks. At end of fourth month, cancer had disappeared. Dr. A. Thompson.

CASE CCCCXCVII. A strong corpulent woman had a scirrhus in her mamma, as hard as a cartilage, and uneven, which had grown during her climacteric years to the size of a hen's egg. *Sil.* 24, for two months, did not affect it. *Conium* 6, same result. *Conium* 30, four times daily. Scirrhus disappeared in six months, and she has remained well ever since (six years). Dr. H. C. Schneider.

CASE CCCCXCVIII. Mrs. B., aged thirty-five years, fell, striking the left breast on the back of a chair. Four weeks after, there was a hard lump, the size of a walnut, in the right breast, to the right of the nipple; dull, heavy pain in the breast constantly; at night, after the spot had been irritated in any way, sharp and shooting pains. *Conium* 200, every seven days, for two months, cured completely. Dr. Gilchrist.

CASE CCCCXCIX. Mrs. H., aged thirty years, consulted me in 1869, for a tumor in the left breast. She gave the following history. Five years previously she had a hard cancer on the left lower eyelid, which was cured in about four months by the constant use of Fowler's solution of *Arsenic*. During the interval, her mother had died with cancer of the breast, as had, also, another member of the family. At that time the tumor was as large as a hen's egg, and as hard as a stone, painful when pressed. Had considerable pain in the breast before the menses, especially at night; is very irritable. *Conium* 200 was administered for about two weeks. At the end of this time, the tumor was smaller, and perhaps not quite as hard; otherwise, the patient remained the same. On consultation with Dr. Guernsey, of Philadelphia, *Conium* 800 was given for a period of over two months, with slight improvement. *Conium* 71,000 was then given with complete cure, and the patient still remains well. Hoyne.

CASE D. Mrs. V., aged thirty-five years, had a small cancer of the eye, which was removed. Some time afterward it reappeared in the right breast. The tumor was small, but very hard. *Conium* 200 cured in about two months. Still well. Hoyne.

Case DI. Mrs. S., has had a hard cancer of the right breast for two or more years. Is fearful, as it has grown considerably during her climacteric period. Considerable pain in the breasts before the menses, has been a constant symptom monthly. *Conium* 200 cured in four months. Hoyne.

CASE DII. Mammary neuralgia, resulting from contusion. M., aged fifty-five years, four years ago received a blow on the left breast, and a second on the same place a month ago. Since then, has suffered incessantly with a burning pain, radiating to the arm-pit, where a small gland, very sensitive to the touch, may be felt; pain worse at night, keeping her awake; no swelling of the breast, but the organ is sensitive. *Conium* 30 cured in a few months. *U. S. Journal of Homœopathy*, Vol. I, p. 513.

CASE DIII. Uterine polypi. Woman, aged fifty-four years, plethoric, with frequent attacks of an apoplectic nature; headache; fainting fits; skin of a pale, yellow color; excruciating pains in the throat; weight, and lancinating pains in the womb and ovaries, extending through the whole lower part of the abdomen, hips and back; constant pain in liver, with headache and œdema; during stool a foreign body protrudes from the vulva; copious and frequent uterine hæmorrhages; leucorrhœa reddish, extremely fetid; constipation and diarrhœa alternately. *Conium* 6 caused, after the third dose, an expulsion of the polypus, and *Conium* 15 the expulsion of another, after a severe aggravation. After *Conium* 30, another aggravation, followed with severe menorrhagia, and the expulsion of three smaller polypi. Cured. Raue's Record, 74.

Spinal Irritation.—In diseases of the sexual organs, with pain and soreness of the spine, and stitches in the small of the back, *Conium* is useful.

Spasmus Facialis.—We should expect *Conium* to prove serviceable. In two girls who were poisoned by the hemlock, there were frequent convulsions of the muscles of the face, so that the face remained with a frightful expression, together with frequent contractions of other muscles.

Paralysis.—*Conium* "paralyses the spinal cord from below upward, killing at last by asphyxia." It has been highly recommended in general paralysis, and that which follows diphtheria. *Gels.*, however, is preferable in the latter case.

Chlorosis.—Raue mentions it in this connection, but we think, without sufficient reason. Should a case be complicated with facial neuralgia, aggravated at night, it might prove curative.

Intermittent Fever.—Very seldom of use in this disease, except when the sweating stage is invariably accompanied with an eruption.

Fetid Perspiration.—For the cure of this distressing complaint, *Conium* occupies the first place, according to Dr. Gorton.

CASE DIV. The courses were scanty, offensive, and of a very dark clotty consistence and color. There were also, in each of the two cases, catarrh of the nasal and pharyngeal fossæ. One of the two cases was offensive in all her secretions, which compelled her to make free use of perfumes, in order to render herself barely presentable in society. The chief source of the fetid odor was the axilla. Soap and water were of little avail. The odor was aggravated in warm weather, and also when the unhappy subjects of it were fatigued, or became unduly excited or anxious upon any matter. In spite of the most vigorous attempts at disinfection, the presence of either of these cases could be readily detected by the peculiar fetor which they incessantly but insensibly, exhaled. *Conium*, given at variable intervals, beginning with the 1st cent. potency, and ending with the 30th cent. was followed, in the course of three months, with a very gratifying amelioration of the distressing complaint, in each case. The defects of the catamenia were also partly removed, and the condition of the secretions and excretions generally improved by the medicament. Dr. D. A. Gorton.

Skin Diseases.—In the following affections of the skin, *Conium* has proved curative :

Herpes, humid or scurfy, principally on the arms or face.

Impetigo.—“Sero-purulent eruption in aged people ; old maids with hypochondriacal humor. Vertigo when turning over in bed, looking up, etc. Old men weak and feeble. Scrofulosis, with engorgement of the lymphatics. Sero-purulent eruption, especially on the mons veneris.” Dr. A. R. Morgan.

Impetigo Capitis.—It is considered the best remedy for this affection by Dr. E. Blake.

Fistulous Ulcers.—When the glands of the neck are swollen and indurated, particularly in aged people. Dr. Bayes says “Ulcerations of a malignant character, or chronic ulcers with very fetid discharge. I have seen greatly relieved by the internal administration of *Conium*, *inter alia*.”

CASE DV. A peculiar tumor in the central part of the back, as big as a cherry, growing on half an inch long pedicle ; tumor and pedicle are of a bluish color. *Conium* 20, one dose every evening for eight days. The tumor commenced to shrink, and fell off after three weeks. Dr. Stens, Sr.

Medical News.

Something Startling.

"A Benefit" all round next year.

The United States Medical Investigator for 1878, for only \$3.00 in advance.

New Subscribers will receive it fifteen months for *only* \$3.00.

Father Hering, we learn, is quite ill; prostrated by the excessive heat of last.

Hoynes's Work.—Part III of this work is now in press, and will be out about Sept. 1.

Origin of Vaccination.—A new claimant for this honor has arisen in the person of a farmer named Jesty, who lived at or near Swanage, Corfe Castle, Dorset, who is said to have practiced vaccination in 1750.
Died.

The students and alumni of the Hahnemann Medical College and Hospital, of this city, will regret to learn of the death from paralysis, of Edward Butler, for many years the faithful janitor of that institution. He died August 14th, 1877.

No Surrender!—From various quarters come public denials of the absurd telegram from London, "Homeopathy has struck her flag." A rousing one from Dr. J. P. Dake appears in the *Nashville Banner*. He gives an emphatic denial, and adds in these sterling words: "Reformers are made of sterner stuff."

Peculiar Craving.—An imbecile has recently died in England who for years has had a craving for blankets and rugs. He has eaten a large woolen rug about every three weeks, preferring this luxury to the bread that was put by him. [What was the remedy?] See *Maryland Medical Journal*, June, pp. 80, 55.

New York Ophthalmic Hospital.—Report for the month ending July 31, 1877: Number of prescriptions, 3,028; number new patients, 354; number of patients resident in hospital, 34; average daily attendance, 121; largest daily attendance, 162.

ALFRED WANSTALL, M D., Resident Surgeon.

A Large Issue.—We propose our next issue shall be a large edition—reaching every *Homoeopathic physician and student* whose name we have. Our readers will oblige us if they will send us a list of their friends, and especially medical students. Cases of interest from prac-

tice will be acceptable. Those who have anything to sell or exchange, should advertise in that number.

The Medical Medley, as presented in most of our colleges, by mixed lectures, is a farce that the general profession should protest against. It is like feeding a new-born infant on hash. Seriously, gentlemen, please give the milk *first*, and then the strong meat. Order is heaven's first law.

G. E. Routh has been appointed a member of the medical examining board for the sixteenth medical district, Texas. The Hon. E. B. Turner, judge of said district, was authorized to appoint said board, and was liberal enough to think one Homœopath should be on the board; so he made the appointment, against the bitter opposition of the so-called regulars.

Could Not Resuscitate Him.—Our readers will recall the report of Dr. Jackson's resuscitating a hanged man with electricity, at Bloomfield, Mo. Another case of hanging has just occurred, in which the victim was allowed to hang forty minutes, "owing to the presence of Dr. Jackson, the resuscitator of the murdered Skaggs. The doctor tried his battery on the body after it was cut down, but it was too late; the spirit had fled beyond recall."

Dr. E. M. Hale has recently received the diploma, or certificate of membership of the Homœopathic Society of the United States of Columbia, South America. It was sent to him through the hands of the late Dr. C. Dunham. It is a lithograph, 20x30 inches. In the upper right hand corner is a medallion portrait of Hahnemann; on the opposite corner a portrait of Don Jose San Miguel, the introducer of Homœopathy into Columbia. In the center is an eagle with a serpent in his beak. On the eagle's back rides a woman, bearing in her hand a scroll, on which is inscribed "*Similia*," etc. The secretary of the society is Dr. Jose Escallon. The president, Dr. Ignacius Parriera, of Bogota.

Homœopathic Mutual Life Insurance Company.—"I take this method of expressing my thanks to the Homœopathic Mutual Life Insurance Company of New York, for the prompt payment of the policy for one thousand dollars on the life of my late husband, Porter R. Dawley. This insurance was obtained in December, 1876, at the solicitation of Mr. A. H. Johnson, agent in New Haven. Mr. Dawley died May 31st, 1877, after a short and sudden sickness. The general agent of the company, Mr. Horace Purdy, sought me out and made the papers out for me, thus saving me all trouble and anxiety. These papers were sent to the company's office on the 11th of June, and on the same day their check was given in payment to me. I cannot speak too highly of the manner in which this company has responded, and thus extended a helping hand in time of my need. I most earnestly recommend this institution to all desiring life insurance."

EMMELINE DAWLEY.

Sub-Involution—What Is It?—Noticing in THE UNITED STATES MEDICAL INVESTIGATOR of July 15th and August 1st, 1877, over the signature of E. Cranch and A. G. Beebe, some "Queries," and a confession of obscurity and confusion from the last-named party, I will reply as follows: I have been making efforts for some time past to learn the derivation of the term, "sub-involution." I am aware it is applied to the uterus, and is a consequence or sequence of areolar hyperplasia, or chronic metritis, as it is vaguely termed by some authors on the subject. But this does not fully express the actual condition or state of the organ, entire. It simply gives a cause, and not the real or complete status of the organ, when sub-involuted. I was in doubt about the correctness of its application when I used it, synonymously, as it were, with inversion. The paper in question was written some three years ago, and at the time the term "inversion" was used in the heading or caption of the article. I could not, at that time, find within my reach any one who appeared familiar with the expression "sub-involution," nor yet, in any dictionary within my grasp, a meaning for it. I see by a reference to Dunglison's Medical Dictionary, last edition published, that the following definition is given, viz., a condition of retarded or imperfect restoration of the uterus to its original dimensions, after delivery. The derivation of the word, as before intimated, is not given. I made no *assertions whatever*, as the author of the query states. I neither averred nor affirmed that it was correct, and I now admit a doubt of its correctness. I simply ventured to use the term, and placed it, purposely, in a conspicuous place, where it would be most likely seen and noticed, and call forth some "queries" that would probably lead to more enlightenment on the subject. I remember submitting the expression, "sub-involution of the uterus," to an experienced accoucheur at the time my paper was written, and he expressed himself as rather regarding it as a condition allied to, if not synonymous with, inversion of the uterus. In reply to the paragraph in your August 1st number, over the second party's signature, I have only to say that the author of it, when he states that the article *itself*, as it stands, is *obscure and confusing to him*. I trust he will be able to find some solace in this explanation for his ailment. Had he confined his inquiry to the caption, and not the article itself, which is plain, he would not have overreached himself as he has done.

In conclusion, I will suggest a query: Can any one of your many readers furnish a *derivation* of *sub-involution* of the uterus? I shall be thankful, for one, to be made acquainted with it.

P. S. Since handing in my reply to "Queries," on "sub-involution," I have made further efforts, and desire to state that my attention has been drawn to the work of Sir Jas. Y. Simpson, Bart., M. D., D. C. L., on obstetrics and gynecology, Vol. I., p 595, where the subject is very comprehensively treated, together with a striking representation in wood-cut, on p. 600. Still no derivation is given for the word.

CHICAGO.

C. H. VON TAGEN.

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.

DUNCAN BROS., Publishers.

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

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WANTED.—Gray's Anatomy. State condition and price, also date. Address O., this office.

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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.

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THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

ST. LOUIS, Mo., Aug. 20.—We have a good deal of malarial sickness now. It has been a healthy season until July 30th.

T. G. COMSTOCK.

ASBURY PARK, N. J., Aug. 13.—Some intestinal troubles here. Remedies, *Bryonia*, *Ipecac*, and *Croton tig.*

J. C. MORGAN.

OLATHE, Kansas, Aug. 16.—Comparatively healthy here now, for the time of year, although there are some fatal cases. Several in this vicinity have died with what was called typhoid fever, but I have, as yet, failed to meet with any such. Mostly malarial and bowel difficulties.

J. H. MOSELEY.

U. S. CONSULATE, HAVANA, Aug. 17.—“Up to date, twelve cases of yellow fever have been reported from on board of four American and British vessels in the harbor. Of these, four cases have proved fatal. The remaining eight cases are in the hospital, and will probably recover. In the civil hospitals of the city there are, so far as I can learn, about forty cases, which is comparatively a small number for the present month. There are other cases in the military hospital, and in private practice, but I have not been able to ascertain their number. The disease may be considered epidemic to a limited extent, but of a mild type, compared with former seasons.”

CONSUL GENERAL.

INDIANAPOLIS, Aug. 1.

JULY 1877.	PREVAILING DISEASE.	REMEDIES.
1 to 8.....	Diarrhoea Intermittent Fever.....	<i>Ipecac, Pod., Arsenicum.</i> <i>Ipecac, Ars., Natr. mur.</i>
8 to 16	Cholera Morbus Cholera Infantum.....	<i>Brom., Camphor.</i> <i>Arsen., Brom., Camphor.</i>
16 to 24	Dysentery Bilious Fever.....	<i>Phos. acid, China.</i> <i>Merc. cor., Bapt., Merc.</i>
24 to 31.....	Rheumatism..... Dysentery	<i>Bryonia, Pulsatilla.</i> <i>Nuz vomica, Arsenicum.</i>

O. S. & M. T. RUNNELS.

CHICAGO, Aug. 21.—Much dysentery among children and young infants. *Merc.* seems the chief remedy. The first cases were among the thin, active, nervous, acid subjects, then, later, the lymphatic, alkaline ones became affected. Much malaise is a persistent symptom just now, and is present, with soreness of muscles, stiff neck, lumbago, constant tickling cough, restless nights, with a fever more or less mild, symptoms aggravated on and during motion, and during cold, damp weather. The tongue is flabby, and covered with a light, whitish-brown fur. It is moist and pale, quite distinct from the *Bryonia* or *Baptisia* tongue. The remedy seems to be *Rhus*. It relieves, but not as promptly as the epidemic remedy should. Its similarity, in many regards, to *Ars.*, *Merc.*, *Nuz*, *Bry.*, *Tart. em.*, *Bell.*, may have lead us to select one or another, when, perhaps, *Tart. em.* is the epidemic remedy.

T. C. D.

MEMPHIS, Tenn., Aug. 13.—A severe epidemic of whooping cough is prevailing here. The remedies I have found most useful are, *Bell.*, *Corallia rub.*, *Cuprum*, *Drosera*, and *Ipecac*. Intermittent fever has also prevailed extensively in this region during the last six weeks, in the cities and towns as well as in the country. The characteristics

this summer are: slight chill with excessive fever; severe headache, and pains throught the body. There has been no marked tendency to congestion, despite the intensity of the pyrexia. Our remedies are, *Aconite*, *Gels.*, *Eucalyptus glob.*, *Bryonia*, *China*, and *Quinia*. Have seen some cases which have degenerated into a typhoid type. Here the *Gels.*, *Baptisia*, *Bryonia*, and *Opium* have acted satisfactorily. Scarlet fever has, at last, disappeared from our midst. We are preparing actively for the State Society meeting, which takes place here Sept. 19th.

LUCIUS D. MORSE.

INDIANAPOLIS, June 30.—Population 100,000; Longitude, 86.08; latitude, 39.45; Altitude, 746 7-10.

JUNE.	Thermom-eter.			Barometer.			PREVAILING DISEASE.	REMEDIES.	RAIN FALL.	METEOROLOGIC HUMIDITY. MINIMUM.
	Highest.	Medium.	Lowest.	Highest.	Medium.	Lowest.				
	3 P. M.			3 P. M.						
1 to 8	94—86—78			29.880 30.055	29.718		Rheumatism..... Neuralgia	<i>Rhus tox.</i>	2 20	58
8 to 16	84—64—45			29.925 30.050	29.801		Rheumatism..... Neuralgia, Dysentery	<i>Rhus tox.</i> , <i>Bry.</i> <i>Colocynth.</i>	1 76	64
16 to 24	92—83—74			29.804 30.037	29.631		Intermittents..... Diphth'ic Sore Throat	<i>Eupa purp.</i> <i>Kali bi.</i> , <i>Mc. v.</i>	1 72	78
24 to 30	86—77—68			29.890 29.980	29.801		Diarrhoea..... Dysehtery	<i>Ipe.</i> , <i>Sec. c.</i> <i>Colocynth.</i>	1 34	76

Greatest number of deaths, June 19, 10; least number of deaths, June 2, 1; second greatest number of deaths, June 22, 7; lowest barometer, June 18 and 19.* Other diseases, 6; meningitis, 14; unknown, 3; still-born, 14; cholera infantum, 31; diseases of the lungs other than consumption, 2; consumption, 14; diarrhoeal diseases, 3; puerperal diseases, 1; intermittent fever, 2; typhoid fever, 1; croup, 2; scarlatina, 3; inanition, 9; by violence, 9; per 1000, 13.92. Total number of deaths from all diseases, 116.

NEW ALBANY, Ind., July 19.—The prevailing diseases here have been cholera morbus and cholera infantum. The symptoms, vomiting, usually with excessive thirst; diarrhoea, with colicky pains; drowsiness always present. *Tartar emetic* is the similitum in these

*The greatest number of deaths occurred on the days preceeding the lowest barometer, and greatest relative humidity. The least numbers on the days when the barometer was highest and relative humidity lowest.

cases, and brings improvement in a very short time. Frequently, no other remedy is required, but sometimes a reaction sets in, with high fever, restlessness and anguish; the thirst still continuing, exactly corresponding to *Arsenicum* which soon controls the case. I have used *Tart. em.* in the 200th, but if a relapse sets in, I give the 300th, which has acted as promptly as the 200th did at the beginning of the case. There are some cases of diarrhoea in adults, but more in children, which require the same remedy. There are a few cases of intermittents, which, from the varying symptoms, indicate a change in the genus epidemicus. *Nat. mur.* corresponds to some cases, but others require *Arsenicum*, and even other remedies.—A. MCNEIL, (*Advance, August*).

CHILLICOTHE, Mo., Aug. 15.—This is a very beautiful, thriving young city. We are not so far from the Grand River valley as to exempt us from remittents and intermittents. *Aconite* and *Bryonia* seem to meet seven-eighths of the first, the latter, *Quinia*, *Nux*, and *Ars*. We are having, just now, very cool nights, alternating with very warm days, which of late have brought us a number of cases of cholera infantum, cholera morbus, and dysentery. The first has sorely perplexed the regulars in this city. Not a few deaths have occurred in their hands. I have not failed in one instance, thus far. My remedies for gastric and alimentary derangements were *Ars. 6*, *Verat 3*, and *Pod. 3x trit.* Dilated pupils, metastasis to the brain, delirium, green stools, *Bell. 3*, with cold compresses to the head. For the second, *Verat. 3* and *Ars. 6*, with compresses wrung out of hot mustard water, applied over the bowels, and covered with flannel, have worked marvelously. For the latter, *Aconite, 1x dil.*, and *Merc. cor. 3*, with an occasional dose of *Colocynth*, cured.

R. C. RUNNER.

NEW HAVEN, Conn., Aug. 13.—The magic spell of vacation rests upon the colleges here, and many people are out of town; still there are enough left to enable (or compel) the doctors to fulfill the law of their being, which is that of Tennyson's brook. Whooping cough is making a visitation here, having been very prevalent since last winter. Few children who had not previously had it have escaped. Its treatment, even with the most careful individualization, seems uncertain in its results. We have had, also, a goodly number of cases of scarlatina, in all its grades, although I have seen no fatal cases. *Bell.*, *Apis*, and *Lachesis*, have been the remedies chiefly indicated in the cases coming under my observation. *Arsenic*, *Rhus*, and *Sulph.*,

have also found their places in cases characterized, on the one hand, by asthenia, or, on the other, by some dyscrasia, impeding cure. A severe case of the anginose type caused much anxiety, from the great toxæmia and glandular complications. *Phytolacca* seemed to relieve this condition, after which, the patient (a girl of fourteen), sank into a decidedly typhoid state, with muttering delirium, then coma, dry tongue, pulse ranging from 112 to 120, temperature from 101 to 103. *Arsenic*, *Rhus*, and finally, *Chinin. ars.* were given, together with good nourishment, and very small doses of stimulus, the patient convalescing on the tenth day, and making a good recovery. Bowel troubles in all their forms have prevailed about as usual, cholera infantum having been especially severe in the earlier part of the summer, June. The inevitable malaria shows its hydra-head at all times, and we have had some marked and typical cases (usually of the tertian form), even in midsummer.

B. H. CHENEY.

ST. LOUIS, Mo., Aug. 1877.—Prof. Tice forecasts the weather, based upon astronomical events, as follows :

For August 1st to 3d, cloudy and threatening weather, with heavy rains and storms in places; 4th to 7th, clear or fair; 7th to 10th, clouding and threatening, with severe storms in places; 11th to 13th, clear or fair; 14th to 16th, clouding, threatening weather, with local rains; 17th to 18th, clear; 18th to 21st, clouding, threatening weather, with heavy storms in places; 21st to 24th, clear, with liability of frost north of the 40th parallel of latitude; 25th to 28th, variable, generally clouding and threatening, with rains in places; 28th to 30th, generally clear; 30th to 31st, clouding and very threatening, with, probably, heavy storms about 31st. The warmest days will be about 2d, 9th, 15th, 20th, 26th, and 30th. The cooler days will be about 4th, 11th, 16th and 22d.

For September 1st and 2d, threatening and heavy storms; 3d to 5th, generally fair; 5th to 8th, cloudy, and threatening, with rain in places; 8th to 10th, generally fair; 10th to 14th, clouding and threatening, with very heavy rains and severe storms in places; 14th to 16th, generally fair; 17th to 19th, clouding and threatening, with very heavy rains, and perhaps severe storms in places; 20th and 22d, generally fair; 22d to 25th, clouding and threatening, with very heavy rains and severe storms in places; 25th to 28th, clear and cool; 29th to 30th, clouding and threatening, with local rains. The warmer periods will be about 1st, 12th, 18th, 24th, and 30th. Cooler periods

will occur about 4th 9th, 15th, and 25th. Possibly a tropical cyclone may appear on the south Atlantic or Gulf coast, either about 11th, 17th, or 23d; in that case, cool weather will prevail over the west and north, until the cyclone has passed off.

[This rapid alternation of fair, warm, and storm (cold), will give us dysentery and sore throats, some intermittent and typhoid fevers. The remedy seems to be *Arsenicum*, perhaps *Rhus* or *Belladonna*.]

CONSULTATION CASES.

BITING THE FINGER NAILS.

I answer, *Arum triph.* probably comes as near it as anything; picking the lips till they bleed, and the nails to the quick. I always think of this remedy when I see the symptom you speak of.

C. PEARSON.

REGION FOR HEART DISEASE.

To what place would you send a patient suffering from disease of the heart — valvular disease, from rheumatism, with mitral regurgitation, and also enlargement of right ventricle. Very anæmic; no effusion in any of the cavities, nor in cellular tissue. No œdema of lungs now. A young lady of twenty-four years.

Dr. Duncan reported upon the climatology of this country at the last meeting of the Western Academy, and I therefore appeal to him as to what locality would be most likely to benefit her during this summer.

G. S. WALKER.

[I would recommend a dry, sandy region, not too elevated. Some point in Minnesota, Wisconsin, Nebraska, or Kansas, where she has friends.—ED.]

CAUSE OF ACUTE AND CHRONIC SKIN DISEASES.

Dr. Yandell, in his report to the Kentucky Medical Society, 1876, states that "the most abundant source of acute skin disease is that mysterious something which we call *malaria*; the diathetic poison known as *struma*, is the chief source of the chronic skin diseases, and to these two *materies morbi* we may trace the greatest number of diseases of the other tissues."

Struma the cause of chronic diseases of the skin. Now tell us the cause of struma (scrofula), and look sharp, or you may run against a "mysterious something," that Hahnemann called "psora." Now, Dr. Y., you are a skilled pathologist, tell us what would result from an obstructed lymphatic system ?

WHERE SHALL I OFFICE ?

Have your office in your residence. You will not need more than one room for office use, at least to begin with. Should you be so fortunate as to have more than one call at a time, you can use your parlor as a waiting room. You won't need to use it enough to wear the furniture much for at least two years. As to office hours, they are of very little use in the country, as patients come when it suits *their* convenience, and expect to find the doctor in at *all* hours, and probably they will for the first year or two. After that time has elapsed, you will have made up your mind as to the most convenient hours. The above is my experience.

LONG ISLAND.

GO EASY.

I can't say which is the *easiest* carriage to ride in, for I haven't tried any of that kind, but if you have the dyspepsia, by all means get a side-bar wagon, with stiff springs. They will throw you up into the top of the wagon every five minutes, and will keep you awake if you are bilious, or inclined to go to sleep after dinner, also prevent constipation, and promote watchfulness (of the roads). I came into the country to ride, on account of dyspepsia. Have taken side-bar wagon in tincture for two years, and am convalescing. Soon as I am fully recovered, I shall change the remedy to an elliptic, or side-spring, or both combined.

LONG ISLAND.

COUNSEL WANTED.

Mr. H. T., aged about sixty-three, sanguine temperament, has been afflicted with chronic inflammation and irritation of the mucous membrane of the bladder and urethra for about ten months. Has passed through Allopathic and Eclectic hands with little or no benefit. The patient has been under my treatment about a month.

There is soreness in the region of the bladder, and the whole length of the urethra. There is intense burning and smarting the whole length of the urethra, and throbbing during, and worse after urinating. Aggravated by motion, or walking, or eating; worse about 4 P. M. to 2 or 3 in the morning, but never entirely free from distress. Is relieved by friction in the lumbar region, or a warm sitz-bath. Appetite is pretty good; tongue slightly coated brown. Otherwise, his health is good. Has been a healthy and hard-working man. Is about part of the time, and keeps his bed part of the time. Urinates about every hour, with much difficulty. Often has to wait some time for the water to flow. Urine is normal in quantity and quality. Cannot urinate in bed or in his bed-room, but has to go out-door. Is in reasonable good flesh. I gave him *Erigeron can.*, 1x dec., and *Lup. pur.*, 1x dec., about a week, with some benefit. Then the improvement ceased. Since then I have given him *Canth.*, *Can. sat.*, both low; *Apis mel.*, low and 200, *Arsen.* 30, *Nitric acid* 30 and 200, *Spig.* 500 and *Sulphur* 200, without much benefit. His bodily health is some improved, but the burning and smarting in the urethra is about the same. I have used an injection of *Hydrastin* 1x dec., and *Borax* 1x, with no perceptible benefit. What shall I give him, and what potency? Please report, through THE UNITED STATES MEDICAL INVESTIGATOR.

CHARLES DAVIS.

WHAT WAS THE TROUBLE?

Thinking the following case would be of some interest to the readers of THE UNITED STATES MEDICAL INVESTIGATOR, I determined to communicate it.

I was called about the 1st of April to see Miss M., aged nineteen, who had been confined to her bed four weeks, with the following symptoms:

Dry cough, day and night; pain in the left side, and clavicular region; difficult breathing; the patient cannot lie on the left side, because of increased pain and difficult respiration; chills in the evening, followed by fever, with burning in the soles of the feet and palms of the hands; pulse small and weak, greatly accelerated toward evening, reaching 120 beats per minute; circumscribed redness of the left cheek; cold, clammy sweat toward morning, which is very debilitating; also an exhausting diarrhœa of four week's standing. Worse in the morning; menses scanty for some time, for four months entirely

suppressed; poor appetite; great emaciation; patient cannot sit up in bed; voice very faint; accelerated breathing; decreased respiratory movement; flattening of the upper part of the left chest; clavicle prominent; dullness on percussion; auscultation revealed bronchial breathing, bronchophony, and peculiar rattling noises.

The patient had been treated Allopathically without any benefit. I gave *Aconite* for the febrile symptoms, and *Phosphorus* for the cough. Under this treatment she improved very rapidly, so that in one week the fever had almost entirely disappeared, and the cough much better, diarrhœa also gone. The night sweats still continued until I gave *Phos. acidum*, which cured them in a short time. Next I gave *Arsenicum* 30. This acted like a charm. The patient gained strength rapidly. Patient sits up some time each day. Even goes around the room. Has a better appetite. This improvement continued for some time, when all at once it came to a stand-still. I then gave *Puls.* and *Sulph.* 30, in alternation (that is, *Sulph.* one day, and *Puls.* the next). After the administration of the *Sulphur*, several large boils made their appearance on the left side, and in the axillary region, and new ones still continue to come. I am still giving the *Sulphur* in alternation with *Hepar sulph.* Patient can lie on either side; has no cough, diarrhœa or night sweats. Menses have not yet returned. Otherwise, she is still improving.

On inquiry I found that two of her aunts (the mother's sisters) had died of consumption, one of galloping, the other of slow consumption. Now what was the trouble in this case? Was it consumption, or something else? The child must have a name, and consumption is the only name I can give it. If any one else thinks differently, let us hear from them. Maybe some one can give us a better plan of treatment than has been pursued.

R. O. CHAMBERS.

FOR O. C. EVAN'S CASE.

Diagnosis, tobacco. Cure, leave off using it.

Please read the effect of tobacco on the system. I do not see how any intelligent person, much more a Homeœopathic physician, can indulge in the filthy habit.

CASE I. In the year 1843, one of the most promising students I ever saw, entered college at the age of sixteen, and at that time boasted of using a plug of tobacco daily. In a few days his feet began

to be numb, which gradually worked up, causing paralysis of the whole system. He was taken to New York, had eight eminent physicians attend him, and they all pronounced it paralysis, caused by the excessive use of tobacco, and in eight months he died, a victim of his own folly.

CASE II. Mrs. N., aged sixty-five, had been very healthy; raised a large family; had smoked for several years. One day, while smoking, her left hand began to draw, and soon she seemed to be completely paralyzed, which passed off in about two hours, and she appeared nearly as well as usual. She lived to be seventy-two, and whenever she smoked she would be paralyzed for the time being, lasting from one to four hours, according to the amount of tobacco used.

CASE III. Mr. S—, of this city, stout, robust, healthy man, blacksmith, was a constant smoker. Said that he always had pipe or tobacco in his mouth, except when eating or sleeping. Was taken with numbness in one hand, gradually losing the use of it. Then the other, and the feet, slowly working toward the vitals. He kept around three or four years, visited eminent physicians of different places, and for five years was entirely helpless; was wheeled around our streets, one of the most pitiable objects I ever saw, and for weeks before he died, could not swallow even liquids. This was pronounced by himself and all of his physicians the effect of excessive smoking.

Every physician of much practice has witnessed many similar cases. I have a case now, that a strong cup of coffee produces symptoms similar to Case II, the paralysis passing off with the effect of the coffee.

H. M. B.

CASES FOR COUNSEL.

CASE I. Miss S., a young unmarried lady, aged about twenty, several years since had a bad attack of diphtheria. This was treated by an Allopathic physician with caustic *Carbolic acid, et id genus omnes*, and from that time she has suffered constantly with her throat and tonsils, the following being the prominent symptoms: a constant and excessive *tired feeling*; she feels more tired on rising than on going to bed, though she always sleeps well, and no amount of rest relieves it; tonsils always somewhat painful, but on taking a light cold has sharp, keen pains, darting from one tonsil to the other; a constant feeling of intense dryness in the throat and an unconquerable desire for cold water; she wants large quantities, and drinking seems not to satisfy

her thirst in the least. But the most peculiar and characteristic symptom is a constant accumulation *during the night* of a quantity of blood in her throat, which comes into her mouth on waking, without hawking, or any other effort. Should she be awakened at any time of night, this same accumulation is there in the morning, but it never gathers there in the day time.

Ocular examination shows an enlarged but flattened condition of both tonsils, which are usually of a paler hue than natural, somewhat like flesh after poulticing; but after a cold they are more prominent and injected. At all times they have a porous look, not unlike a fine sponge. After carefully treating this case with high and low potencies for several months, it remains almost as it was when I commenced. Suggestions will be gratefully received, and progress reported.

CASE II. Intermittent fever. I have had a number of cases of intermittents the last three years with the following symptoms and have never been able to cure them with a *Homœopathic* remedy, Chill comes on at 11 or 12, mostly at 12 A. M., mostly partial, and not very severe. First symptom usually noticed is an excessive talkativeness. This loquacity is followed by sleepiness, which usually lasts during the fever. Child wants to be near the stove, or well covered, but the chill is not modified to any extent by either. A tolerably high fever follows the chill with thirst gradually diminishing, sleepiness and sometimes sweat. The fever is generally followed by sweat during which there is no thirst. At irregular intervals during the attack, the child complains of pains in his bowels. These are paroxysmal in character and last but a short time, but are very severe, and have been a prominent symptom in all the cases. What is the remedy?

T. M. WATSON.

DIAGNOSIS AND TREATMENT.

Will some readers of THE UNITED STATES MEDICAL INVESTIGATOR please diagnose and prescribe for the following:

Mrs. P., aged forty-six, scrofulous diathesis, menses regular. Six months ago noticed eruption on right arm, resembling ringworm, which spread gradually and slowly, until face, neck, arms and limbs, are covered, and one spot on right shoulder. Eruption is now mostly in roundish spots, resembling in appearance ringworm. Others are shining and scarlet, with slight elevations, and thickening of skin.

Itches terribly; described as a burning, smarting itch. Sometimes feels as if small animals were crawling over skin; worse on undressing for bed. If patient scratches or rubs parts, it sets her nearly wild. After rubbing or scratching, a watery substance oozes out, so as to stand in large drops on surface. Now itching ceases, substance oozed out, dries, and forms a kind of scab, which falls off, leaving bran-like scales, which gives skin a dryish, scaly appearance. Patient's general health is abnormally good; appetite good; bowels regular, but inclined to constipation. Was treated for five months by an Old School, who gave, among other innumerable drugs, massive doses of *Arsenic*. Have treated her one month. Have had her on *Sulph.* 200, *Ars.* 30, and *Graph.* 3. *Sulph.* rather improved her general health, but since I was fool enough to change, does no good.

Eruption is alike on both dorsal and palmer surfaces.

A. B. COLE.

THE DERIVATION OF SUB-INVOLUTION.

An unexpected and sudden impulse prompted me this morning to look farther for information regarding the origin of the term "sub-involution," and I wonder why the idea, simple as it is, did not occur to me before. The thought came into my mind to look again into the question at issue. Forthwith I took up "Webster Unabridged," and found the word, "*Sub*: a Latin preposition denoting *under*, or *below*. Used in English as a prefix to express a subordinate degree, or imperfect state of a quality."

"*Involution*, Fr.; L. *involutio*. The action of involving or unfolding. The state of being entangled or involved." This process, like every other in the animal economy, is apt to fail either way, i. e., there may be an excess or a defect in the uterus. In other words, a hypertrophied or an atrophied condition, so to speak, and in either instance, according to standard authorities, the term *sub-involution* is applied. It seems rather strange, to my mind, and a misapplication of the term when applied in conditions so contrary, one to the other.

C. H. VON TAGEN.

ZINCUM RHEUMATISM.

Zincum met. rendered me valuable service in the treatment of a case of rheumatism affecting the muscles of the sacrum, coccyx, ilium

right and left hip joint, and leg of the left side. The disease was confined chiefly to the parts named, seldom extending above them or to the loins. There was soreness of the parts upon pressure by the ends of the fingers, and sore pains from any movement requiring the exercise of the muscles. When sitting or lying down the patient has little or no pain; *but rising from his chair or from a stooping posture*, turning the body or bending it backwards, drawing a long breath, coughing and sneezing, produced often most acute pains. The pains were of an aching character, at times in the hip joint and knee, and occasionally felt, when he was quiet, passing along the course of the great ischiatic nerve to the foot. The right hip joint and leg were unaffected. At times the patient was measurably free from pain, so as to walk with tolerable ease and comfort; perhaps the next day he would be confined to the house and barely able to make the least movement. In this way, better and worse, without any permanent relief, he continued to suffer since last February, through the spring and until mid-summer. The remedies usually employed for these symptoms, failing to give relief, led me to examine and try *Zincum met* which brought the relief and cure I desired. It was given in the 3d and 30th triturations.

NEW YORK.

MEDICUS.

THEORIES CONCERNING SUNSTROKE.

BY C. B. KNERR, M. D., PHILADELPHIA, PA.

[Continued from page 194.]

From a few of the best authorities, the following is a condensation: "He who is conversant with the experiments of physiology, recognizes from the beginning to the end the most striking *similarity* with the conditions *which physiologists are wont to observe where water is withheld in the course of scientific experiments.*" Von Grauvogl.

"Sunstroke is a fever dependent upon heat, brought about either by paralysis of the vaso-motor nerves or some controlling centre in the brain, which through the nerves influences the heat production in the body." H. C. Wood.

"The oxygenating power of the atmosphere being diminished, the respiration must become accelerated; the circulation increased in rapidity and as a result the temperature of the body rises. Imperfect decarbonization of the blood gives rise to listlessness, lassitude, want of physical energy and mental vigor, and great tendency to *somnolence*. The lungs are the organs primarily deranged; becoming surcharged with blood rendered impure by noxious products."

"The skin is an outlet for pernicious products that are taken into

the system. If it performs its functions in a proper manner, they will be quickly expelled; but if this function ceases by perspiration being checked or from any other cause, the inhalation of these noxious vapors continuing, then we have as a result heat, apoplexy, fever, etc., according to the causes which may be in operation at the time. The brain is not primarily affected, but becomes so from the derangement of arterialization of the blood." Hill, *Braithwait's Retrospect* 1867, p. 985.

"There can be no doubt that at the outset of the symptoms there is great hyperæmia of the pia and brain, but no trace of this can be found after death; on the contrary, according to Arndt, extreme anæmia of the pia and brain is observed, with cedematous infiltration of the latter, and great distension of the whole venous system. Recollecting that experiments have shown that moderate heat, directed upon the cranium causes dilation of the vessels, we must conclude that the initial hyperæmia of the sunstroke is due to heat. This, however, is but the least of the changes produced by insolation. Enough facts are not yet established to justify any decided opinion as to the pathology of this affection. Active anatomical investigations in the various stages of the affection are required." Huguenin, *Ziemssens Cyclopædia* Vol. XII, p. 439.

"Arndt believes that a parenchymatous degeneration (cloudy swelling) of the liver, kidney and heart, is rapidly developed under the influence of the enormously high temperature in this disease. He generalizes from this to the brain, and speaks of a diffuse encephalitis, not yet however demonstrated. In this way he explains the cerebral symptoms which often remain long after the acute attack. The blood is acid during an attack of insolation, is rich in urea, is very rich in white globules, and shows very little tendency to coagulation. Probably *Lactic acid* causes the acid reaction. Koster's observations also show that the pathology of sunstroke is still open for investigation. He found affections of the superior sympathetic ganglion and of the vagus; swelling, hæmorrhages, separation and destruction of the nerve fibres, extravasations in both vagi and both phrenic nerves. He also found a cerebral hyperæmia, but does not give particulars as to its quality and results." *Ziemssen Cyclopædia*, Vol. XII, p. 439.

"As for the cerebral congestion from which the well-known group of symptoms characterized as "sun-stroke" or "heat-stroke" were formerly assumed without question to arise, it has been placed beyond doubt that the direct influence of the sun has nothing whatever to do with its production, and that the hyperæmia discovered after death is venous in character, and a secondary phenomenon immediately dependent upon a diminished power of activity of the heart. Both clinical and experimental observations (Obernier) of sunstroke are to be sought in the abnormal increase in the temperature of the body." Nothnagel, *Ziemssen*, Vol. XII, p. 43.

MEANS OF PREVENTION.

Clothing and head covering adapted to the season. The hat should afford means of ventilation and should be of a color to reflect the rays

of the sun instead of absorbing them. The same applies to the clothing. Light-colored sunshades and umbrellas are more serviceable than black or the darker shades. The head, neck and spinal column need protection from the rays of the sun most. Absolutely necessary as a preventive is an ample supply of water of a proper temperature, cold enough to condense in the form of dew on the outer surface of the glass. Ice water is decidedly injurious. Melted ice is no longer the same as water; those who think it harmless need but make the experiment of drinking nothing but dissolved ice for a week or more and the result will be convincing. Claret and water in equal proportions does a great deal to relieve the symptoms of heat. Lemonade is also good. Pure alcohol carried in a vest-pocket flask or vial and taken in small doses, has an excellent effect in counter-acting heat, particularly in tropical climates. A wet sponge cloth or wet green leaves worn in the hat have a beneficial effect. Allowing moderately cool water to flow over the radial pulse is very cooling. Dipping the hands in ice cold water is decidedly hurtful.

HYGIENIC TREATMENT.

In the first or threatening stage, the patient needs rest and *plenty of water to drink*. If exposed to the sun, he must be removed to a shady place, under the trees if possible. Sponging with cool water is very refreshing and is to be recommended particularly in this stage.

In the second stage, in which the patient is picked up unconscious, as a general thing the cold douche, ice cold affusions, even ice are recommended. The cold water is dashed from a height over the head, nape of the neck, chest and face, and the arms and legs are sponged with it. This treatment is in general favor. It has the good effect of giving the patient a shock, and so reviving the dormant energies. Still, this sudden shock may be the cause of troublesome after-effects. The abstraction of heat being the chief condition in the treatment of sunstroke, it is not improbable that warm water would do it more gradually and with less injury to the patient than ice or ice-cold water. The temperature in most cases of sunstroke ranges between 104 and 113° F. The temperature at which ice is formed is 32° F. There is a wide difference here, and it seems rational that a temperature nearer that of the heated body (or at least to begin with) would be more appropriate. The temperature of the water might be lowered gradually as the body begins to cool off.

We all know with what care a person benumbed by the cold is handled; how gradually we bring the body to the heat, first into a

cold room without a fire, then gradually into a more medium temperature, ending up by making warm friction and hot applications. Gradual restoration in all cases of injury is better than violent procedure. During very hot weather, many persons find it more refreshing and cooling to use tepid water for bathing. A Turkish bath is never so invigorating as in hot weather. This harmonizes with the general truth of Homœopathy. Dr. Tegtmeier, Veterinary Surgeon in Philadelphia, has for several years treated sunstruck horses with hot water with the greatest success. In the absence of warm water, he uses alcohol and water; never ice water. In all cases, the horses are fit for duty in a few minutes and experience no troublesome after-effects.

MEDICAL TREATMENT.

There are probably no remedies more oftener indicated for the symptoms of the first stage than *Aconite* and *Arsenicum*, they having in the highest degree the great thirst and hot dry skin. Other remedies, like *Ant. crud.*, *Bell.*, *Bryon.*, *Carbo veg.*, *Lachesis*, *Verat. virid.*, *Nux vom.*, etc., may be indicated according to individual symptoms.

In the second stage, *Glonoine* is without doubt the great medicine. No matter if it is *prescribed* because it produces "paralysis of the vaso-motor nerves and consequent dilation of the vessels and rush of blood to the head," or because it corresponds to the totality of symptoms; it is the remedy which we know from experience has worked wonders in restoring persons overcome with the heat. It is likewise one of the main remedies for headache caused by exposure to the rays of the sun.

For the chronic sequelæ, the principal remedies are *Lachesis* and *Natrum carbonicum*. These remedies have enabled many who were unable to leave the house in hot weather, to resume their work out doors.

Glonoine.—Losing the senses and sinking down unconscious, preceded by vertigo, nausea, violent headache and flushed face. Conjunctiva reddened; mist, black spots or visions of light before the eyes. Countenance pale and agitated. Thirst; pain and throbbing in pit of stomach with a sense of *sinking*. Oppressed breathing, sighing, constriction and anxiety. Laborious and violent action of the heart. Muscular tremor, sopor and great prostration.

Lachesis.—Talkative delirium; feeling of horror; weak memory; vertigo; headache over the eyes and in occiput, pain extending into neck; glimmering before the eyes; nose-bleed; face sunken or bloated and red; tongue paralytic, trembles when protuded; constriction of

throat; difficult deglutition; offensive stools; blowing expiration cannot bear the neck touched; chest feels constricted; palpitation; heart feels constricted, can bear no pressure; pulse variable. (Of greatest importance in the cardiac variety. Compare also *Naja* and *Crotalus*.) Spasm of the muscles; trembling epileptiform convulsions; moaning during coma.

Nitrate of Amyl.—Presents great similarity to sunstroke in the congestive stage. The principal symptoms are: Anxiety, longing for fresh air, dull confusion of head; giddy intoxicated feeling, head feels full to bursting, variable pulsation in the temples, sensation of rushing upwards, eyes protuded, staring; conjunctiva bloodshot; intense surging of blood to the face; crampy epigastric pain; burning and pressure in stomach; dispnoea and constriction of chest and heart; tumultuous beating of heart; tremulousness of hands, and tired feeling in legs; tottering gait; weak relaxed feeling.

Natrum carbonicum.—Useful for the sequelæ. Inability to think; head feels stupified and aches when in the sun; dazzling flashes or black spots before the eyes, dimness of sight; palpitation of heart; trembling of hands; debility from least exertion; restless unrefreshing sleep, profuse sweat from every exertion.

Lachesis, *Natrum carb.*, *Baryta*, *Stramonium*.—Headache from going into the sun.

Agaric.—Vertigo from sunlight.

Canth., *Muriatic acid*.—Sunburn or *eczema solare*.

CURABILITY OF CONSUMPTION.

BY J. S. MITCHELL, A. M., M. D., PROFESSOR OF THEORY AND PRACTICE AND CLINICAL MEDICINE, CHICAGO HOMŒOPATHIC COLLEGE.

Read before the Illinois Homœopathic Medical Association, May 15, 1877.

The illustrious founder of auscultation taught the curability of phthisis pulmonalis; Bayle, Louis and others asserted the same belief. Autopsies which showed small calcareous masses puckering and cicatrization so frequently in lungs whose possessors never dreamed they had pulmonary troubles confirmed this view. Rokitsky says that morbid changes resulting from disease of the lungs, are not infrequently found in the bodies of those who died of other than pulmonic affections. Not on the dead alone but upon the living may we also depend for facts establishing the truth of this view. Flint gives the details of one very well marked case of tuberculosis that after five

years again presented, florid and healthy in appearance, but whose left lung had so shrunken as to cause a perceptible difference in size between the two sides. Ribs and clavicle had been depressed to a marked degree on the affected side. Some five years ago I treated a lady who came into my hands after the death of the lamented F. A. Lord, whose patient she was. The case seemed so desperate that my prognosis was death in about six weeks. There was hectic fever, great emaciation, anorexia, profuse expectoration of tuberculous pus, night sweats, pulse over 120, temperature curves steep, dyspnoea marked and general prostration. The patient lived in Canada. I advised removal home so as to be among friends. The examination revealed infiltration and vomicae. There was absence of murmur in part, broncho-cavernous respiration, circumscribed mucous and sibilant rales, dulness, with cracked metal resonance and laryngeal phthisis. Judge of my surprise, some months afterward, to see her marriage noted in the paper. After awhile, some eight months, I was called again. An interval of two years had now elapsed since I had seen her. I found the left lung presented evidences of almost absolute destruction. The chest on that side was greatly flattened, clavicle depressed and ribs sunken. There was entire absense of murmur and absolute dullness even with firm percussion.

I satisfied myself that the lung was entirely solid — atrophied by cicatrizations — cardiac sounds were abnormally transmitted, and area of cardiac dulness indeterminate. Piorry's claim that he could distinguish the difference between the percussion sound of the liver, spleen and heart, from other dulness is a good one to make. No one else has ever been thus able, and he is entitled to the credit, if it be a credit, of claiming more than subsequent physicians have dared. This is a medical disposition still shown as we well know. The patient had enjoyed comparative good health for many months. Symptoms of acute phthisis now set in — soon calcareous masses with tuberculous pus were expectorated, some of which were unusually large. The lung had unquestionably undergone calcareous degeneration or rather its debris had. Inflammation re-excited had broken down the incapsulating tissue and hence the expectoration.

Instances like these might be multiplied but it is enough that post mortem examination and clinical experience both prove that more or less extensive destruction of pulmonic tissue can be effected — healing occur, and the parts remain free from disease for several years, until a return of inflammation or some other malady carries off the

patient. I am aware that there are many who contend in opposition to the views of the older writers that it is impossible to cure a case of consumption just as the assertion is made that carcinoma is insusceptible of cure. Homœopathy has stepped in many times when we thought her powerless, and with the mild doses cured malignant disease.

I believe she can in the case of both phthisis and carcinoma cure not all, but many cases. I have studied for some time the subject of curing a disease that causes one-fifth of all deaths, that the burning sun of the tropics cannot obliterate, that the eternal winter of the polar regions cannot fortify against, and that counts its most numerous victims among the dwellers in the zone now best adapted for human habitation. In a paper read at a former meeting of this association, I discussed the etiology and prophylaxis of this disease. The main object of the present paper is to call attention to a remedy heretofore too little used, but which my own experience leads me to regard as more valuable in the treatment of phthisis than any other single remedy.

Baptisia tinctoria has an efficacy which I have failed to find attributed to it by any other writer. It very materially modifies the febrile movement, and diminishes cough and expectoration.

I have for several years sought for a remedy that would have pronounced effect in diminishing the fever of phthisis pulmonalis. *Aconite*, so useful in sthenic fever which presents its characteristic symptoms has, as is well known, no power to relieve the febrile movement of phthisis, unless it may be in the earliest stage of the pneumonic type.

Byronia holds a high place in the treatment of tuberculosis not only from the effect upon the pleuræ secondarily involved, but from its sphere of action upon the pulmonary tissue. Tessier's observations upon its use in pneumonitis so often confirmed by other Homœopathic writers established its value in promoting absorption of exudations into the lung tissues.

Our writers give it place in the treatment of acute miliary tubercle but do not accord it high rank in the chronic form. Before I used *Baptisia* as now, I regarded *Byronia* as the remedy to diminish the recurring fever, prevent waste, and limit the duration of the disease, in cases where it was not contra-indicated. I believe I have added many a week of enjoyable life, to some of my tuberculous patients with *Byronia*. I have never, however, been satisfied that it was not to be superseded by a better remedy in many cases.

We cannot expect, according to the Homœopathic law, any one remedy to cover the ground in all cases. Certain cases presenting a well marked disposition to chills accompanying the fever, induced me to try *Baptisia*. In ten cases of tuberculosis treated during the past few months, I have had such excellent results that I am satisfied we have in *Baptisia*, a remedy of marked power in this disease. I am aware that it is too often the habit to say never mind the hectic in phthisis. Treat the individual symptoms. It is doubtless well to note the hæmoptysis, and to prescribe for it, to do likewise with the cough and expectoration, the night sweats, the diarrhoea, etc., but shall we do nothing more to reach the general condition than recommend *Cod Liver Oil*, the hypophosphites, *Iodine*, *Calc.*, *Kali. carb.*, *Lycopodium*, *Natrum*, etc.

No remedy can mitigate the fever without striking at once at its cause. I say this because it is well confirmed by the pathological conditions. In several cases, in fact even in the same individual, during the course of phthisis, we may have all the varieties of fever, all grades of temperature curves. It is as chameleon-like in character as any malady known. The fever may be continued, remittent, or intermittent (hectic.) It is, however, in the hectic variety that *Baptisia* is best indicated. Where we have a disposition to well-marked chills, either in the morning 11 A. M., or 3 A. M., or when there is merely chilly feeling, followed by fever and perspiration, (not profuse night sweats, but like ague,) very steep temperature curves, when there is general weakness, languor, *loss of the buoyancy so common in phthisical patients*, when there is dyspnœa very great but very quickly ameliorated after subsidence of fever, profuse expectoration of tuberculous pus, anoxeria marked, but bowels regular, laryngeal phthisis, cough quite severe and constant, and emaciation considerable. This form of fever, with its accompaniments, indicates suppuration.

It may be said in general *Baptisia* is therefore best adapted to the suppurative (hectic) fever. I find in looking over all the authorities at my command no mention of its use in such conditions. From Eclectic and Allopathic authorities. hints are gathered of its probable usefulness in such remarks as, "it is effective in deficient capillary circulation with atony of tissue and tendency to ulceration;" "it is valuable in dysentery with ulceration" and "it is efficacious in gangrene when used internally and locally." It diminishes the fever because it arrests the local process, i. e. necrosis of pulmonary tissue that causes it. I assume without discussion here, the origin of the fever. That

it so acts is evinced by the fact that the purulent expectoration diminishes, that the cough is better, the soreness and pain in the lungs ameliorated. That it does not act by striking directly at the root of the matter, the unduly excited nervous system is shown by the fact, that with the improvement in the lungs there is not manifest a corresponding increase in tone in the general system. *Baptisia* is claimed to be a depressor of the nervous system. I do not, however, for the reason given above, believe it exerts much, if any, specific effect upon the nervous system in phthisis.

I say the general improvement does not correspond with the beneficial effects.

When you reduce a pulse from 128 or 130 to 80 or 96—change a steep temperature curve to one comparatively smooth, reduce profuse purulent expectoration to almost nothing, and nearly banish cough in a phthisical patient, you may reasonably expect a marked increase in general strength, appetite, etc. You will not always find it as great as hoped for since you have only accomplished one step in the curative process. The limits of this paper forbid a full discussion of the other methods to be employed. Its scope has aimed merely to place *Baptisia tinctoria* in its proper niche in a process which must necessarily involve several remedies, and much tonic and hygienic treatment.

As stated at the outset in this paper, I have a record of ten cases in which the *Baptisia* has been used, not including cases in dispensary practice whose history could not be accurately kept. I will give the points in the most marked cases to better illustrate the value of the drug.

CASE I. Mrs. H., brunette aged about thirty-five, well marked phthisis pulmonalis, pronounced emaciation, anorexia very great, physical examination revealed evidences of tubercles in the upper lobe of each lung, the left most affected, laryngeal phthisis, pulse 128 to 130, temperature showed steep curves, chill well marked each day about noon, followed by febrile movement and perspiration, pulse never below 130, dyspnea extreme during fever, profuse expectoration of tuberculous pus, and soreness of the lungs. This was the condition last September. Gave *Baptisia* 1x dilution. As is well known the remedy acts best in the low attenuations. The improvement was steady but very slow. Chills ceased, pulse gradually came down to 84, —rose at once to 120 on discontinuing the *Baptisia* for other indicated remedies, but again dropped when its use was resumed. The expectoration diminished very materially, the cough abated.

The patient who had hardly been able to leave her bed, can now go about the house. There is considerable gain in muscular strength, but the appetite does not improve, and the emaciation therefore continues well marked. As this patient was last September one was justified in making a prognosis of death in from six to eight weeks. The winter has passed but the harvest of death has not yet come to her.

CASE II. Mrs. S., aged about forty, had been confined to the bed one month when I was called last October, chill every other day, high fever, pulse 126, steep curves, expectoration muco-purulent, cough severe and with laryngeal characteristics, anorexia with diarrhœa, physical examination revealed cog-wheeled respiration, with feeble murmur, and dullness on percussion on left side, on the right, bronchial respiration, circumscribed, sibilant and sonorous rales.

Gave *Baptisia* 1x dilution. Diagnosed phthisis florida. Improvement in this case marked and rapid. She was on her feet in about ten days, chills ceased, also measurably cough and expectoration, appetite in this instance returned, some dyspnœa remained and does yet, languor continues, and there is general weakness. Pulse in this case dropped from 126 to 72.

CASE III. Mrs. O., aged about forty-two. Has been under my charge four years, better and worse as is usual with phthysical patients under treatment. Last fall had considerable hemoptysis followed by the usual inflammatory symptoms. Chills every day about 11 A. M., great languor, perspiration not profuse, was not confined to bed, examination showed extension of disease which had apparently heretofore been bronchial to lung parenchyma. Expectoration profuse, muco-purulent, and cough troublesome. *Baptisia* 1x dilution relieved all symptoms. In this case fever was not so marked, pulse ran from 100 to 120, but it was controlled by *Baptisia*. Latterly, though generally the patient feels much better, laryngeal phthisis has set in and is giving considerable trouble. These three cases all presented the symptom of absence of the buoyancy and hopefulness usually common to phthysical patients.

CASE IV. Miss M., advanced phthisis, cavernous rales, pulse 126 and tremulous, extreme emaciation, fistula in ano, and suppuration from mucous membrane of buccal cavity, purulent expectoration, night sweats, etc., chilliness followed by fever, no well pronounced chill. Had been under Homœopathic treatment but it had failed to arrest the disease. Gave *Baptisia* 1x dilution. This case has the marked hopefulness which is a characteristic of phthisis. She has felt

so much better that she is greatly encouraged. Gained at once in general strength, anal abscess which was very painful broke spontaneously after three days use of the *Baptisia*—discharged freely and commenced healing, now causing little trouble. The cough and expectorations are better. These cases seem to illustrate the value of the remedy named.

If a little of the labor devoted by powerful minds to the discussion of the pathology of phthisis has been devoted to its cure, more progress would have been made in that direction. I add this mite, feeling that sufficient experience has been had to warrant the assumption that we have in *Baptisia* one of the best remedies in phthisis, to combat the symptoms for which it is specially indicated. I am confident that the study of a single remedy and its exclusive use will help us to advance Homœopathy, and keep it from drifting along faster and faster toward the maelstrom of Allopathy. In the large clinic in connection with the Central Homœopathic Dispensary which has now treated over 1000 patients, I use in my service almost exclusively the single remedy. Alternation is doubtless often useful, but our truest drug knowledge has been gained from the use of one remedy, whose action can be carefully observed and noted. With *Baptisia* and the remedies heretofore in common use which have proved so efficacious in phthisis, I believe not only may the disease be shortened in many cases but actually arrested, and adding to the many triumphs already accredited to Homœopathy.

Gynæcological Department.

OVARIAN TUMOR CURED BY COLOCYNTH.

BY THE LATE CARROLL DUNHAM, M. D.

[From the posthumous work of Dr. Dunham, Homœopathy the Science of Therapeutics, p. 488, we extract the following interesting and remarkable case. Of the value of our remedies it may be truthfully said "the half has not been told."]

"On October 10, 1864, I was requested to visit Mrs. C. E. H., aged about thirty-eight years. She gave me the following history: She had been always in good health, married ten years but never pregnant.

While traveling in France in 1854, she was attacked with what was then called acute peritonitis. She was confined to her bed several years. Partially recovering, she consulted Trousseau, who discovered the right ovary inflamed and somewhat enlarged. From this time she was more or less unable to walk, and suffered much from a tumor, which gradually developed in the pelvis, between the uterus and the rectum, and which was pronounced by Trousseau to be an enlarged and prolapsed ovary.

"In 1863 she came to New York, and placed herself under one of our most experienced gynæcologists, who confirmed Trousseau's diagnosis, pronounced the case incurable, and advised a sparing resort to anodynes to mitigate severe suffering. I found Mrs. H. confined to her sofa; she had not left her room for a year. A firm, elastic tumor occupied the space between the uterus and the vagina anteriorly, and the rectum posteriorly, completely occluding the vagina, and rendering defecation very difficult. It seemed not to be adherent to the walls of either passage. Attempts at walking induced paroxysms of acute pain across the hypo-gastrium, in the sacral region, and around the hip-joint; from here the pains extended down the groin and along the femoral nerve. The pain was relieved by flexing the thigh upon the pelvis, and always induced or aggravated by extending the thigh. Even without the provocation of motion there were frequent and severe paroxysms of pain, as above described. The appetite was not good, and digestion feeble; but the general condition of the patient was good. Nervous sensibility was very great. The pains had been ascribed to the pressure of the tumor upon the sacral nerves.

"The patient had a dread of taking opiates, and had used them sparingly. I was requested to mitigate the pains, if possible,—no hope being entertained of a cure. With no definite expectations of accomplishing a radical cure, I prescribed *Colocynth* 200; a few pellets to be taken whenever a paroxysm of pain came on, and to be repeated every hour during the paroxysm. This prescription was based on the results of an Austrian proving of *Colocynth*, which confirm and amplify the provings of Hahnemann.

"November 1. I learned that the paroxysms had been less frequent, much shorter, and milder; the remedy appearing to control them.

"March 1, 1865. The patient walked half a mile to my office and reported that she had no pain for a month. She could walk half a mile daily without fatigue or pain, and had resumed the charge of her household after an interval of nine years. She thought the tumor had become somewhat smaller. Being about to sail for Europe, she desired more *Colocynth*, that she might be provided in case pain should return.

"June 9, 1869. Mrs. H. has just arrived from Europe. I find her perfectly well. There has been no return of pain since 1865. The tumor disappeared from its position between the vagina and rectum in the autumn of 1865, and was plainly perceptible in the abdomen, about as large as a Sicily orange. It has since disappeared entirely, and nothing of the kind can now be discovered. Was this really an,

ovarian tumor? No doubt appeared to be entertained by the eminent physicians who preceded me in the case. Did the *Colocynth* cause its absorption? The patient has no doubt on this point. Why should it not have done so? Because we have no record of any action of *Colocynth*, except on the intestinal mucous membrane, and on certain plexus of nerves? Fortunately, the action of remedies is not restricted to the measure of our imperfect *a priori* knowledge of them.

A reviewer in the *British Journal* takes exception to a statement of mine, that a remedy, when indicated by a well-marked group of symptoms, will often remove, not merely those, but other groups apparently unconnected,—in fact, the whole disease. This case is in point. And yet I can hardly doubt that, in such cases, a complete proving, were it possible, would show that the remedy does produce likewise these seemingly unconnected symptoms,—in fact, a picture of the whole disease. Indeed, on examining the Austrian proving, we find Frolich reports two brief provings on women both of which show the action of *Colocynth* on the ovaries. Had we well-instructed women-provers, how much more we should know of the action of drugs!

TEA A CAUSE OF BACKACHE.

In a late number of this ever welcome journal, you, (Dr. Duncan) mention your intention to publish a work on "Feeding and Management of Children" and invite physicians to send you anything bearing on the subject. I have quite lately published a small work on electricity which contains also the results of many years experience with regard to the use of coffee, tea, tobacco and liquor, wishing particularly to direct the attention of parents to the deleterious influence of tea upon the young.

These ideas may be interesting to you, and for this purpose I send you a copy of my little work,—though, as you will see by the introduction, it is a popular and not a professional book. I may add that many of the Allopaths of Toronto are falling into my views with regards to the action of tea in uterine and urinary affections, but being a Homœopath, consider it beneath them to make any acknowledgment.

TORONTO.

J. ADAMS.

From this excellent little work we make the following extract:

"Some seventeen or eighteen years ago my attention was providentially directed to the action of tea upon the urinary and sexual systems, and each succeeding year's experience has strengthened my convictions of its baneful influence upon the human race, by engendering and maintaining an unnatural excitement of the sexual organs, and I do not hesitate in affirming that to the constant use of tea may

justly be attributed much of the fearful sensuality that prevails around us. This is very easily understood when we reflect that tea exerts, first, an exciting and subsequently a debilitating influence upon the nervous system in general and the lumbar portion of the spinal marrow, commonly called "the loins," in particular. Why this is, I do not pretend to explain; all I know is that such is the case, and if those in the habit of using tea and suffering from the consequent *weakness and pain in the small of the back*, will only abstain from its use for three or four weeks, the relief they will experience will satisfy them of the truth of my assertion.

"A year ago a young square-built girl came to me for advice and medicine for the backache. "Oh, doctor," said she, "I shall have to give up my place and go back home, for I can't stand the work; it makes my back ache so badly." "Give up your tea," said I, "and you will soon lose your backache." She agreed to follow my advice for a month, and after giving her a little medicine for her general health I dismissed her, never expecting to see her again, as my advice in such cases is rarely followed for more than a week. But, to my astonishment, she returned in a month, bright and smiling, and hardly had time to get into my office before she exclaimed; "Oh, doctor, I'm never going to drink tea again. Would you believe it, I hadn't taken your medicine and given up the tea for a week before the pain was out of my back, and now I feel stronger than ever?" As I have not seen her since, I am in hopes that she has profited by the lesson, which is more than I can say of many another patient who, after being relieved of her backache, has returned to her tea—and consequent suffering.

"While, then, the primary action of tea is to exhilarate and excite, its secondary effects are to enfeeble the nervous system and produce depression of spirits, languor, excitability, irritability, disinclination to active employment, weakness and pain in the back. These symptoms may be temporarily relieved by a fresh supply of tea, just as the trembling hand of the drunkard is steadied by a fresh glass of liquor, but only to be followed by increased nervous prostration; and this continued round of stimulation and relaxation naturally wears out the human frame long before the allotted time.

"The loss of a few years of life would be a matter of less importance, were it not that premature decay of the nervous power is invariably accompanied by distressing ailments, such as nervousness, sick headache, dyspepsia, neuralgia, sleeplessness and its too frequent result, insanity."

ON CRACKED NIPPLES.

MESSRS. EDITORS: The remarks of Dr. Hale, published in Vol. VI. No.2, of this journal, do not include an almost infallible cure for this distressing affection so common, especially with young mothers.

Hydrastis can. used as a lotion, has cured several severe cases, such as had baffled all other means previous to the use of this remedy, some eight to ten years ago. The usual mode of application is to dissolve five grains of *Hydrastin* 3x, in a common teacup nearly full of tepid water, and wash the nipples gently but thoroughly every time the child has done nursing. It is the most effectual treatment within my knowledge, and is often called for by nurses for the patients of other physicians, a few days being sufficient to restore the nipple to soundness. It certainly is more consistent with good Homœopathic usage than the *Quintine* treatment of Dr. Le Diberder, suggested by Dr. Hale.

PHŒNIXVILLE, PA.

L. B. HAWLEY.

A SUPPOSED UTERINE TUMOR.

REMOVED PER RECTUM.—RECOVERY.

Early last spring I was called a few miles distant from Boston in consultation with a brother M. D. of the Old School order. "Tell it not in Gath, though, lest he be a member of the sacred order of Harvard, and be doubly condemned for consulting with a Homœopath, and with a woman.

The case was a lingering one. Mrs.—, aged forty-seven, had been ailing for four or five years with what seemed to be indigestion, with uterine complications. She had been as is usual with such cases through the alphabet of "pathies," including an "inspirational" comforter who had told her some very remarkable things in regard to the structure, relations and actions of the internal vicera. The high colored urine he had accounted for by telling her that the bile had been poured into the kidneys, and thus discharged through the bladder. And the liver, what a mass of diseases, according to his introspective diagnosis. There had been no lack of *science* in the examination of her case.

Some months before I saw her, a tumor had been discovered. One pronounced it extra-uterine; another, a fibrous growth of the uterine parenchyma; a third, ovarian; and others declared that it was none of these, but of a pelvic origin.

For three or four months before I saw the patient, she suffered from an almost continuous tenseness of the lower bowels. She had been unable to pass anything without it produced intense suffering.

The tumor precluded the possibility of giving, or, retaining an enema, the result was that she had eaten no solid food, and was getting so that fluids were retained upon the stomach. She had formerly suffered from hæmorrhoids and now they were in an engorged, inflamed condition. She had grown very nervous, very restless during the day, and sleepless at night, except when under the influence of anodynes. The patient was put under the influence of *Ether*, per vaginum. the much talked of tumor was discovered, a hard but slightly movable substance in the posterior cul de sac. The uterus somewhat retroverted and enlarged, was distinctly outlined resting upon it. The tumor was found to have no attachments or connection whatever, with the uterus or its appendages. From its solidity and almost entire fixedness, it was thought to be an osteoma growth from, and adherent to, the sacrum. The next step then in the series was examination per rectum, this was difficult to make owing to the size and position of the tumor. By slow degrees and with great care, which was especially needed, owing to the hæmorrhoids, the entire hand was introduced into the rectum, and circumscribed the tumor, which proved to be a detached, solid ball. It was removed whole, not without considerable hæmorrhage, and was about the size of a child's head at the sixth month of pregnancy. Another, the size and somewhat the shape of a goose egg was removed, as well as several lesser ones. The hæmorrhage was readily checked by the application, upon old linen of a solution of per *Sulphate of Iron*.

The patient came out from under the influence of the *Ether*, with great relief of mind that she had been so speedily and effectually relieved of her trouble, which had magnified in her imagination till she was sure that nothing less than a cancer would be found. The tenseness, the inability to pass fecal matter, the inflation of the bowels from gas, the engorged condition of the hæmorrhoids, and the nervous conditions, were all now easily enough accounted for. But whence came these solid, stone like balls? For several years, owing to her dyspeptic tendencies and to constipation, she had been in the habit of eating magnesia, and for the last year had eaten it very abundantly. The constipated condition had doubtless allowed particles of it to remain in the rectum, and by continuous accretion, the result was what had been found.

The woman has made a good recovery, and writes most grateful letters for her deliverance. It is hardly necessary to say that she does not eat magnesia any more.

The moral to draw from this case is, first find out what ails your patient, and then cure her if you can.

BOSTON.

MARY J. SAFFORD BLAKE.

MEDICINES WHICH INCREASE THE SECRETION OF MILK.

In *Virchow's Archives* I find a record of certain experiments made by Dr. Bohrig, which show that certain medicines which increase the intra-arterial pressure by increasing the force of the heart's action, cause an increase in the amount of milk in the mammary glands.

Among these medicines the most notable are *Strychnine*, *Coffeine*, and *Digitaline*. *Strychnine* increases the amount of milk *fifteen* times as much as before it was given! *Jaborandi* exercised a still greater power over the lacteal secretion.

The effect of *Coffeine* — the active principles of tea and coffee goes to prove that the use of these beverages by nurses may be beneficial. In practice I have found that Souchong, i. e. English breakfast tea has a decidedly beneficial effect when rightly prepared, namely, by *decoction* — without causing the billiouness of coffee or the nervousness of tea.

Per contra. Dr. Bohrig found that *Chloral hydrate* almost entirely diminished the amount of milk during the day it was given. This effect is said to be by virtue of its power of *diminishing* intra-vascular pressure. I have observed that *Aconite* and *Veratrum viride* has the same effect. *Phytolacca* has a similar action. These facts may be made useful in practice.

CHICAGO.

E. M. HALE.

TREATMENT OF PARALYSIS.

Some experiments have been made in France which show the value of *Aurum* and *Cuprum* in the treatment of paralysis. Pins were pierced through the flesh of the paralyzed limbs of a blindfolded cataleptic and two hysterical persons, without being noticed. A few minutes after the application of plates of gold or copper, a slight application of the pin was keenly felt. — *Exchange*.

Hospital Department.

HAHNEMANN HOSPITAL CLINICS.

A CLINIC ON THE DISEASES OF WOMEN.

BY R. LUDLAM, M. D., PROFESSOR OF THE MEDICAL AND SURGICAL
DISEASES OF WOMEN, OBSTETRICS, AND CLINICAL MIDWIFERY
IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL
OF CHICAGO—DELIVERED JULY 25TH, 1877.

Reported by W. A. Barker, medical student.

ENCYSTED PERITONEAL DROPSY.

CASE 2397.—Mrs. S., aged forty-seven years, was brought to the clinic this morning by my friend, Dr. Thole, of Dwight, Illinois. She has been ill for four years. She first observed a swelling in the median line of the abdomen, which gradually developed in all directions, and has finally attained an enormous size. The tumor is uniformly smooth; the belly is very pendulous; the umbilicus is pouting; the skin is tense and shining; there is marked fluctuation, and the wave-line is distinctly observed. There is flatness on percussion over the whole tumor, excepting a triangular space above the umbilicus, the base of the triangle being at the base of thorax, in front, and the apex extending to within one and one-half inches of the umbilicus, and also a space in the right lumbar region, behind the tumor. In the spaces indicated, the resonance is almost tympanitic. The contour of the tumor is changed at the right of the pubis, by the presence of the distended bladder, the outline of which can be distinctly recognized. At the left inguinal region there is an old hernia of ten years' standing, which has grown rapidly since last winter, and which is now as big as a loaf of bread. Vaginal examination reveals an infiltration of all the tissues within reach. The posterior vaginal wall, the roof of the vagina, the cellular tissue along the course of the urethra, are so distended that it is almost impossible to apply the touch. She has not been able to pass more than a few drops of urine at a time, nor to take more than a tablespoonful of food at a meal for many weeks. The feet are considerably swollen; she has palpitation, præcordial oppression, and physical signs of mitral regurgitation.

Such was the record of this woman's case when I tapped her, in your presence, one week ago. That operation, which afforded us four

gallons of a highly albuminous serum (as tested for you by Mr. Rockey), also brought the greatest possible relief to the patient. The next morning she had a chill, with threatenings of peritonitis, but these symptoms yielded to the binder, rest, and a few doses of *Bryonia* 3.

I have brought you again to her bedside for the purpose of settling the diagnosis. For although, in these cases, on account of the mechanical pressure of the water contained within the sac, there is a strange immunity from peritonitis after tapping, I have desisted from making a more thorough examination of the case until it was quite safe to do so.

You remember the outlines of the spaces which were flat, and those which were resonant on percussion. Now you observe the sound is normal over the entire abdomen. Palpation does not disclose the existence of a tumor of any sort. On the principle of exclusion, we decide that this was not an ovarian cyst, (1) because we can find no sac, or solid portion of the same through the flaccid parietes, and (2) because the serum drawn off was so very highly albuminous.

The fact disclosed by percussion, that the fluid did not fill the entire peritoneal cavity, although it existed in so large a quantity, shows that this was a case of encysted or circumscribed peritoneal dropsy. There is no doubt that it was preceded by peritonitis, which resulted in the formation of such adhesions to the intestines as to bind them down and prevent the thorough and uniform filling of the peritoneal cavity. In one of her age, the prognosis is not altogether favorable. The effusion will be apt to recur. Very much will depend, however, upon her general condition, and perhaps, also, upon the cardiac or other lesions, of which the dropsy may be the consequence. She is now taking *Apis* 3x trit., four times a day.

SUB-INVOLUTION OF THE UTERUS—PROLAPSUS—HÆMORRHOIDS.

CASE 2212.—Mrs. B., aged twenty-four years. Entered the clinic May 9. Has had three children, the eldest of which is three years, and the youngest three weeks old. Has not been well since the birth of the first child, from which time, but never before, she has had the hæmorrhoids. The first labor was very severe, protracted and instrumental. She got up slowly, with almost constant dragging pains, and inability to lie on the right side. She carried the second child very low, and the womb came down after delivery. After the birth of the third child, she had severe hæmorrhage. *Collinsonia can.* 2, four times daily.

May 16. Better; bowels regular; piles improved. Continue treatment.

May 23. The bearing-down is worse, although the bowel symptoms are improved. (Professor L. passed the sound, in presence of the class, and showed the depth of the uterus to be five and a half inches). *Secale cor.* 2, every three hours.

May 30. Much better and stronger; less bearing-down, but more constipated; hæmorrhoids protruding, and very tender. Headache. *Secale cor.* every three hours, and one dose of *Aloes* 3, at night.

June 6. Worse. Was taken with flowing the next day after her visit, which has continued, and very freely, ever since. It is now seven weeks from the birth of the child. *China* 1, every hour.

June 13. Very much better. The flow ceased the next day after she was here. Morning headache from lack of rest at night. *China* 3, one dose at night, and *Phosphorus* 3, three times daily.

June 20. Has an intermittent uterine hæmorrhage, which is not very free, but exhausting. Continue the same remedies.

June 27. She still nurses her child, and has milk enough for it. Has sharp, shooting pains in the uterine region, and some fluttering of the heart. *Citrate of Iron* and *Strychnia* 3, during the day, and one dose of *Atropine* 3 at night.

July 25. Improving. No more flow. The prolapsus, and all the bearing-down pains are gone. The baby is three months old. The piles are troublesome, and bleed at times. The bowels are slightly bound. The appetite is poor, the tongue furred and bilious. Nausea after eating, and vertigo in lieu of the headache. *Nux vomica* 3 at night, and *China* 3 morning and noon.

Nursing is nature's prophylactic against uterine prolapsus, when it follows childbirth. But it is a conditional remedy, and will not succeed unless conjoined with the necessary *rest* in the puerperal month. This woman was upon her feet and at her work too soon after the birth of her first child, and before the proper involution of the uterus had taken place. Under these circumstances, the natural stimulus to uterine contraction, which is a necessary condition for its physiological shrinkage in size and weight, was practically withdrawn. The reflex effect of the baby at the breast was lost, because she did not remain in bed. And, so far as the proper changes in the womb are concerned, she might as well have weaned her baby when it was a week old.

This is a type of many cases in which it would be not only stupid, but criminal, to attempt to support the uterus with a pessary. The first indication is to restore the womb, as nearly as possible, to its natural size, after which, the menorrhagia, hæmorrhoids, the cerebral anæmia, and all the incidental symptoms, will probably disappear of themselves. I have already shown you several cases in which, under the use of *China* and *Secale* especially, the depth of the uterus was

perceptibly reduced, and the prolapsus of the organ entirely cured.

I am satisfied, from actual experience, that a considerable share of cases of uterine prolapsus following abortion or labor at term, and no matter how remotely, may be cured by internal remedies, given upon this theory of their cause and complications. But it cannot be done with a single dose, nor very often with one remedy.

AN INTRA-UTERINE FIBROID—OPERATION—AFTER-TREATMENT.

CASE 2414.—Mrs.——, aged forty-four, was brought to the hospital for the treatment of a large, intra-uterine fibroid. Professor Ludlam removed the tumor, in the presence of the class, July 20. After reading the subsequent history of the case, and its progress and after-treatment in detail, the professor spoke as follows:

Beside the risks that beset surgical operations in general, there are those which are especially incident to uterine surgery. This class includes pelvic cellulitis, pelvic-peritonitis, metritis, menorrhagia, and septic and putrid infection from utero-vaginal absorption. But it sometimes happens that surgical operations upon women get the credit for complications which do not properly belong to them. Here is a case in point. When I removed this uterine fibroid, on Friday last, the patient had already had some premonitions of an attack of bilious diarrhœa and vomiting, to which she was accustomed, but I was not informed of the fact. You saw the operation. For two days she did well, and although her menses came prematurely, they were not excessive. But on the morning of the third day, the old hepatic disturbance was renewed. The bilious symptoms would remain mute no longer. Diarrhœa and vomiting set in, as would have happened, and perhaps sooner, if the operation had not been performed. * * *

This class of contingencies is very common. Our patient might have been seized with erysipelas, or ague, or any other incidental ailment, instead of this. And, forgetting that she was quite as liable to these disorders as if she had not just been operated upon, the accident would very likely have been charged to the operation itself.

Now these intercurrent affections are almost always mischievous, and sometimes dangerous. They confuse and complicate the diagnosis and the prognosis, just as they do after labor. So that, although the operation itself may have been successful, and its legitimate symptoms promising enough, yet these morbid contingencies may deceive us, and finally carry off our patients. * * * * *

There is a sense, however, in which an incidental disorder may be salutary. And it would not be strange if nature took advantage of

the fact in this case. For, when the liver has relieved itself by these critical discharges, it will the more readily assume the duty of eliminating such septic materials as may, perhaps, have been absorbed from the uterine cavity. And so, as the drain is already open, the danger from putrid infection will be very much less than it might otherwise have been. There is no warrant, however, either in reason or in clinical experience, for forcing the liver and the alimentary system to become a safety-valve in the after-treatment of this class of surgical cases, any more than there is in childbed. When the way is open, we may busy ourselves with watching it, or guarding it, but we must not obstruct it.

A NEW METHOD OF UTERINE EXPLORATION.

At his clinic, Aug. 15th, Professor Ludlam took occasion to speak as follows of a novel method of uterine exploration :

The uterus has a greater latitude of motion than any of the other viscera. Under given conditions, and within its proper orbit, these changes of place are healthful and necessary. Without them, menstruation, gestation, and parturition would be impossible. But the frequent change of place of the womb renders it liable to deviations that are abnormal, and more or less difficult of cure.

Here is a case which I believe will illustrate a very important clinical fact. The proposal to draw the uterus downward, toward the vulva, in order that it may be examined more thoroughly and carefully, and for surgical purposes, is not a new one. Forceps and tenaculæ have been used in this way for many years. And there is no doubt that in certain cases these instruments are indispensable.

But I shall show you that we may, if we will, sometimes take advantage of the physiological mobility of the womb, in order to get it into a position where we can examine it, and manipulate it properly. If this can be done without force or pain, or the traumatic injury of its ligaments, and as it were, spontaneously, there can be no question of its desirability. One would a great deal rather have a patient show his tongue voluntarily than to be obliged to pull it out for him.

It is a curious fact that if you apply electricity directly to the neck of the womb, the finger being used as an electrode, the organ will ascend almost or quite beyond reach ; but if the application is continued sufficiently long, and the finger then withdrawn, it will descend, and frequently below its normal position.

Now, I have observed that, in a very large share of the cases in which I have passed the sound, the uterus has descended in a few moments so as to lie quite low, and sometimes just within the vulva. Six years ago it occurred to me to utilize this fact. From that time, in all the ordinary cases in which it has been desirable to bring the womb down, or to straighten it from a flexed position, I have found it unnecessary to use either Sim's or Nott's tenaculum. For I can pass the sound, with the patient lying, as this woman does, upon her left side, and leave it there, and in a little while the womb is where I want it. It rides along down with the sound *in situ*. Then I hold it readily, by seizing the staff of the instrument; or, if this is in my way, I remove it, and keep the organ within reach by direct pressure with the finger-tips of the left hand, over and behind the pubis. If the abdominal pressure is necessary, I turn her gently upon her back. This enables me to examine the uterus carefully, as to its structure, size, form, weight, depth, and, possibly, its especial inclination, if it has any; and, through the rectum, its posterior wall and fundus are much more easy of access than while it was at the superior strait, or than if it had been brought down in the usual way, while the perineum was being retracted by a Sim's speculum.

And, when I am through with the examination, providing it has been carefully made, the womb takes its proper place, or reascends, just as it does after a fit of coughing, or after straining at stool. I have often seen patients who had been injured by having the womb pulled down forcibly, but I have not seen any harmful results from bringing it down in the more natural way which I have just indicated.

[The professor then demonstrated to the class this mode of descent, and by actual measurement proved the truth of his proposition on the living subject].

Of course the result which you have witnessed would be partially or wholly prevented if we had passed the sound through the speculum, as they used to do. For when the uterus descends, the vagina must be inverted, and this could not take place while that tube was grasping the instrument. Moreover, the speculum would be a sort of prop to the womb, that would be more apt to increase than to lessen its distance from the vulva. * * * * *

I have found this expedient of real service in the treatment of uterine flexions. Fortunately, as you know, this form of displacement is seldom accompanied by adhesions. With a little tact and experience, you can pass a flexible sound through the os-internum,

and, no matter which way the organ is bent upon itself, it drops into Carus's curve, and soon lies in its own axis, just within the sphincter of the vagina.

This is the only safe and sensible way of using the sound as a reposit-
itor. But the flexible, copper one is the best.

In some cases of acute flexion, with obstructive dysmenorrhœa from obliteration of the canal, you can introduce a Nott's dilator directly, and await the descent of the womb. Then you stretch the cervix, withdraw the instrument, and you can very easily pass a stem or a tent, with the double view of keeping the uterus upright, and of facilitating the menstrual flow. You will be surprised to find how much more easily this little operation is made than by the old method. But Atlee's straight dilator will not answer so well.

I have already told you why I believe that a large proportion of the cases of *version* of the uterus begin by a flexion of that organ. Wherever this is true, you can take advantage of this new method of reduction. But you will need to study the mechanism of these malpositions beforehand, as carefully as you study the mechanism of labor, or your manipulations will only make matters worse instead of better. For, in a sense, the different steps of flexion, descent, rotation and restitution, are as necessary in the correction of ante-version, or of retro-version as they are in the delivery of a child by the head. In both cases, if you guide them intelligently, the womb and its co-ordinate muscles will do the work, and there will be no need of force. * *

There are other applications of this method of exploration, which I shall show you in my clinic. The list of cases to which it is adapted does not by any means include everything, but it is quite a large one. More especially is this true since we have learned that the old talk about the womb being anchored by adhesions, and thus rendered immovable (except as a rare contingent of acute inflammation, or of cancerous deposits) has no meaning. * * *

With careful manipulation, there is no more risk of injury from the passage of the sound into the uterus than there is from the introduction of the catheter into the bladder, or of the finger into the rectum.

FOOD HYPODERMICALLY—Dr. G. F. Duffey (*Dublin Journal of Medical Science*), cites cases where food which could not be taken in the normal way, was given hypodermically, for a number of days, till the patients were able to take food naturally.

Surgical Department.

A CASE OF TRAUMATISM.

BY J. G. GILCHRIST, M. D., DETROIT, PROFESSOR OF SURGERY IN
THE HOMŒOPATHIC SCHOOL UNIVERSITY OF MICHIGAN.

In the latter part of the term, in the University of Michigan, a case came under the care of my distinguished colleague, Professor S. A. Jones, which had long baffled the skill of the "Regulars," and had given even Homœopathy no little trouble.

C., aged about twenty-five, some years before had sustained an injury to the right leg, a step of a buggy having torn the tissues in the popliteal space, and penetrated deeply. There was no apparent injury to the artery. He recovered with some cicatrice contraction, but the spot was very sensitive, and the seat of more or less pain at all times. Soon after he commenced having epileptiform convulsions, with a sort of clairvoyant condition added thereto. These spasms became so frequent that he came under the care of Professor Gunn, of Chicago, and underwent an operation by Nissbaum's method, i. e., exposing and stretching the popliteal nerve. For a few days he seemed better, but shortly the spasms returned with renewed violence and increased frequency. After a year, or more, he came under the care of Professor Jones, with whom I saw the case once or twice. His condition was then as follows:

Bodily health seemed good; looked robust. Mind slightly impaired. The right leg slightly flexed, impossible full extension. Temperature of limb normal. Had severe spasms once a day, at times, oftener, which could be produced at any time by striking the popliteal space, even slightly. There was a firm cicatrix, with much contraction in the popliteal space, quite sensitive to pressure or touch. Spasms would come on suddenly, with loss of consciousness, and frequent grasping the head with the hands. During this time he would recite long poems, sing, propound conondrums, and declaim popular speeches, interrupted, frequently, by suddenly grasping the head, and shuddering. Entirely oblivious to all external impressions; had no recollection of what had occurred, on regaining consciousness. *Nux*

vom., *Hyperic.*, and other remedies, were given a fair trial, but no effect was perceptible. *Stram.* would frequently occur to Professor Jones, but for some reason it had not been given.

Finally, at the request of Dr. J., the patient came to my clinic for surgical treatment. An Esmarch bandage was applied, the nodular tissue completely dissected out, the nerve slightly stretched, and a flap slid over the gap. The popliteal artery was wounded slightly, and a ligature applied. The flap united promptly, and the case did well. The second day, my dressers, Drs. Olin and Taber, on removing the dressings, found that the ligature had been cut off, and retracted within the wound. This was done by the patient's friends, who attempted to remove the dressings themselves.

He had no return of the spasms for some days, when he had a slight attack. There was much pain in the leg running down into the foot, which prevented sleep. *All. cep.* and other remedies, failed to remove this, which did not disappear finally until the knot of the ligature was discharged. Professor Jones, soon after the spasm alluded to, returned to the preference for *Stram.*, which was then given in the 30th attestation. He had no return of the spasms, and now, fully six months after the operation, writes that he is well, and has no trouble whatever except a very slight stiffness of the knee.

What cured, of course none can tell. The presumption is that recovery could not have occurred without the operation, nor without *Stram.* to supplement it. Whatever the agent was, certain it is that Homœopathy has reaped some benefit from the case.

MYOPIA, AND ITS THERAPEUTICS.

BY H. C. ANGELL, M. D., PROFESSOR OF OPHTHALMOLOGY IN THE BOSTON UNIVERSITY SCHOOL OF MEDICINE.

Having no memoranda, I begin by supposing a typical case of near sight, and I will have the case sufficiently common to find its frequent parallel in the practice of most oculists. Let it be a boy of fifteen, thin, pale, growing, and looking overworked. He is in the high school, and beside his five or six hours' work there he is obliged to study at home, and his leisure moments are spent over novels or books of travel. He thus uses his eyes exclusively for the near. His myopia is acquired within two or three years, and is progressive. His parents are not myopic, and he may or may not inherit the myopic tendency. A concave glass of four dioptrics (about nine inches focus), will

correct the myopia perfectly. The amblyopia is slight, the ophthalmoscope shows a moderate posterior choroiditis, and a beginning crescent. We paralyze the accommodation by *Atropine*, and find how much the spasm of the ciliary muscle contributes to the total amount of the optical defect. Under *Atropine* a lens of 3 D. (twelve inches focus) neutralizes the myopia, and so one-quarter of it only is due to this spasm.

We then take the case under treatment, prohibiting *all* continuous use of the eyes on near objects, and enforcing a daily use of them for distant objects. We promote the general health by such regulations and such medication as may seem necessary, and in a few months or a year, we find that a lens of 2 D. or perhaps 1 D., is sufficient to give distinct vision.

The *rationale* of this is that *our treatment has made a change in the form of the eyeball*, from the myopic toward the emmetropic. In an adult eye, its tissues dense, fixed and unyielding, such a change would be impossible; in the youthful eye it is easy.

Nor does it seem to me at all unreasonable or illogical to believe that if constant use of the eyes for the near in youth causes myopia, as it certainly does, the constant use of the eyes for distance, to the exclusion of the near, may, circumstances favoring, remove the myopia more or less perfectly.

I do not wish to be understood as advocating a belief in the cure of myopia by any one, or by any number of drugs. I do not know that myopia can be absolutely cured, in the strict sense of the term, at all. Drugs may help us, in a measure, to restore the general health, and to improve the state of the choroid, but it would require more credulity than is becoming in a medical man of these days, I think, to accredit a medicine with the power of changing the shape of the globe of the eye. Yet it is easy for me to believe that a systematic and radical change in the exercise of a youthful and undeveloped organ may quickly, and more or less permanently modify its form.

It should, of course, be borne in mind that we are not, in these cases, fighting against a congenital deformity, like a club-foot, but at the worst, only against an inherited tendency of a kind like the predisposition to rheumatism or pulmonary disease.

Materia Medica Department.

HOW TO STUDY MATERIA MEDICA.

BY DR. AD. LIPPE, PHILADELPHIA.

The study of materia medica is one of the prerogatives of the Homœopathic school of medicine. The failure of the predominant school of medicine to give the healer a reliable and useful materia medica, induced the founder of our school to search for means by which we might obtain a reliable knowledge of the sick-making properties of drugs to be used for sickness, removing purposes under the only reliable law of cure, the law of the similars. When Hahnemann translated Cullen's *Materia Medica*, and found that Cullen ascribed the curative powers of *Cinchona officinalis* (the great febrifuge of that day, as *Chininum sulph.* is the same in our days) to its both very bitter and aromatic properties, the light began to shine upon his great intellectual powers, and perceiving the absurdity (to this day persisted in) of claiming a drug to be a specific for a form of disease (ever verging), because it had occasionally (accidentally) relieved those suffering from it, he undertook at once to find in what manner *Cinchona officinalis* affected the human organism, by taking it himself. Stahl and others had called the attention of the physicians to the fact that the effects of drugs on the human organism could only be ascertained by provings on the healthy. It was left to Hahnemann to make the first great stride forward and carry out these, by others proposed and by him found indispensibly necessary provings of drugs, it was left to him to give the world the beginning of a reliable pure materia medica. How to prove drugs was taught by him in his *Organon of the Healing Art*, paragraphs 120-145. Since Hahnemann's days, the materia medica has been greatly augmented, and whenever his admonitions "how to prove drugs" were followed, the additions proved very valuable; whenever other modes of proving drugs than those described by Hahnemann were adopted, the results were unsatisfactory and unreliable. Several abortive efforts to smuggle counterfeit reports of provings into our materia medica were always immediately detected and repelled. As we are now in the possession of a large and reliable

materia medica, the question arises "How to study it?" There have been many modes proposed: We find men reading our provings for various and differing purposes. There are those who merely seek to find out what organs and tissues are affected (Dr. Sharp), others seek to find in our materia medica forms of diseases, or an expression of the modern sick physiology (Dr. R. Hughes), again others go still further, and from the giddy height of modern scientific hypothesis, they desire to draw deductions, showing how even the blood is changed by this or the other drug, impliedly proclaiming that modern progressive science and modern pathology now elevated to a positive science, teaches us how diseases change the blood, or how the changed blood causes disease; there were others again who attempted to obtain a knowledge of our materia medica by committing or trying to commit to memory the whole of it, from *Aconite* to *Zingiber*, by reading it, forgetting that if even such a feat could be accomplished it would benefit one just as much for therapeutical purposes as the memorizing of a lesson of a language would teach the memorizer that language. To learn what organs, and in what (by symptoms) discernable manner they are affected, is only one part of the knowledge appertaining to our materia medica, but does by no means give us the full knowledge we need for therapeutical purposes; and the advocates of this new hobby (organopathy) impliedly contend that all the physician has to find out of the sick and his manifold ailments is to ascertain what organ, or organs or tissues are affected in a certain manner, (a hypothesis); and furthermore impliedly it is claimed that the provings of drugs have shown or should show plainly (by hypothesis) what organs or tissues they affect, and in what manner they are affected. Those who interpret our materia medica into a pathological revelation (a hypothesis) will necessarily desire to put on it and on our school the modern physiological livery, and for that end they have made an abortive attempt to pervert our materia medica into pharmacodynamics, a science based on erroneous hypothesis; but the real truth of the matter, and by these men fully admitted, is this, it is too painstaking a work to study materia medica and apply it under the rules laid down by Hahnemann; a shorter and easier way must be found; a labor-saving machine is proposed to be patented by the various inventors of new departures. All this new-fangled talk of these inventors of a patented labor-saving machine amounts just to nothing at all; it is all adverse to the teachings of our school; the materia medica *must* be studied, and we shall now suggest the easiest

mode to obtain the desired and needful knowledge. We start with this proposition: "Most knowledge of natural sciences is obtained by comparisons." *Materia medica* has by Hahnemann's efforts been destined to be elevated to an exact natural science. We know the human bones by comparing one with the other; we obtain the knowledge of antideluvian animals by comparing the bones of these otherwise to us unknown creation with the bones of other creatures living and past, and know then where to place them in natural history; we learn to classify them, are able to form a correct idea of their figures when living, and what place they occupied in the progressive development of creation and creatures. Without any further arguments we must come to the point. It is not possible to study all remedies at the same time; knowing one remedy well will enable one to study another remedy with more ease, and when a dozen remedies have been well studied, each following remedy will admit of easier study by comparing it with those dozen remedies already familiarly known. The point then is this: How to study the first remedy, and for our illustration we shall take up the first on the list, "*Aconite*," and we take it up because it is a less known, less understood remedy than any we know of.

[To be Continued.]

HAHNEMANN ON ACONITE.

BY RICHARD HUGHES, M. D., LONDON, ENGLAND.

Read before the Western Academy of Homœopathy.

I have much pleasure in being able to comply with the request of the president of the Western Academy of Homœopathy, that I should furnish a paper for its meeting in 1877. Any opportunity of coming in contact with my American colleagues is highly prized by me; and some facts which I have lately collected, in preparation for a lecture on *Aconite* at the London School, seem to me of sufficient interest to be brought before this meeting. They belong to the history of the drug in Hahnemann's mind.

On his first mention of the plant—in his "Essay on a New Principle for Ascertaining the Curative Powers of Drugs," published in Hufeland's *Journal* in 1796—he evinently knew no more of it than was known by the toxicologists and therapeutists of his day. He describes its familiar poisonous effects, and suggests that, upon the

“new principle” of similarity which he was now advocating, it might be given in rheumatic, paralytic, convulsive, and eruptive affections in some of which he states that it had already displayed no trifling efficacy.

When, however, in the first edition of his *materia medica pura* (1811) he publishes a pathogenesis of *Aconite*, he prefixes thereto the following remarks :

“There is hardly any vegetable medicine but *Opium* whose primary action is characterized by the production of heat ; and so those medicines serve just as effectively in nerve diseases, whose primary action is compounded of several alternate states of chill (or coldness) and heat. To plants of this class belong *Aconite*, *Ignatia*, and some others. Since moreover the action of *Aconite* is of very short duration, and nearly always over in twenty-four hours, it thus becomes intelligible, that for the most part it is in acute diseases only that this plant can be permanently helpful ; and that it but seldom suffices in chronic disorders, which are subject to far fewer of those alternations or condition which constitute the main essence of the action of this substance.

“Where *Aconite* is suitable as regards the rest of its symptoms, it becomes nevertheless so much the more helpful as the state of the patient’s disposition presents at the same time a predominant resemblance to that which is expressed in its symptoms.”

This is entirely a new thought about the drug, and is the germ of our present knowledge regarding it. When we enquire how Hahnemann came to this thought, the answer is plain. In the year 1805, he had issued his *fragments de visibus medicamentorum positiois*, which contained pathogenetic effects of a number of substances obtained by provings on the healthy human body. Among them was *Aconite*, and in a note to his article upon it, Hahnemann had written : “Through the whole course of action of this plant, its effects of the first and second order were repeated in short paroxysms two, three or four times before the whole effect ceased, which it did in from eight to sixteen hours.” And these effects he describes thus : “Coldness of the whole body, and dry internal heat ; chilliness. Sense of heat first in the hands, then in the whole body, especially in the thorax without sensible external heat. Alternating paroxysms (during the third, fourth, and fifth hours) ; general sense of heat, with red cheeks and headache, worse on moving the eyeballs upwards and laterally, then shuddering of the whole body with red cheeks and hot head ; then shuddering and lachrymation with pressing headache and red cheeks.”

It was from his provings, then, and upon the principle of similarity, that Hahnemann inferred the usefulness of *Aconite* in acute diseases, in which it had hitherto found no employment. In what forms of

these disorders it would be serviceable he does not indicate at present, save that he points to the mental and moral symptoms of the drug as those especially to be looked for in the patient. When, however, we next hear from him on the subject, he is able to be much more explicit. I quote from the preface to the pathogenesis of *Aconite* in the first volume of the second edition of the *materia medica pura*, published in 1822.

“Although the following symptoms do not yet express the whole significance of this most valuable plant, they nevertheless disclose to reflecting Homœopathic physicians a prospect of help in morbid conditions, in which the ordinary practice employs its most dangerous means, viz., copious venesections and the whole antiphlogistic apparatus,—measures very often injurious, and nearly always followed by disastrous after-effects. I mean the so-called pure inflammatory fevers, in which the smallest dose of *Aconite* renders unnecessary all the antipathic measures hitherto in use, and cures rapidly and without *sequelæ*. In measles, in purple-rash, and in the most intense pleuritic fevers its remedial power is something miraculous, when—the patient observing a somewhat cooling regimen, and avoiding everything else of a medicinal kind, especially vegetable acids—a dose of a small part of a drop of the octillionth—i. e. the 24th attenuation is administered. Seldom is a second dose, thirty-six or forty-eight hours after the first, required.

“But to remove from our conscientious method all influence of the ordinary practice, which is too ready to be regulated by (often imaginary) names of disease, it is necessary also that in all morbid conditions in which *Aconite* is indicated, the principal symptoms of the patient, as also those of the acute diseases, should suitably correspond as likes to likes with those of the remedy.

“Then is the result surprising.

“It is just in the cases where Allopathy most prides itself, in the great inflammatory fevers where they look to bold and free blood-letting as the only means of salvation, and considers that herein they have a great advantage over Homœopathic modes of help. That they are most utterly mistaken. Just here appears the infinite superiority of Homœopathy, that—without the need of spilling a drop of that precious life-juice, so irreparable, which Allopathy relentlessly sheds in streams—it not seldom transforms those frightful fevers to health in as many hours as the life-reducing proceedings of Allopathy require months for the full restoration of the patient, if perchance he

has escaped actual death, and has only had to struggle with the chronic *sequelæ* which have been artificially produced.

"It is sometimes necessary in these acute attacks of disease, to have recourse to an intermediate Homœopathic remedy for the symptoms which remain after *Aconite* has acted for twelve or sixteen hours, and, still seldomer (as I have said) to a second dose of *Aconite* after this intermediate remedy.

"When the careful employment of *Aconite* is practiced in the morbid conditions mentioned, four hours will not have passed ere all fear for life has been removed, and the excited circulation then returns from hour to hour to its habitual tranquil course."

[To be Continued.]

Medical News.

Read.—We would like every one to read over the advertisements, and if you answer either one, please say where you saw it.

Dr. J. B. Stephens, a graduate of the Hahnemann Medical College of this city, has been chosen as one of the surgeons to the Government Hospital in Koorunga, South Australia.

Married.

At Racine, Wis., Aug. 30th, 1877, by Rev. I. Linebarger, Presiding Elder of Dixon district, Dr. C. N. Hazelton, of Morrison, Ill., and Miss Jennie Moore, of Racine, Wis.

The Hahnemann College.—The announcement and catalogue of the Hahnemann Medical College and Hospital, of Chicago, is out, and is being mailed as rapidly as possible. It is gratifying to note the success with which this old institution is meeting. *

More Than Full is the condition of our pigeon holes from the rush of articles destined "for the September number, if possible." We could not crowd two hundred pages more into this issue, so we can heartily say there is "more to follow." But, "a word confidentially," we can come again, *if you say so*.

Chicago Homœopathic College.—The busy note of preparation for the winter session is heard in the Chicago Homœopathic College. The lecture and dissecting rooms are being refitted, so as to add materially to the comfort and convenience of students. The college correspondence is very large, and the prospects are that this well managed medical institution, which imparts practical and complete instruction in all the branches of medicine, surgery, and obstetrics, will have a large class of the most intelligent medical students. Already its crowded clinics are visited by a goodly number of practitioners and students. It has now the largest class of *three course* students of any Homœopathic college in the west. This fact demonstrates very clearly that preceptors and students are fully awake to the superior advantages which the thoroughly educated graduate enjoys, both professionally and financially. See advertisement. *

A Word to Contributors.—For the variety and practical character of the many articles contributed by you for the general good, you deserve the most hearty thanks of all our readers. What we have published has not all been gold, but the drill in discrimination (that characteristic of the well-informed,) has been of profit. Few articles have appeared but what some one has been benefited. There is a comparative as well as an actual value that should not be overlooked. While thanking you, in the name of all our readers, for the past, we earnestly solicit the continuance of your best endeavors. You will have a much larger audience next year. Each reader should feel a duty bound to contribute something, ask a question, give a fact, etc. If all will be concise and practical, the next year will be the most valuable, the best of all. [Cheers round the world]. Now to your pens. We hope all the departments of medical science will be well represented—except the war department. Remember, however, that criticism aids discrimination and absorption, as well as indigestion. For years the management of this journal has given evidence of its close sympathy with its readers. It is published by the profession for the profession. It is filled with varied articles by the busy practitioners, for the many phases of professional life.

“**They Don't Keep Posted,**” is a serious charge brought against many physicians, especially in the country. “He is old, and behind the times,” is another excuse for employing a younger physician. Now these are grave charges, and more, are very effectual ones, for they are usually true. The result is that grave or singular cases seek the cities, and middle-aged practitioners. Old physicians should find themselves with a large consulting business, and country physicians should not let their patients slip out of their hands for want of books. We have in our mind now a physician who settled in a place near a large city—one of its suburbs. The people in many cases, formerly sent to the city for help. This physician determined he would show them he was as well posted as any. He kept his library well stocked with books and journals, and furthermore, was not ashamed to be seen consulting them. In fact, he would be seen frequently reading, studying his cases, on the street. If a case was difficult, he would tell them to send to his office for medicine. In the meantime, he would pore over his books for the remedy, and was generally successful in curing. The people saw that he worked hard (i. e., studied hard,) and their confidence increased accordingly. They rarely send to the city now, for they do not need to. Moral, read and you will know—will have and keep a large practice.

Thorough Education.—Said a college professor to us the other day, “Doctor, you do not know how many persons there are through the country who want to get through on one course.” This is a practical age, and we ask in all seriousness, why should students be compelled to listen to the *same* lectures twice, and pay for them twice? Why spend precious time and money for what you already possess? Many and many a time have we heard students say, “I might just as well have graduated on one course. I could have stood just as good an examination a year ago.” Well but, you say, medicine covers so large a field that it is impossible to go over the whole in one winter. Therefore you take them over the *same* ground next term. That is a poor excuse. This injustice of going over *the same ground twice*, is largely responsible for the unrest in college classes. The colleges that adopt the graded course will undoubtedly have the greatest prosperity and permanence, while the student who elects a three years' course will never regret it. Medical reform must depend upon students for success.

THE
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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

CENTRALIA, Ill., Sept. 8.—Dr. Wakeman says *Merc.* seems to be the remedy for the bowel affections and fevers this year.

CHICAGO, Sept. 8.—The whooping cough remedy this year seems to be *Cuprum met.* 200. The catarrhs now prevailing call for *Arsenic* 30.

T. S. HOYNE.

SHELBURNE FALLS, Mass., Aug. 24.—We have been in an unconscionable state of good health for most of the summer, but are expecting busier times from now on. Had some cases of typhoid last spring, but no diphtheria or scarlatina. Two or three deaths the last month from dysentery in children, under Allopathic treatment.

THEO. FOOTE.

ST. LOUIS, Mo., Aug. 1.—Population 480,000; latitude, 38.40; longitude, 90° 15' 16"; altitude, 450 feet.

Date.	Weather.	Prevailing Dis.	Remedies.	Remarks.
1 to 8	Variable, with Cool nights. Rain on 6th.	Mal. fever. { Int. and Rem. Cholera Infantum Dysen. and Diarrh. Rheumatism. Whooping Cough.	<i>Gels., Ars., Pod., Ip. Am. m., Cedron, Qui. Ars., Chin., Pod., Ip. Ars., Mer., Chin., Colc. Colch., Rhus. Dros., Cupr., Bell., Nit. ac.</i>	In the morning of the 24th the thermometer indicated 60°, the lowest it has reached for years in the month of August. So far, the average temperature of the summer has been 76° 3', the lowest for at least ten years. On the 30th of August the highest temperature was reached, 84° — greatest daily range 22° on 5th; least daily range 4° on 22. Highest barometer 30.174 on 28th; lowest barometer 29.776 on 21; range of barom., 0.398.
9 to 15	Rain. Rain. Rain. Cool. Cool.	Mal. fever. { Int. and Mal. Dysentery, Diarrh Cholera Infantum. Scarlet Fever. Sore Throats. Stomatitis.	<i>Gels., Ars., Am. m., Pd Ip., Qui., Cinchon. Ars., Merc., Pod., Col Ars., Chin., Ipec. Arum tri., Apis, Bell. Merc., Kali bich. Arum tri., Pip. nty.</i>	Malarial fevers of an Int. or Rem. type constitute five-sixths of all cases of sickness. There have been fewer cases of cholera-infantum this month than usual; the chronic form of it, a summer complaint, has been very rare.
16 to 23	Cool. Rain. Rain. Rain.	Mal. fever. { Rem. and Int. Chol. Inf., Diarrh. and some Dysen'y. Diphtheria Bolls and Styes. Whooping Cough.	<i>Gels., Am. m., Ip., Pd. Nat. m., Cinch., Quin. Lach., Kali bi., Merc., Btiod.</i>	The prevailing symptoms of the fevers have been absence of chill, heat of forehead, coldness of extremities, pain in back and limbs, cerebral irritation, restlessness and exacerbations in the afternoon. Deaths from all diseases, about 150 per week.
24 to 31	Coldest of Season. Hottest days of Season. Rain.	Mal. fever. { Rem. and Int. Chol. Inf., Diarrh. Diph., not malign't. Scarlet Fever. Stomatitis. Bolls, Styes, Carbuncles.	<i>Gels., Ars., Am. m. Ip. Nat. m., Chin., Pod., Ars., Pod., Cham., Ip Arum tri. Bell., Apis., Ars. Qu.</i>	

G. S. WALKER.

CONSULTATION CASES.

CASE FOR COUNSEL.

Will some of the readers of THE UNITED STATES MEDICAL INVESTIGATOR give me a little assistance on the following case:

Eva C., aged six, fair complexion, light hair, blue eyes, lively disposition, usually very talkative. About two years ago had a scrofulous sore on the lips and cheek, for which the mother had me make a prescription without the father's knowledge. Having no faith in Homeopathy, he procured a patent preparation containing

Sarsaparilla, but I do not know what else. My prescription was not given. The patent medicine soon healed the sore, and she seemed well until three months ago, when the same kind of eruption appeared on her ankles.

Gave *Lapis albus* 6x, and *Graphites* 6x, with *Graphites* cerate applied externally, under which she recovered nicely, and was much improved in general health. There was a very bad condition of the posterior nares at the same time, which disappeared under the use of the two drugs. About two weeks ago her parents noticed a weakness of the back and limbs when walking, would sometimes fall, neck weak, allowing the chin to drop forward on the chest. Gave *Causticum* without much apparent improvement. *Cocculus* 4x, steady improvement in limbs, does not fall so much. Present symptoms: Chin dropping forward on chest; eyes much crossed for the past three days; near-sighted; pupil much contracted; talks but little, and in a hoarse tone; is very nervous; urine almost clear; normal quantity; bowels regular; appetite good; sleep light; tosses about and talks a great deal, sometimes screaming aloud, which wakens her. What shall I give her? Would like to see the opinions of any in THE UNITED STATES MEDICAL INVESTIGATOR.

L. O. ROGERS.

WHAT TO RIDE.

This is my experience. For spring and fall, when the mud is very deep, the easiest for the horse, and quickest way to get from one place to another, is on horseback. The easiest saddle to ride upon, and one that will never chafe you, though it may not look very inviting at first, is the "California or army" saddle, with wooden stirrups, and a sinch (girth) four to six inches in width, the wider the better. Put the saddle on the horse so the front shall be six or eight inches back of the withers, the sinch well back, and draw it *tight*, so as to hold the saddle in its place. By following this method of putting on a saddle, you will ride with more comfort., and the horse will carry you much easier than to put it further forward. If you wish to live to a good old age and keep a clear head, don't ride on a sulky; better go on horseback.

The easiest running, easiest riding, and most comfortable carriage I ever saw, was made as follows: light, "patent" wheels, forty-two and forty-four inches in diameter, deep felloe and light steel tire;

light body, set on side springs, a square top, high back to the seat, all made as light as possible consistent with the necessary strength, curtains to close up the sides and back in stormy weather.

After using a carriage like this one month, on rough roads, to ride in a common buggy one day will be a positive hardship.

B.

SUB-INVOLUTION OF THE UTERUS.

If Dr. Von Tagen wishes the derivation of sub-involution, I can refer him to the Latin *involutus*, meaning *rolled up*, as it were in a spiral. Applied to the uterus, it means its reduction to normal size after parturition. With the prefix *sub*, it means *nearly involuted*. The effect of sub-involution is to leave the uterus disproportioned, and too heavy, leading to prolapse, version or inversion, with all their consequences. It is to be prevented by preserving proper vitality, and guarding against too early exercise after confinement, for involution is not complete till eight weeks after delivery.

Dr. Von Tagen's article, treating only of *inversion*, was very clear and instructive.

E. CRANCH.

TREATMENT OF HAY FEVER.

Friend G. will find what he is looking for in Vol. II, New Series, p. 441, Dec. 1st, 1875, where Theo. Meurer, of New Albany, Ind., gives his experience in this disease. He cures all cases promptly with *Arum mac.*, to be followed by *Euphorbium*. D.

[We have found *Arum triph.* and *Euph.* all-sufficient. We cured a most severe case last year with *Arum triph.* 6 and 30, alone.—ED.]

STANNUM, NOT HANNUM.

On page 128, Aug. 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, "Hannum" is mentioned as having cured a case of periodical sick headache. The drug is new to me, and I am unable to find even the name in any work I have. Will you be kind enough to tell your readers something about it; or where they can find out for themselves, for I doubt not, others are as ignorant as I am. When

are we supposed to receive the Transactions of the last Meeting of the American Institute of Homœopathy? R. A. B.

[For *Hannum* read *Stannum*, which was corrected in proof, but finally overlooked by printer. Mistakes will happen in the best of regulated families. We do not publish the Transactions of the American Institute of Homœopathy, and therefore cannot answer.—ED.]

SPINAL CURVATURE.

I am again under deep obligations to Dr. Bumstead for telling me that somebody *else* can tell me how to cure my case of posterior spinal curvature. But it is a curved, if not crooked way of doing things. And then, a little sympathy for the profession might not have been out of place, instead of bestowing it all on the child. Perhaps he wishes to advertise Dr. Sayre's book. But the readers of THE UNITED STATES MEDICAL INVESTIGATOR (long may it live) may not care to buy the book, especially as it is not stated whether Dr. Sayres is a Homœopath or Allopath. If the latter, his book is worthless, as no man, without knowing what the Homœopathic remedies alone can do, can come to correct conclusions in the premises. Besides, the recommendation of a "late" work on the subject implies what I suspected, and which was my motive in making the "Query," that the profession was in the dark as to the best method of treating such cases.

The question is as to the utility of mechanical support (so-called,) in spinal curvature of any kind, excepting, as in other articulations, when tenderness, etc., indicates morbid activity and rest. The progress of the case throws some light on the subject. There was no vertebral tenderness, even on hard pressure. The child had been running about the house and on the street. It was placed on its back and so left for over two months. The result was gradual loss of health, and paralysis of the lower extremities, and no diminution of the curvature. The child could use its arms vigorously; its legs *not at all*. Here was acceleration of the morbid process, with pressure on the cord. Mainly by the influence of *Bell*. 200, the child's cheeks became rosy; it wanted to be up and out in the sunshine. It is learning anew to walk, and *betimes* the curvature is nearly *non est*, ergo, the cure is not being accomplished by anchylosis, and the people say "Great is Stevenson of the Homœopaths!"

But the query remains, ought this child to be harnessed up? Let us have an answer, and no "sympathy, except for the common good."

CHICO, Cal.

STEVENSON.

OFFICE HOURS.

Young country doctor (p. 126) will find that it is best to have regular office hours, and keep them. From 9 to 12 A. M., and from 2 to 4 P. M., are good hours for small places. That gives time for making calls early, in town or out of town; to attend to any that may come in early to office; gives three hours for urgent cases near town. 2 to 4 will suit late comers and the town ladies, and give a long afternoon for distant visits.

Dr. S. A. Robinson, of LaPorte, Ind., who conducted a very large business alone, states that he got up early (5 A. M.), and rode ten or fifteen miles in the country, and got back to office hours, made town calls between, and country calls again in the evening. The people soon learned his times, and "governed themselves accordingly," as far as contingencies would allow. Will Dr. R. give us his office hours?

DILUTE CONDENSED MILK.

In reply to the inquiry about condensed milk, I would remark that Dr. A. K. Hills states that for infants he has found condensed milk to agree best when diluted, one to twenty-eight. A teaspoonful of the milk to a cup of warm water usually agrees. The water should be boiled.

Cream, one tablespoonful, loaf sugar, one teaspoonful, add half-pint warm water. This agrees nicely with some children. Where the mother's milk is scanty, it may be increased and enriched by a generous liquid diet, with a drink made from cocoa shells (shucks). "Cocoa shells is the best thing to make milk I ever tried," says a woman of large experience. C.

DIAGNOSIS AND TREATMENT WANTED.

I have a patient who has the following symptoms, he is a man aged forty-seven, a farmer by occupation. Biliary, nervous temperament;

drinks intoxicating spirits at times to an excess. Some three months since, while plowing on the farm he felt as though he had been pierced in the right ear which knocked him down ; he made several efforts to get up but could not, and had to be carried home on a vehicle ; it was some time before he could be convinced of the fact that he was not pierced in the right ear with some sharp pointed instrument or stick ; from the first until now, he has been very giddy, and it is with difficulty that he can walk at any time ; at first he was sick at the stomach and vomited some ; since that time he has been hearty and feels well ; his hearing on the affected ear is very indistinct, cannot distinguish one sound from another when he closes his well ear ; has paroxysms every twelve or fifteen days, very similar to the first during which time he has to keep his bed and feels as though he was turning over ; he can tell when they are coming on by his feet and legs getting cold and remaining so until he gets better, his pulse is during those paroxysms a little accelerated and thready ; has some nervous twitchings in the side of his head, neck and shoulder of the affected side ; that side of the head has a hollow sensation, feels as though something was dropping or falling in that side of his head.

G. W. ROGERS.

CASE FOR ADVICE.

Mrs. D. is forty-four years old, dark hair and eyes, rather stout, and quite well, with the sole exception of the sexual system. She menstruates rather irregularly, from four to six weeks intervening between the periods, and she usually has severe bearing-down pains, which generally begin about the fourth week, whether the menses come on at the proper time or not. During her eighteen years' sickness, she has been treated by different kinds of practice, both constitutionally and locally. Has what appears to me to be *irritable uterus*. Now she has sense of fullness in uterus, then a raw feeling in uterus and vagina ; a jerking sensation in small of back ; pain in legs, whole leg ; cannot stand. Motion or much talking produce the above symptoms. When sitting perfectly still she feels well. Looks well. Has some headache, but not constant, is over whole head, worse in morning, a full feeling, dull pain, made worse by touch. Great sense of soreness in uterus, and sometimes up as high as navel, or even above, cannot bear much weight or pressure on abdomen ; felt

round waist sometimes as though she wanted to grasp herself there and press downward.

Will the readers of THE UNITED STATES MEDICAL INVESTIGATOR do me the great service of telling me what will cure her? She has been under the care of a man practicing Homœopathy after a fashion, for over a year, and under my care for a month. She has, of course, had many remedies, mostly low, I think, and she declares that not one of them ever affected her a particle, except *Sulphur* 12. Please give advice through this journal, and help

COUNTRY DOCTOR, JR.

WHAT'S THE NAME OF IT?

First a little red spot is seen like a flea bite; in about twelve hours fills with a limpid fluid, and itches for the first; after this is discharged, the sore fills with whitish matter and the sore is the size of a half-pea and indented, on the discharge of this, a deep ulcerous sore varying in size from a pea to a cent, with bright red base or edges and dry scab; indented in the centre; very sensitive and itchy; it seemed to be contagious, more so with children; time of incubation nine to fourteen days, always attacking the limbs below the knees, then the feet, thighs and buttocks, rarely any other part of the body, lasting from one to three weeks, and leaving no scars, only a slight redness.

The majority of cases have no constitutional symptoms till the last week, when it shows weakness and emaciation. I have treated with *Puls.* 3x and *Arsen.* 6x successfully.

W. W. FRENCH.

ADVICE WANTED.

Will some practitioner of experience be kind enough to throw some light on the following case:

J. C. R. aged sixty-eight, health good until ten years ago; had pneumonia, and since that time has had a cough, chronic bronchitis every winter. Present condition. Extreme debility, paroxysms of prostration with aching in the bones; hands and feet feel as they would burst. One peculiarity of these spells is that for several months they came on only when the patient went to the table for his meals. The prostration at times is so great as to render it impossible for him to eat his meals.

Severe exhausting cough, at no time worse than others; expectoration of tough white mucus. No evidence of pulmonary disease. Nor trace of phthisis in his family. Good appetite and digestion; sleeps well; weight formerly one-hundred and sixty, at present one-hundred and forty-three. No dropsy. Have never been able to give anything that did any good for the cough or these spells, which grow more and more frequent. Have never met a case like it. Have given everything that seemed indicated and without any effect at all. *Rhus.* 3-30, *Phos.*, 3-30, *Phos.acid* 3, *Iod. potassi*, 1x, *Lyc.* 30, *Carbo. veg.* 30, *Sang.* 3, *Bry.* 3, *Sul.* 30, *Ars.* 3-30, *Mur. sol.* 3, etc. Have also used stimulants and tonics and cough mixtures, in fact all the best remedies of Homœopathy and Allopathy, with no effect at all.

Now if some brother can tell me anything that will help this gentleman, who is my own father, I shall certainly be grateful. I have no idea that a cure can be effected, but should think some relief could be obtained. How can these spells of pain be accounted for?

A. C. RICKEY.

FOR J. K. EBERLE.

Try *Kali sulph.* (see Schussler's twelve tissue remedies, by C. Hering.) I had a very similar case of several years' standing, cured by that remedy, very quickly. My case differed from yours by being worse in hot weather.

J. A.

“BITING THE FINGER NAILS.”

This once occurred in a case, with me, whose general state was improved very much by *Nitric acid*. She had, I think, taken *Mercury*.

On Grauvogl's indications, I also think of *Thuja*. Thus, two anti-sycotic remedies come to the front. Query, is this a sycotic symptom?

J. C. MORGAN.

SUB-INVOLUTION OF THE UTERUS.

In your issue of Aug. 15th I see an article by Dr. Von Tagen. He is evidently suffering great mental anguish from his inability to dis-

cover the true derivation of the term "sub-involution." I would respectfully suggest that his desire for light would have been far more creditable if it had led him to make farther inquiries before stultifying himself, and bringing ridicule upon the profession, by a laughably erroneous use of the word in a published article. He finds, on looking in Dunglison's Dictionary, that he is certainly in the wrong, but cannot bring himself to say so. He "now admits a doubt of its correctness." I think the doubt exists for him alone.

Sir J. Y. Simpson, it seems, also enlightens him — but too tardily to save his credit. "Thomas' Diseases of Women" is not a rare book. On page 57 of that work Dr. Von Tagen will find this sentence :

"After the expulsion of the embryo, either at full time, or at any period of pregnancy, the fibres thus developed undergo a fatty degeneration and absorption, which has received the name of *involution*."

What a pity he did not read "Thomas !"

I cannot think that the doctor is serious in his assertion that he has failed to learn the derivation of "sub-involution," after repeated trials ! Did he ever ask any of the boys attending the High School in Chicago ? Has he confided his tribulations to his spiritual adviser ? Has he ever consulted a Latin lexicon, or "Webster's Unabridged ?" Possibly his great advertisement, which sets forth his wonderful skill and unexampled cheapness in such glowing colors, will bring him such a press of "specialties" to treat that he will have no leisure for philological explorations. Such a question has, properly, no place in a medical journal, but, as the doctor earnestly asks for "a derivation," I will descend to inform him of what some school-boy might have told him.

Sub-involution is composed of *sub* and *involution*. *Sub* means, in composition, "in a lesser degree," as in *subacute* and *subsultus*. *Involution* (from the Latin, *involutio*, from *in*, and *vulvo*, "I roll,") means, literally, *rolling in*, or *infolding*. In medicine, the term is applied to the process by which the uterus regains its normal size, after delivery. (See Thomas, as above). Hence we have Dunglison's definition of *sub-involution*.

Is not the learned ex-professor's mountain of difficulty reduced to an infinitesimal mole-hill ? Where has he lived ? With whom has he consulted, that he "could get no help ?" Who was the "experienced accoucher" who sanctioned such a definition as this : "Sub-involution, the act of turning a thing inside out ?"

ROBT. C. SABIN.

OZÆNA.

BY LUCIUS D. MORSE, M. D., MEMPHIS, TENN.

Read before the Western Academy of Homœopathy.

The term ozæna does not indicate a certain definite pathological condition, but is applied indiscriminately to any abnormal discharge from the nasal cavities, attended with offensive odor. The range is a wide one from the frequent fish-like or raw oyster smell of simple chronic coryza up to the horrid stench of ulceration of the soft parts, and caries. *Ozæna benigna* is a term frequently applied to the milder cases, for the purpose of distinguishing them from those more inveterate in character, which depend upon a specific cause, either acquired or inherited.

A fetid discharge from the nose may arise from a variety of conditions. A simple cold in the head may settle into a confirmed coryza, attended with disagreeable smell. This odor may or may not be perceptible to the sufferer. The physician meets with cases now and then where the patient complains of frequent smells, disagreeable or otherwise, which are purely subjective, arising simply from an irritation of the olfactory nerve, and not from any offensive secretion.

Syphilis and the scrofulous diathesis are responsible for the great majority of cases of persistent ozæna. Concomitant symptoms are always present. Enlargement or induration of the glands, waxy complexion, and indications of general perverted nutrition, point to hereditary entailment, while the various sequelæ of venereal diseases will not fail to direct the physician to the proper field of inquiry.

The all-important question that arises in a discussion of these complaints is: can ozæna, with its attendant troubles, be removed? We reply promptly in the affirmative, as regards the great majority of cases. Some, perhaps, even under the most favorable auspices, never would entirely recover, but such cases are rare.

Let me here reiterate what I have said elsewhere: the nasal symptoms, in the majority of cases, are indications of deeper trouble in the system—a constitutional dyscrasia. This removed, and the disagreeable discharge and offensive smell will promptly disappear.

The popular local treatment with douche, syringe, inhaler, etc., is practically useless in a therapeutic point of view, and serves only to impress the patient with the belief that extraordinary efforts are being put forth for his relief. In many cases, the use of these mechanical appliances is attended with downright injury. The cases

in which topical applications are useful are very limited in number. Where ulceration or painful excoriation of the nostrils obtains in the course of general or circumscribed inflammation of the nose, either acute or chronic, the free application of *Carbolized olive oil* (five or six grains of *Carbolic acid* to the ounce of oil,) will prove exceedingly grateful, by protecting the exposed parts. It can be applied with a small brush, or a bit of soft lint. I sometimes recommend a pledget of cotton moistened with the oil, to be kept in the nostrils for an hour or two at a time.

The Homœopathic materia medica is rich in remedies applicable in the treatment of ozæna. Those which I have found most useful and most frequently indicated are, *Alumina*, *Arsenicum*, *Aurum*, *Calc. carb.*, *Hydrastis*, *Ignatia*, *Kali bich.*, *Mercurius*, *Nux vom.*, *Nitric acid*, *Pulsatilla*, *Sepia*, *Sulphur*.

The indications for these remedies especially may be profitably studied at the outstart by the practitioner who has catarrhal complaints to deal with. Many other remedies will be found often useful. When a thoughtful selection has been made, it should be persisted in for a considerable period, a dose being administered once or twice a day. I may remark that my experience has been satisfactory with the medium and lower attenuations. The patient should be made to understand that he must not expect any brilliant results, but only a gradual, perhaps almost imperceptible amelioration in the symptoms, and oftentimes discouraging relapses.

Where the scrofulous diathesis prevailed, I have found the most good results from the use of the following remedies: *Alumina*, *Arsenicum*, *Aurum*, *Calc. carb.*, *Nitric acid*, *Merc. viv.*, and *Sulphur*.

In cases of a syphilitic origin, *Aurum*, *Hydrastis*, *Nitric acid*, *Merc. iodat.*, *Kali bich.*, and *Sulphur* have proved most useful in my practice.

Ozæna benigna frequently yields to *Arsenicum*, *Pulsatilla*, *Mercurius*, *Sanguinaria*, *Thuya*, etc.

Diet and hygiene are of great importance to patients who have a tendency to catarrhal troubles. The sponge bath should be resorted to frequently, plenty of moderate out-door exercise taken, and the food should be plain and nourishing.

CLINICAL CASES.

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

ISCHURIA.

CASE I. In a recent case of confinement, I experienced considerable difficulty in relieving a retention of the urine which followed. The patient, a lady who had been a teacher for some time, and previously had lost much sleep from watching during the sickness of her father, was left with a marked tendency to insomnia and attacks of dysuria. The latter trouble had at times shown itself from childhood. During confinement I fully appreciated the nervous tension she was, and had been under, in the vice-like grips she gave. It was the request of the family to use *Chloroform* at this time, and after a little delay in using *Aconite*, *Caul.* and *Hyos.* with no effect, I resorted to the anæsthetic of which four or five ounces were disposed of in the next three hours. The nights experience was not sufficient to subdue the nervous tension and she *appeared* remarkably well. The urinary trouble was on hand, and remained so for the next two weeks. The catheter was used four times daily. *Aconite*, *Bell.*, *Lach.*, *Hyos.*, *Nux.*, *Opium*, *Arsen.*, *Dulc.*, etc., were given with no effect except relieving other symptoms. The urinary trouble was worse at night, and sleeplessness attended. The pains in the urethra were stabbing, and attended with a feeling of stiffness. There was great hyperæsthesia of the parts and the lochia was scanty. The catheter during and after its introduction, was held as firmly as if grasped by the hand. On attempting to withdraw it the first time, using one with *fenstræ* instead of perforations, the spasm recurred so as to hold the instrument fast. Leaving it until morning for a full bladder to relieve the difficulty, but to no purpose. I gave *Chloroform* and took it away, a small piece of the mucus membrane was attached. I shall experiment no more with female catheters unless properly perforated.

Having used *Digitalis* with success for sleeplessness attended by frequent desire to urinate, I prescribed *Digitalis* 2x trit., a powder once every two hours, with almost instant relief of the ischuria. Occasional doses of the remedy have since been given when the sensation of stiffness occurred.

CASE II. Another lady passing the climacteric, and suffering from a subserous fibroid of the uterus impinging on the bladder, has periodically recurring attacks of dysuria, so painful as to almost cause spasms; when worse uses *Opium* as a palliator. Has spasms of rec-

tum as well as urethra, and burning and rawness of the pudenda. *Nux.* 30, *Sep.* 30, *Merc.* 6, and *Con.* 6, have given some relief. During the last attack urine more scanty with high fever and delirium; indicating uræmic symptoms. Gave *Digitalis* 2x trit. and *Stram.* 3 with relief more marked than for months. The *Dig.* has been given alone since and successfully, for the pains.

URETHRO-CYSTITIS.

CASE III. I have still another lady suffering cystitis and urethritis. She has been under Allopathic treatment and since using a solution of *Nitrate of Silver* as an injection, the trouble has been much worse. The symptoms were frequent urination with much mucus, and after emission a few drops of blood passed. Stabbing pains and constant aching in region of bladder. She used *Morphia* to control the intense suffering. *Digitalin* controlled the pain so much as to give the impression that it was an opiate. The case has not progressed sufficiently to form a definite prognosis. On account of the remedy giving such speedy temporary relief and doing away with the *Morphia*, I offer it for what it is worth.

URETHRITIS WITH ENLARGED PROSTATE.

CASE IV. The last application of *Digitalin* has been with an old gentleman who has suffered urethritis with enlarged prostate for eight or nine years, using the catheter all the time. For two or three weeks much worse with Old School treatment. Has great soreness and firmness in region of bladder, urinated every hour, spasm of urethra at times so as to wait five or ten minutes before catheter can be passed. Pain extends to feet; uses *Opium* suppositories. The remedy has been administered two days with very marked relief, the first dose showing its applicability. The frequency is reduced to two hours, and the quantity of *Opium* used one-half.

For high-strung, nervous individuals who live several notches above their level and whose symptoms will not yield to ordinary remedies, the *Digitalin* is recommended. With these cases, perfect quiet is indispensable.

A FEW CLINICAL NOTES.

CRACKED NIPPLES.

I believe the use of *Gum Arabic* in this troublesome affection is often inefficacious, simply because the article, as we buy it pulverized

at the drug store, is so adulterated. At any rate, I have had excellent results from the use of the gum which I had pulverized myself, when that obtained at the druggists was of no avail whatever.

ENURESIS.

Dr. Baker, of Highland Park, called my attention, two years ago, to the use of *Nitrate of Potash* in this obstinate trouble. I have used it in the 3x and 6x trit., with very gratifying results. It is more especially useful when urination is inclined to be quite profuse.

RHEUM.

My experience coincides with Dr. Mill's in the use of this remedy. Have never obtained any results from it, used both high and low, in cases where every symptom seemingly pointed to it as the proper medicine to be employed.

PHYTOLACCA DECANDRA

ought always to be thought of in mastitis. It has brought about resolution in several cases where I had supposed suppuration must surely occur. The symptoms pointing to its use are: very sensitive nipples; the suffering on putting the child to the breast being excruciating; the pain starts from the nipple and extends over the whole body. When the breast is "broken" also, it is a remedy of the first importance.

EVANSTON, Ill.

M. C. BRAGDON.

DIPHTHERIA MALIGNA.

BY DR. W. A. SCOTT, LENOX, IOWA.

I have used for years, with invariable success, in all forms of diphtheria, the following treatment:

℞ *Permanganate potassa*, pure. x grs.
 Aquæ ʒj. D.

Apply to the affected parts gently but thoroughly, with a swab, which must be kept clean, every three hours, until better. Then, as may seem necessary, give internally,

℞ *Tinct. Phytolacca dec.* xx gtts.
 Aquæ ʒij. M.

A teaspoonful every hour, when bad, and as the case improves, give every two to four hours, when awake. A gargle of *Tr. Phytolacca*, teaspoonful to water four ounces, used frequently, hastens the cure.

Get the saturated tincture of the green root, as the dry is worthless.

In the malignant (stinking) form of diphtheria, the solution of *Permanganate potassa* above, destroys the feter in a few hours, and usually gives the patient some relief after the first application.

I rarely need any other remedies, unless there are serious complications, but rely on this with the fullest confidence that I shall come out victor.

*A SIMPLE TREATMENT FOR INCARCERATED
HERNIA.*

BY DR. PROSTHE.

I was called, December 2d, 1876, to a laboring man suffering from an incarcerated inguinal hernia on the right side. Taxis had already been tried by Dr. S. and failed, and I failed also, in repeating it. Purgatives and injections had been tried for the last two days without the least relief. The pains in the abdomen increased steadily, and vomiting of fecal masses set in. Instinctively I thought it worth a trial to wash out the intestines with a large quantity of tepid water. The patient was ordered to take the knee and elbow position, with the anus greatly elevated, in order that the abdominal muscles were fully relaxed. Two quarts of tepid water were poured in an irrigator, the canula introduced into the anus, and the irrigator raised as high as possible. The pressure of the water was so great that in a few seconds the full contents shot, as it were, into the intestines, and at the same moment, the incarcerated hernia became free, the intestines returned, and the patient felt well. As soon as the patient returned into bed, he could not retain any longer the irrigated water, and he discharged freely the large accumulation of feces, with the water.

January 23d I was called to another incarcerated hernia. I immediately applied irrigation of the bowels on the same plan, and with the same immediate success.—*Deut. Med. Wochenschrift*, 18, 1877.

MILK IN DISEASES OF THE KIDNEYS.—Milk is highly spoken of by physicians of the "Regular" school as an exclusive diet in diseases of the kidneys, especially cystitis, acute or chronic, and following the operation of lithotomy.

Obstetrical Department.

THE OBSTETRICAL FORCEPS AND THEIR USES.

BY T. G. COMSTOCK, M. D., MASTER IN OBSTETRICS, OF THE UNIVERSITY OF VIENNA, ST. LOUIS, MO.

Read before the St. Louis Medical and Surgical Club.

GENTLEMEN: You all know the history of the forceps invented in England by Dr. Paul Chamberlain, a little over two hundred years ago. They were kept as a profound secret at first, but subsequently they became generally known to the profession. The original forceps used by the Chamberlain's, are now in the possession of the Medico-Chirurgical Society of London, and the late Professor Meigs, Philadelphia, had an instrument maker make an exact copy of them, and it was his custom to exhibit them to his class at the Jefferson Medical College. The Arabian Avicenna mentions the forceps in his writings, and Dr. Ruoff in Zurich, invented a forceps before Chamberlain's time, but they seem to have had a fixed point, so that both blades were necessarily introduced simultaneously. From the cut of them, which I have seen in an old German work upon surgery, they look not unlike a large-sized lithotomy forceps of the present day. The forceps of the present day have been greatly modified since the time of Chamberlain, in fact it is quite common for practitioners of obstetrics, in almost every large city, to inflict upon us a new pattern of obstetrical forceps.

In our early teachings, we were instructed to regard the forceps, not only with fear, but absolutely with horror; fortunately, however, this relic of the dark ages has about passed away. In years gone by, I have heard different professors when lecturing upon the different indications for the use of forceps, to wind up their discourse, by impressing upon the students, the great danger and responsibility of their use; and it is said that Dr. C. R. Gilman, professor in the College of Physicians and Surgeons in New York, after lecturing upon the forceps and their application, it was his usual custom upon closing the lecture, to dwell upon their dangers, and then fling the instrument from him on the table, with somewhat of a theatrical show of terror and aversion, would warn the young doctors in a most impressive manner of the fearful responsibilities that always accompanied their

use. The effect of this upon the minds of the innocent and inexperienced pupils who sat listening and believing every word this professor spoke, was that whenever the forceps were used, it was pretty much an even thing between letting the woman die a natural death, or else running the liability of twisting the womb off, rupturing the bladder and perineum, or letting the bowels out, by roughly pushing a blade through the Douglas cul de sac. Authorities much higher than the above, such as Churchill, Cazeaux, Bedford and Blundell, have, as I think, magnified the dangers attending the use of the forceps; even the late Professor Pallen, in his earlier teachings, in his satirical way, used to say, "when you are called to attend a woman in labor, please leave your forceps at home until they are wanted. If you had them with you they might fall out of your pocket, and accidentally slip into the vagina before you were aware of it." The late Professor Bedford says, "the use of forceps is too often a scene of harrowing agony to the patient." Meigs says, "the forceps is designed to save the child, and that the relief which it gives the mother, is but an appurtenant to it." Now even this favorite description of the forceps might be criticised a little. In my experience, if there is any difference in the danger of the forceps, to the mother or the child, it is to the advantage of the mother. In all of my experience I cannot now call to mind a single case, where a mother has been dangerously or seriously injured by the application of the forceps, (I know it has occurred too often, and yet I have happened never to have seen it), but I have seen the life of the child destroyed by too great a compression of the head from forceps. This latter accident has happened to the most experienced and accomplished operator, and we find instances of it related in Elliott's *Obstetrical Clinic*. Why do we need the forceps to assist in delivery?

1. Experience proves that protracted labors are dangerous to both the mother and child.
2. They are almost the sole origin of vesico-vaginal fistulas.
3. In proportion to the length of the duration of labor, the mortality of both mother and child is increased.
4. In country practice, in by-gone years, *Ergot* was very commonly used; numerically, it did more harm than the forceps. Upon the authority of Dr. Parvin, *Ergot* is said to predispose the mother to irregular (hour-glass) contractions of the uterus, and thereby compel manual delivery of the placenta.
5. The indefinite prolongation of the second stage of labor, certainly predisposes the mother to sub-involution of the uterus, a condition that we can much better describe than cure.

Formerly we were told, if the patient had been in strong labor for

from twelve to twenty-four hours after the rupture of the membranes, we were warranted in having recourse to the forceps. Again, although twenty-four hours had passed after the commencement of the second stage, we were not warranted in having recourse to the instruments, if the system of the woman should have suffered only comparatively in a trifling degree

The venerated Denman said: "The head of the child should have rested *six hours* as low as the perineum, that is, in a situation which would allow of their application before the forceps are applied, though the pains should have altogether ceased during that time!" So that the astute and conscientious Denman would advise, when the head had been pressing on the perineum for four hours and the woman in an exhausted condition, he would allow two hours more to elapse before he would think of having recourse to the forceps. Denman further says, "it is scarcely possible to say too much against a hasty recourse to the forceps, even in cases which may ultimately be relieved by using them; and neither this, nor any other instrument is used in the practice of midwifery, one-twentieth part so frequently as they were fifty years ago." Denman's midwifery, London, 1824, p. 254.

From this we learn that in Denman's time, physicians lived in dread of using forceps, because they did not use them in one case in twenty where they applied them fifty years previously. Even so recent an authority as Ramsbotham, English Edition, p. 283, says: "If the head advance at all, and be not impacted, provided the strength and spirits are good, there is seldom need to interfere; but if no progress has been made for a number of hours, and especially if *impaction should have existed for four hours,—then provided an ear can be felt*—and the parts are not rigid, as to endanger laceration, we are justified in employing forceps." Think of this my worthy confreres! even in St. Louis we are now much better instructed and advanced than was Ramsbotham in 1857, the date of the last edition of his work upon obstetrics.

Now I do not wish you to infer that I am such an advocate for the forceps, as not to admit that possibly disagreeable consequences may follow their use even when skilfully applied. Smellie says, "it is best to avoid the calumnies and misrepresentations of those people who are apt to prejudice the ignorant and weak-minded against the use of any instrument, and who, taking advantage of unforeseen accidents, which may afterward happen to the patient, charge the whole misfortune to the innocent operator? Now this touches the point in question.

How often in the lying-in room are we not swayed and even governed by the notion of some of the volunteer attendants present? Say in a case before us, we are convinced that we could shorten the labor and safely deliver the mother of the child; yet we wait, and wait, until every body's patience is exhausted, and then as a last resort, apply the forceps!

What are the forceps? How many young physicians, with a mechanical eye, have not been tantalized in the last stage of labor, when the head was just ready to emerge "into the world" by its continued delay? They think with every fresh pain, it must come out; but still it does not come. Now has it not often occurred to them, if they could only introduce both hands and apply them to the convexity of the head, and then by making pressure so that they could not slip, make traction downwards, and assist in the delivery? Who has not thought of this when anxiously watching at the bedside? But the trouble would be, the hands could not be pressed sufficiently tight over the head to make traction, unless the wrists were bound together. The forceps are nothing more than a pair of delicate iron hands, with the wrists bound together, (I refer now to the lock), grasping the head.

It is said that a physician, who had a patient in labor, and needing forceps, but had none, in his emergency called upon a wiry, muscular dancing girl, who happened to be at hand, and who had long slender hands; the physician instructed this girl to insert both hands, and apply them to the head, and extract with a pain;—this she did as directed, and terminated the labor safely, delivering the mother of a fine healthy child. Now our earlier teachers never taught us any such simple ideas regarding the forceps, but they are really a very simple and practical instrument. Where is the practitioner who does not vividly remember his first forceps case? My first instructor in obstetrics, always insisted upon the danger of forceps rupturing the bladder and thus causing vesico-vagina fistula. The first time I ever applied the forceps, I did not rest for more than twenty-four hours afterwards for fear the bladder was injured; the fears were, however, groundless the patient was safely delivered, as no injury was done by the forceps. In the remarks which I have to make this evening, I simply wish to impress upon the members of this club, *that the forceps is not a dangerous instrument*, or an instrument to be dreaded; we know the forceps shorten labors, silence pain, prevent the exhaustion incident to protracted labors, shorten the period of convalescences after labours, and allow the mother to get up in a much better condition than when

they are not used. As some, in the second stage of labour, with a completely dilated os, the pains begin to flag and become tedious, with no advance, the forceps may be thought of, and perhaps applied, supposing we have a case of labor, the head pressed low down upon the perineum, the patient in agony, but the pains are too weak or ineffectual to expel the child, if we can save the woman one or two hours of additional pains, we are warranted in resorting to this time-saving instrument. In introducing the forceps, you must call to mind the anatomy of the pelvis, and let them follow the curve of Carus. Authors have greatly complicated matters in advising that the patient must be brought to the edge of the bed, with her nates resting on the same, and the legs hanging down, each one supported by an assistant. This is the rule to this day in the obstetrical clinic of Vienna, and it will do in hospitals where the assistants are trained, and understand all the preliminaries and duties required in such cases; but in private practice it is quite otherwise. The formal parade, and necessary preparatory arrangements, have often deterred timid physicians from making the operation, until it was too late, or the woman had become exhausted. A woman at this moment becomes completely unnerved, when placed in such an attitude, and if in addition to exhaustion syncope, hæmorrhage, or convulsions occur, it is best that the patient be in a position that will not require removal, even for the application of the forceps.

From my early teachings in the obstetrical clinic of Vienna, I adopted the plan for many years of always bringing the patient to the edge of the bed, but for some years past, I have delivered the patient on her back, not even removing her from her ordinary position.

Now, first, I advocate the use of forceps, as a time-saver, not merely to save the child, when we have already inertia of the womb and the mother completely exhausted, but to actually *shorten the labor*, and *prevent the incipient state of the exhaustion*; to relieve the mother from long pressure of the head upon the soft parts, whereby paralysis of the bladder, and retention of urine may be avoided. We have always been taught to make our diagnosis of the exact position of the fœtus and then feel an ear, and apply the forceps over the sides of the child's head, so that the ear may come within the fenestræ of the forceps. Now in *head presentations*, I introduce the forceps so that they will follow the course of the utero-vaginal canal, and be in accord with the curve of the pelvic axis, regardless of the position, no matter where the sides of the head may be, *the blades of the forceps should*

regard the anatomy of the mother, and be applied to the sides of the pelvis, in the transverse diameter. The books, in giving directions regarding this, only serve to confuse the young practitioner. In introducing the forceps, the instrument must be passed in the direction of the lower axis of the pelvis, upwards and backwards; but almost immediately it must be turned in the axis of the upper pelvis, upwards and forwards. If the blades of the forceps, now within the pelvis, can be applied to the sides of the head, so much the better but in case they are not so situated, the foetal head will gradually rectify itself as you extract, and the head observing the mechanism of labour, will rotate and change its position, and in turn the forceps may be applied to the sides of the head, and the delivery then be accomplished. In extracting, once more bring to your mind Carus' Curve! The axis of the inlet is downwards and backwards, and the axis of the outlet, downwards and forwards.

At first, (with a pain), pull downwards and backwards, and as the head descends, alter the direction of the force until it begins to distend the perineum, traction must be made upon the head forwards. Those obstetricians who insist that the blades must be applied to the sides of the foetal head, regardless of the anatomy of the maternal pelvis, will soon find out, how almost next to impossible it is, to sweep the blades around the pelvic cavity. When an obstetrician speaks of applying the blades of the forceps antero-posteriorly, at the upper strait, he describes that which is an impossibility. The young student quite as much as the old doctor, should bear in mind these facts, otherwise he will certainly find himself confused when he comes to apply the forceps. When the head is at the outlet, if the saggital suture is not yet in the antero-posterior diameter of the pelvis, the forceps in having been introduced, might possibly be deviated from the sides of the pelvis, and be applied so as to fit over the parietal regions, and in extracting the head may be rotated so that the forceps will gradually come to be placed parallel with the sides of the pelvis; but even in this case, the forceps when first introduced might strain the perineum, and will not be in a symmetrical and easy relation to the maternal parts; therefore I repeat, that until the head is actually at the outlet, it is impossible to apply the forceps (safely), in any other manner than I have indicated. Some writers readily admit that the forceps can only be applied to the sides of the pelvis, and yet from their rules they apparently teach just the opposite. Playfair, who is the latest author upon obstetrics, (and whose book is one of the very

best ever written), accords with this view, and says for some years past, he introduces the forceps in the transverse diameter of the pelvis, regardless of the position of the head. Dr. Goodell of Philadelphia, I understand now teaches this doctrine, although a few years ago he inclined to the opposite. Dr. Ramsbotham in 1862, acknowledged that although he had always taught that the blades, should be applied to the sides of the head, that he had disregarded his own rules, and was now accustomed to introduce the blades within each ilium, because they usually pass more easily in this direction.

Most American authors however, have heretofore taught us, that we must be certain to apply the forceps to the sides of the head, and the result of such teaching, has been that they have waited until complete rotation was made in the outlet when such an application is perfectly easy, and feasible. Students and young practitioners, have been confused by the multiplicity of names for the different blades of the forceps; male, female, right, left, perineal and pelvic blades, first and second blades, etc. The blade to be introduced first, should be the one, which when in position, is nearest to the posterior commissure; and this is the first, left, or male blade. My object, gentleman, in these remarks this evening is simply to stimulate thought, and study of the question which is most important and practical, whether the forceps is an instrument to be dreaded, or whether we should not familiarize ourselves a little more with their use, and above all, decide the vital question as to their proper introduction,—whether we are to regard the anatomy of the mother as of primary importance, or whether we are to make it a rule to disregard the mother, and introduce the forceps so that the sides of the head will be embraced within the concavity of the closed blades?

Forceps statistics, all go to prove that the instrument in its application is safe, both to mother and child, and they must be used before the mother has become exhausted, and before the soft parts have become swollen, and devitalized by long pressure. Formerly, we were taught to wait until the mother was nearly exhausted, the soft parts swollen, and the foetal heart beating faintly. What we need, is to teach the physicians, that the more frequent use of the forceps will give ease to the mother, and aid in hastening her delivery, and thus secure for her a happy and speedy relief, and insure her a better getting-up and shorter convalescence.

Elliot says, *Obstetrical Clinic*, p. 277, "each case of labor is a problem by itself, and no reflection may be more disagreeable, than the

thought of an operation, which might possibly have been dispensed with, except the regret that one had not been undertaken before?

I believe that among practitioners, competent and accustomed to perform obstetric operations, the chief tendency to evil, results from *delay*, and trusting to the efforts of nature alone."

INVERSION OF THE UTERUS.

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

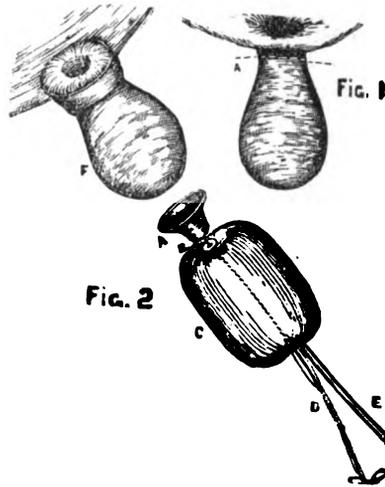
I notice in the June and July numbers of THE UNITED STATES MEDICAL INVESTIGATOR, a lengthy article from the pen of Professor Von Tagen, on fibroids, sub-involution, and inversion of the uterus. With regard to the last-named subject, I think he entirely misconceives the value of modern surgery when he quotes and dilates approvingly upon the ancient and cruel method of amputation of an inverted uterus, opening the abdominal cavity for the purpose of dilating the cervix or os uteri, or, indeed, of *any* cutting process whatever.

Inversion of the uterus is produced by improper traction upon the cord at the time of delivery, or by the slow and gradual traction occasioned by a polypus, after it becomes so large as to be extruded from the uterine cavity. At least, these are the most common, if not invariable causes. And does not this suggest the appropriate remedial means, i. e., *gradual and continuous pressure*? We all know how susceptible the uterus is to change of form and structure. In the parturient state a change takes place in a few months, whereby it is increased in weight from a few ounces to as many pounds, and all this with perfect safety to the organ.

Now, I venture to say that there is not a case of chronic inversion of the uterus in existence which may not be restored to its normal position by gradual and continuous pressure, properly applied. And this can be done with so little distress to the patient that anæsthetics will be unnecessary. Indeed, this most alarming condition—for it is a condition, and not a disease—is susceptible of more easy relief than many other ailments of much less magnitude. About nine years ago, I speedily and permanently cured a case of chronic inversion of the uterus by an instrument I then devised. The case in full was published in the *American Observer* of that year. Any surgeon of good

mechanical talent can devise a suitable apparatus for such cases. (Find herewith an illustration and full description of the instrument I used, and the method of applying it to an inverted uterus).

Fig. 1 represents the inverted uterus, as it is found in all these cases, contracted down to near its normal size. The dotted line, A, shows where amputation is generally made. Fig. 2 is the womb after the air-bag, or colpeurynter, has been applied for a few days. (The cut is defective here, as in fact, the air-bag is capable of reverting the organ up to the body of the uterus). The mouth of the uterus is seen reflected over, and the cervix, or neck, passed through to the large part of the organ, at which point the air-bag has exhausted its power.



Now, to complete the process of reversion, the cup-shaped instrument, A, made of hard rubber, with the stem, D, of silver, or other non-corroding substance, is passed through the longitudinal opening in the colpeurynter, C, as shown in the cut. Upon this stem is a movable button, B, with a small but strong cord, following the stem to the outer extremity, where it is tied to an eye in the stem, and where it may be strained up as tightly as necessary.

It will be readily seen that when the colpeurynter is within the vagina, and resting upon the perineum, as it is inflated, or as the cord and button are drawn down and tied to the stem, the latter, with the cup, which embraces the fundus of the womb, is curved upward, and with a force which muscular contraction cannot well resist.

In case the os vagina is too open, or the perineum defective, so that the support for the air-bag is insufficient, a perineal bandage will be in order. When pressure is made upon an inverted uterus with an apparatus of this kind, the vagina assumes a funnel-shape, with the uterus wedged into the small part of it in such a manner that the sides of the vagina hold it in direct line, so that the pressure is most effectual for accomplishing the object desired.

AN ANOMALY IN OBSTETRICS.

BY M. C. BRAGDON, M. D. EVANSTON, ILL.

Read before the Illinois State Hmœopathic Medical Society.

Was called March 13th to see Mrs. Q—who was in the seventh month of her third pregnancy. I found her having regular labor pains which were quite hard. There was some flowing of bright red blood, which was aggravated by the pains. An examination showed that the os uteri was quite soft and somewhat dilated. Through the uterine walls a foetal head could be felt. All the parts were excessively tender though they did not seem at all hot or inflamed. The only way the lady could account for the appearance of the pains was that she had been holding a sick boy, and carrying him about for a few days previous to their occurrence. She was a marked *Pulsatilla* subject and very anxious, not for herself, but that the foetus should be born alive and thrive. Prescribed *Puls.* 200, which seemed to mitigate the severity of the pains.

For forty-eight hours the pains continued, the intervals varying from half an hour to ten minutes. The flowing was quite profuse, the os becoming sufficiently dilated to admit two fingers. At the end of that time a pain of unusual severity brought away what I at first supposed must be a clot of blood, but on inspection discovered was a fleshy mass weighing about four or five ounces. This was followed by several others of a similar character, but much smaller. They were not cystic, and resembled somewhat a detached portion of the placenta only they were much tougher, firmer and more dense. The pains now decreased in intensity and frequency, and the flowing very gradually subsided, lasting more than a week, after which the patient was as well as usual.

On the 13th of April—exactly one month later—labor pains came on again and a living, healthy eight month's child was born. Everything about the labor was natural, the placenta perfectly normal.

What was to me unusual and remarkable in this case was; 1. That a natural pregnancy and these moles, indicative of a blighted ovum should coexist. 2. That these products of a false conception could have been discharged provoking such severe pains, so great dilation of the os, and such profuse hæmorrhage, and not at the same time have a premature delivery.

At one time I was quite strongly inclined to change my treatment, and endeavored to hasten labor instead of trying to retard it—a course

which seemed to me at the time would have been justified by the prostrated and extremely nervous condition which the long continuance and severity of the pains had induced, and by the more alarming feature of the excessive and continued loss of blood. I am glad now that I did not and the case was to me instructive.

Chemical Department.

INFANTS' FOOD VIEWED CHEMICALLY.

BY T. D. WILLIAMS, M. D. CHICAGO.

The two alimentary substances or secretions (milk) from the mammary glands of woman, and from the udder of the cow, although alike in representative constituents, materially differ. Although their constituents are alike, they differ both in quality and quantity; hence would differ in physiological effect, notwithstanding that they respectively possess a similitude of purpose. In other words, the chemistry of the several constituents of milk automatically change with the development of the offspring. As the various tissues grow and develop, the requirement for this or that constituent lessens, demanding less in quantity or others instead. Milk, immediately after parturition contains a larger amount of sugar of milk, while caseine is present in a limited quantity. The first decreases and the latter increases until they attain a uniform standard. The sugar of milk continues to diminish, being less abundant in the third, fourth, fifth, and sixth months. The maximum amount of caseine is attained about the third month.

Properly speaking, infant nutrition is dependent upon the quantities of sugar and oleaginous substances or cream present; these constituents being limited in their production, the milk although secreted in large quantity is being gradually impoverished, the cream and the chloride of soda and potassium, decrease in a like ratio with the sugar of milk. However, in a healthy, robust mother, the milk secreted contains at all times during the period of lactation a greater percentage of these constituents than is to be found at any time in cow's milk.

It is sometimes said that cow's milk is too "old" for the baby, and because of its age it "disagrees with the stomach." This belief is a fallacy. The truth of the matter is, it always was too "old," for the reason that it never contained in quantity that which was nutritive, but instead it contained in quantity that which was unquestionably injurious, namely, caseine. The quantity of this constituent found in cow's milk is one-third greater than exists in the human secretion. The smallest quantity ever present is found in the milk of a new milch cow. This, together with the sugar and fats which at this time are present in their greatest quantities, renders new milk a more suitable ailment, than it is possible for the old milk to be.

But as we have said, at no time is cow's milk a perfect nutriment for the extreme young, not even though water be added, a proceeding that is highly popular and by no means unfrequently advocated by experienced (?) nurses. Water both increases the bulk, and reduces the strength, and thereby lessens or weakens the already limited power of its nutrition. The "strength" of cow's milk, which is thought to prove so untenable within the child's stomach is due to caseine, which is one of the series of compound substances termed proteine. This is an azotized or fermentive substance of manifold importance, and although highly nutritive, its chief purpose is to act as a ferment, decomposing non-nitrogenous matter that the inorganic elements thereof may be re-arranged, forming new compounds. Because of the milk being slightly alkaline this organic product is soluble, but when taken into the stomach it is immediately coagulated by the gastric juices, and forms a curd. This curd retains all of the fats and inorganic matter, in fact all of the constituents excepting the soluble ones. These, the sugar of milk—or lactose—and salts of soda and potassium, together with the fluid part, constitutes the whey. The caseine acting as a ferment, the process being termed catalytic; resolves these substances within the curd into new and soluble compounds. Subsequently they are rendered fluid through the process of digestion. As one of the results of catalysis, we find the sugar of milk changed into grape sugar and *Lactic acid*; and it is just at this point, where caseine, if taken into the stomach in quantities greater than is required for the catalytic change mentioned, becomes a coagulated, indigestible, and fermentive mass, causes nausea, and which nature attempts to relieve by forcible ejection, or vomiting.

It is obvious that this method of cheese-making is more of an injury than a benefit, for, if permitted to remain in the stomach, the mass

not only interferes with digestion, but is capable of inducing lactic fermentation to so great an extent as to finally cause disease. By boiling the milk the caseine is in nowise changed, neither is it lessened; this can be readily seen by adding to the milk a small quantity of either the vegetable or mineral acids. Such an addition produces coagulum of caseine. Cream is a more suitable but is no less an imperfect diet for infants than is cow's milk. In composition, it is the concentration of fat or oil globules, together with a small proportion of the sugar, soluble salts, inorganic salts, and caseine. The objection to cream as an article of diet is, that although it contains but little caseine, it holds in suspension but little sugar. Inasmuch as necessity demands that some children shall either thrive or starve upon other food than that of their natural nurse, the query arises, What, if not milk, shall their food be? One says "Imperial Granum," another, "Horlick's Infant Food;" and still another "Ridge's Food." Unquestionably these several dietetics are all good, for they all contain starch, a constituent that is changed by saliva and accompanying nitrogenous substances into grape sugar. Besides, they are rich in phosphates, etc., each, in this respect being thought better than the other. However, as starch is not a natural ingredient of milk, and as this change into grape sugar is not as direct or simple as is that of sugar of milk, why not use the sugar of milk, dissolving it in milk in proportion to meet the demands made for it by the constituent, caseine. To us, this would appear to be the most natural, and at the same time the most-nutritive diet. Many children are "brought up" upon condensed milk. Why? For the reason that in the process of its preparation, sugar is added in proportion, it matters not if intentional or accidental, to render it digestible. In conclusion, we will add that it is our opinion that a large percentage of the mortality of infants is caused by, indigestible food that is positively non-nutritious.

Below, I present some quotations; these are from a paper prepared by me and read before the Foundlings' Home Pædological Society.

"In the mammalia, that class or specie of animals which suckle their young, we find secreted as a product of gestation, a lacteal fluid commonly termed milk; an accompaniment of the offspring which significantly possesses but a single purpose, namely, that of nutrition. In the process of the formation of milk, its ultimate purpose or object is acknowledged and the constituents both in quality and quantity are so equalized or affiliated, as to meet the requirements of a secondary but like growth, whose power to digest and assimilate, are as yet

imperfectly developed. The quality of the several constituents of the lacteal fluid, in nowise differ in the various kinds or species of animals, but in quantity they differ greatly; these vary in accordance with the power of digestion, the rapidity of growth, and the ultimate preponderance of matter. In other words they vary with the form or statue, the weight or bulk, and the habits or manner of life; therefore we may presume to remark that the most suitable diet for the human offspring is that which is secreted in the mammary glands of woman, the mother."

"Properly speaking, the nutriment of milk, is due to the soluble sugar of milk contained in the whey, and to the oleaginous substances or "milk globules" found in the intricate meshes of the coagulum or curd. One is a saccharine substance, the other a fat; each containing carbon, hydrogen, and oxygen. Within the coagulum or curd, (a substance termed caseine), is found two additional elementary substances, namely, nitrogen and *Sulphur*. The purpose of caseine, an azotized or nitrogenous substance, is identical with that of the other proteine compounds; it acts only by catalytic force; it is fermentive. In result, it changes the sugar of milk C₂₄, H₂₄, O₂₄, into *Lactic acid*, C₆, H₆, O₆, and grape sugar, C₂₈, H₂₈, O₂₈; the former uniting with the free soda, decomposes the alkaline carbonates and phosphates, forming the lactate of soda, *Potassa and Lime*; these combine with grape sugar, and render it more soluble; but if retained within the stomach, they together with the sugar are either re-dissolved into *Lactic acid*, or else are subjected to a peculiar fermentive process, termed butyric fermentation. This is due to the action of azotized caseine upon the oleaginous or fatty matter, decomposing it, and eliberating a series of volatile fatty acids, all of which are pungent and exceedingly irritating.

"We have found the chief nutriment of human milk to be sugar of milk; and we have found that there is a loss in quantity of this constituent in cow's milk; therefore the query arises, what shall we use as a substitute? *Lactic acid fermentation* is the liberating of elementary substances which are to form new compounds; this happens prior digestion, a process rendering soluble substances, nutritive fluids.

At present, it is popular to advise the use of patent foods, or those preparations which are said to be rich in phosphates; these contain starch and gluten; and are to these kinds of food what sugar of milk and caseine are to milk. The question of their being suitable aliments depends upon the proportion of their constituents. Containing substitutes for the constituents of milk, they should not be given with milk, for if so given they acquire more of the phosphates than are required; they also increase in the azotized substance, diastase, in a ratio greater than is the increase in saccharine matter. In their decomposition they are identical with milk; differing therewith, only in their elementary substances being of a lesser or greater quantity, and not being subject to butyric fermentation. The starch is changed into glucose or grape sugar; a part however coming into contact with the decomposed *Chlorides of Sodium and Potassium*, forming *Hydrochloric acid*, is prob-

ably changed or converted into dextrin. It is my belief, that the benefit derived from these prepared foods, is not due, so much to the phosphates, as it is to the starch and gluten; and furthermore, I believe starch as a food, to be inferior to cane sugar; as the change of the latter into grape sugar is more perfect and is also more rapid."

Dunghlison defines nutrition as being "that function by which the nutritive matter already elaborated by the various organic actions, loses its own nature, and assumes that of different living tissues,—to repair their losses and maintain their strength."

"Sometimes the word is used in a more extended signification, to express the whole series of actions by which the two constant movements of composition and decomposition are accomplished in organized bodies. Nutrition, then, would comprehend digestion, absorption, respiration, circulation, and assimilation; the latter being *nutrition* properly so called, and being affected in the intermediate system over the whole of the body,—the cells of the tissues attracting from the blood the elements necessary for their reparation."

In corroboration of the fact, that properly so called, nutrition is really assimilation, we have but to recall the physiological changes of utero-gestation, wherein neither of the organs of digestion, absorption or respiration, yet perform their function, but wherein utero-life is sustained by assimilation; and this from the circulation of the mother.

The first initiative step of infant nutrition, subsequent to parturition, or the first nutritive installment, is the absorption of atmospheric air, the composition of which is oxygen and nitrogen; this is taken into the lungs by natural impulse, an act termed respiration. The second nutritive property or properties that is attainable by the child, is especially ordained; and is termed Colostrum. This is a transparent citrine-colored liquid, containing in solution sugar of milk, free *Lactic acid*, *Phosphates of Lime*, *Soda*, etc., and the *Chlorides of Soda* and *Potassium*; it is also rich in fat or butter, but contains but little caseine, to which fact, is due its laxative power; and it is thus rendered capable of fulfilling a purpose, namely, to expel the meconium. After the expulsion of this, the colostrum changes; it increases in its fluidity and in the quantity of its constituent caseine, forming true milk. Caseine, when deprived of its catalytic power is not only indigestible, but it also possesses a remarkable constipating property; it is evident that this property is made available of subsequent to the loss of the sugar and soluble salts, and only during the period of cessation of the fermentive changes.

In recapitulating we find the foregoing to be an exposition of two

very important physiological facts; first, that nutrition in all of its varied compositions and decompositions, or better, in all of its varied reparation, is accomplished by *vinous fermentation*; that is to say, it is accomplished by a catalytic change, or by "the decomposition of non-nitrogenous matter that the elements thereof (nutriments) may be rearranged, forming new compounds" that are digestible, or which are susceptible of being changed or transformed by the gastric juices into nutritive fluids, and that catalysis, therefore, is an absolute and irrevocable pre-requisite to perfect absorption and assimilation; or in other words, that before digestion, absorption and assimilation *can* happen, catalysis *must* occur. Second, that imperfect catalysis induces or causes disease.

Finally, I would ask in connection with this, if the azote property of the seed of both vegetable and animal creation whose object and effect are alike, and which exists in all of the proximate principles that are variously termed "protein compounds" "albuminoid substances" "organic substances," and "nitrogenous substances," and which are chemically known as fibrin, albumen, caseine, globuline, pepsine, pancreatine, mucosine, osteine, cartilage, and musculine, besides the organic substances within the coloring matter, all of which are to be found everywhere within the body, generating a catalytic force, I say, I would ask if this catalytic force is not *the* force which is termed vital force, and in the absence of which we recognize the presence of death?

Hospital Department.

HAHNEMANN HOSPITAL CLINICS.

SURGICAL CLINIC.—GIVEN AUG. 9, 1877.

BY G. A. HALL, M. D., PROFESSOR OF THE PRINCIPLES AND PRACTICE OF SURGERY AND CLINICAL SURGERY IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

CASE 2255. Charles K., aged fifteen years. The 26th day of April last, while this young lad was harrowing in grain, he first felt pain in the right elbow joint. The following day the pain became so intense

that he was obliged to abandon his work. At this time the arm and joint were swollen, hot, and very sensitive, but there was no discoloration. The motion of the joint was limited. The 29th of April he consulted a physician, who mistook the synovial inflammation for luxation, and under the influence of an anæsthetic attempted reduction. This unwarranted manipulation was followed by increased swelling and inflammation. The surface became discolored, and two weeks from that date the same doctor opened a large abscess of the joint, just below the prominence of the outer condyle. A small quantity of greenish pus was discharged. A dressing of bread and milk was ordered, and continued until he came to our clinic, June 8.

At this time we found the arm infiltrated and enlarged from the shoulder to the wrist. It measured eleven inches around the elbow, was dark red, or venous color, indurated, and very sensitive. On the outer aspect of the humerus, and occupying the lower third, was a large abscess, pointing about two inches above the external condyle. The arm was partially flexed, and nearly stationary, pronation and supination limited. A fistulous opening at the point where the joint had been opened, was discharging bone pus. Passing a probe into the joint, crepitus was distinct.

The general health of the patient was below par. Appetite poor; hectic fever; countenance pinched; pulse feeble; irritable, and a hacking cough, which showed pulmonary invasion.

At our clinic, June 12, the patient being under the influence of *Ether*, we proceeded to resect the elbow. Those of you who were present at the operation will remember that we commenced by making an exploratory incision along the outer margin of the arm, beginning above, in the center of the abscess, and extending down through the fistulous opening to a point nearly two inches below the joint. The abscess above discharged a large quantity of creamy pus. This was not connected with the joint. The capsular ligaments were now opened, and the finger passed into the joint. This revealed the fact that the whole articular surface of the joint was involved in a state of ulceration. A resection seemed imperative, and we proceeded to operate as follows, viz., starting from the middle of the exploratory incision, we passed a transverse incision over the tip of the olecranon to a point marking the radial side of the ulna nerve. Dissecting back the triangular flaps, the capsular ligaments and membranes were opened, and the joint turned out, the soft tissues pushed back, and the pieces of bone which you see in this bottle were removed with the

saw. We found it necessary to shorten the humerus two and one-half inches; the ulna one and one-half; the radius half an inch; which brought the extremities of the bones of the forearm on the same plane. The wound was cleansed with carbolized water, and the flaps secured with silk ligatures. The arm was placed to an angular splint, and cold-water dressing applied for twelve days, then an earth dressing. Suppuration was abundant. A careful record of the temperature was made daily for six weeks; it varied from 100° to 107°; the pulse from 95 to 148.

Owing to obstructed circulation at the elbow, the forearm became greatly swollen. The fingers, hand and forearm were tightly bandaged, and the swelling was controlled. His general health began to improve from the day of the operation. His cough in three days entirely subsided, his appetite became "wolfish," and his rest good. He suffered little pain from the arm. You behold him to-day with a good degree of flesh, and healthy in looks. Pulse 88, functions normal. The external wound has nearly healed, and he has the use of his hand. We place his arm in a sling, in order to vary the angle at the elbow. He now has a latitude of three inches in flexion and extension, and can move his fingers sufficiently to grasp my wrist. With patience and perseverance we are confident this arm may be made very useful, and by removing this joint we are sure we have saved the boy's life.

The remedies employed so far, have been *Aconite*, *Bell.*, *Arsenic*, *China*, and *Rhus tox.*

CASE 2417. Edward G., aged fourteen. This lad has been in the surgical ward ten days or more, and I bring him before you to-day to show another case of synovitis of the elbow joint. The history of the case, as elicited when he entered the ward, is as follows:

Two years ago he fell from a load of hay, sustaining an injury of the right elbow and arm. For a long time following this injury he could not move or use the arm, it being badly swollen and painful. After several months the pain ceased and the swelling subsided, but the joint was stiff and the arm flexed slightly, and stationary, as you now observe.

About the first of July last, while he was cleaning a barrel, he strained the arm, and it became swollen, and very painful about the joint. This was his condition when he came into the hospital. He had high fever; chilly at times, and very thirsty.

Bryonia 3 was given internally, and an *Arnica* lotion applied externally, was continued two days, with slight change for the better.

The *Arnica* lotion was then omitted, and a *Bryonia* lotion applied externally, and *Bryonia* continued internally; rapid improvement followed. In three days the pain was bearable, and the swelling much reduced. To-day, you observe, he can bear to have the arm examined. We find that at the time of his first injury, he sustained a fracture of the olecranon, and a dislocation of the radius forward. Owing to the fact that the ligamentary expansion of the tendon of the triceps was not ruptured, the upper fragment was not drawn up as far as it otherwise would have been, but it is sufficient to be discerned across the room, and easily detected by the sense of touch. This fracture prevented him from extending the arm, and the dislocated radius prevented flexion. Since then, a large amount of lymph has been deposited around the joint, and hence the ankylosed condition you see.

I wish to call your attention to the peculiar oblong shape of the olecranon, which is due to the nature of the fracture and conditions above described.

When he came into the ward he was suffering from acute synovitis, caused by the strain, which is now well under control, and we trust, will entirely subside without suppuration. Should the inflammation become aggravated by a similar accident, and suppuration be induced, the joint would probably be destroyed by ulceration, and resection required, as in the case just exhibited.

We learn this lad did not receive surgical attention at the time of his first injury, hence this deformity and loss of motion. It would be unwise now to attempt a reduction of the radius, if not impossible. We will therefore place the arm in a perfect state of rest, which is an essential feature in the treatment of synovitis, and continue *Bryonia* 6 internally, and a weak lotion of the same and when we find the condition of the arm will warrant, we will attempt reduction of the radius. This case will be exhibited to you from time to time, that you may note its progress.

CASE 2408. Louisa S., aged eleven. This young miss came into our clinic some weeks since, and has been under treatment for enlargement and stiffness of the left knee and ankle. Two years ago the knee began to swell, and was attended with pain. No injury had been sustained, and no good excuse could be given for this occurrence. After two or three weeks the swelling subsided partially in the knee, but the ankle began to pain her, and enlarge, as did the knee. What the treatment was at that time we cannot learn, but the

result you see. Both joints are enlarged, and partially ankylosed, and the limb flexed at an obtuse angle. She can walk in the crippled manner you observe, and suffers with pain under the patella and through the knee joint, the pain beginning in the instep, and through the ankle joint. From disuse the muscles of the limb have become atrophied; this, with the enlargement of the joints, gives the limb a drum-stick appearance.

I am confident the trouble was at first arthritic inflammation, complicated with alimentary disturbances. Deposition of lymph around the joint, and contraction of the flexor muscles have caused this deformity. Now, what can be done to ameliorate this condition? This is a difficult question to answer readily. In the management of this case there are three cardinal points to be observed. First, constitutional dyscrasias should be carefully considered. Second, her general condition and surroundings. Third, the mechanical or local treatment.

She has been taking *Calc. phos.* ʒ. ʒ. and under its influence, the general symptoms have improved. Her bowels, from a relaxed state, have become natural, the appetite improved. We will continue this remedy three times daily, and instruct the mother to pack this limb for three hours every day with hot water, after which the limb should be rubbed thirty minutes with the hand; then apply the following liniment:

℞	<i>Neat's Foot Oil,</i>	ʒ. iij.
	<i>Beef's Gall,</i>	ʒ. iv.
	<i>Aquæ Ammoniacæ,</i>	ʒ. j.
	<i>Iodide Potassa,</i>	ʒ. ij.

Bathe with this, heat and rub in well. When absorption takes place and the pain subsides, flexion and extension should be practiced daily.

CASE 2445. Calvin L., aged twenty-four. Disease of the hip joint will be frequently met with among scrofulous subjects. This young man has evidences of that miserable "habit." I call it habit, or tendency, for want of a better name. Some eight years ago, after walking and becoming heated, he went in bathing. This was followed by a sudden and severe illness, attended with high fever and local pain in the right hip joint, as he describes it. After many weeks of suffering, the inflammation and pain subsided, and he gradually gained the use of his limb. Although smaller and shorter than the other, he continued his labor on a farm until one year ago, when lifting a loaded wagon he strained the joint, inflammatory pain and soreness followed, and for the past year he has suffered much.

From the constitutional and local symptoms, and the position of the limb we have, I am sure suppuration of the joint is going on slowly, although no abscess has formed or pointed externally. You observe this patient has a pale countenance; complains of hot hands and feet; is thirsty; slight rigors; appetite poor; bowels inclined to be loose, and a slight cough. All of these are the result of this local trouble in the joint. We will place this patient in the surgical ward, give him *Ars. iod.* and *Merc. iod.* alternately, every three hours, and as soon as may be deemed advisable, we will perform Sayre's operation upon the hip joint.

CASE 2232. Mrs. A., aged forty-two. You will remember a lady who came before you some weeks since, with a large tumor of the neck, a firm, conical shaped tumor, dipping down into the submaxillary region on the right side. This we pronounced an *encephaloid*, of the *hæmatoid* variety. The dark, venous appearance of the apex was characteristic of this variety. The patient bore the peculiar features of cancerous cachexia, and the growth of the tumor was rapid. It had been only about twenty months since the first enlargement was noticed. When removed, it was larger than a coffee cup. She was placed under the influence of *Ars. iod.* and *Carbolic acid* internally. The attachments became slightly loosened, so as to admit of slight mobility of the tumor. No serious hæmorrhage occurred until July 4, when she lost about one pint of blood. A gradual oozing continued until the operation, a few days since.

Our first step in the operation was to ligate the common carotid, in order to avoid a fatal loss of blood. The tumor was then circumscribed, and slowly dissected out. This process was tedious, and necessitated the excision of the parotid and submaxillary glands. By the judicious use of the "Thermo-Cautery" the recurrent hæmorrhage was controlled, and at the conclusion of the operation, which lasted two hours and a half, the patient came out from the influence of the anæsthetic, and reacted nicely.

I exhibit to you here the bulb of the tumor, which you will observe bears the characteristic features of *hæmatoid*.

I do not expect this patient will recover, for since the operation the disease is developing itself rapidly in other parts of the body, and must soon carry her down. She is now taking *Arsen. iod.* and *Carbolic acid*, and we will report progress at our next clinic.

CASE 2292. Mrs. J., aged forty-one. This is a case of indolent ulcer on the left leg, just above the external malleoli, two and one-

half inches long, and about two inches transversely, one-half an inch deep, with hard, indurated edges, and a dark, lardaceous base. This is of five years' standing. After a severe illness, a swelling appeared in this locality, an abscess formed, which was opened. Ulceration continued, and we see here the result, a typical specimen of a chronic ulcer. The limb is swollen, the tissues indurated, and for some distance having a dark purple appearance.

In the treatment of this case we must look up the dyscrasia which is behind this pathological condition, meet this with constitutional treatment, and then consider the local or mechanical treatment.

We will prescribe *Merc. iod.* morning and evening, and *Phosphorus* every four hours during the day. We will apply locally to the surface of the ulcer a solution of *Chloral hydrate*, ten grains to an ounce of water, to support the parts, and to promote absorption, and we will strap the limb with adhesive strips. The patient should be kept quiet, and the limb elevated.

CASE 2230. Fritz J., aged sixteen years. This lad works in a packing house, and about the first of July last, while engaged in trimming hams, he received an ugly cut, beginning two inches above the wrist, on the radial side of the left arm, extending downward obliquely, across the radial artery to a point below the transverse ligament.

The artery was severed, also the tendons of the flexors. The wound was dressed by some outside physician, and the patient did not enter the surgical ward until the sixth day after the injury. A compress had been applied to the artery and the arm tightly bandaged, but not the hand. The consequence was that when the patient came here, the hand was badly swollen, very painful, and the inflammation extending up the arm. On removing the dressing, the wound was found to be in an active state of suppuration, and the radial artery poured forth a torrent of blood. My colleague, Professor Cole, who was in charge of the ward in my absence, applied the *tourniquet* to the brachial artery, and then cut down and ligated the radial artery. This being done, the arm was lightly bandaged from the fingers up, the patient placed in a recumbent posture, and the arm on an inclined plane.

On the ninth day of the operation phlegmonous erysipelas developed in the hand, extending up the arm to the elbow. The pulse ran up to 148, the temperature to 106° with great thirst, dry, brown tongue, chilliness, etc.

Arsenicum and *Bryonia* were given alternately every hour, and a

poultice of fresh carrots, grated finely, and moistened in cold water, was applied to the hand and arm. This was changed every hour, until the heat and swelling subsided. In forty-eight hours the arm looked quite natural, and has steadily improved ever since.

The points to which I desire to call your attention are, first, the blunder made in the first dressing. The artery should have been ligated at the point of the injury. After suppuration was induced, it was necessary to go above the injury some distance, in order to avoid inflammation, which had extended up the arterial trunk. The bandage should have been applied in the first instance from the fingers upward, and not from the wrist, if it had been used at all. I do not think it was essential or necessary. A few adhesive strips would have been better. The boy is, however, quite well, and presents to you a useful arm.

CASE 2431. Mrs. McM., aged thirty-two. This is a case of exostosis and necrosis of the frontal bone. She came to us one week ago, and I gave the following history of her case:

Three years since she discovered an enlargement of the right frontal prominence. This enlargement grew gradually, and was somewhat sensitive and painful. One day, in an attempt to walk on both sides of a door which stood partially open, she brought this prominence in contact with the edge of the door. This caused rapid inflammation and swelling, which was followed by suppuration. An abscess formed, which was opened about one inch below the frontal prominence. After three months the discharge ceased, the issue healed, and remained in this condition several months. Then, from some unknown cause, inflammation was again established, suppuration followed, and an open ulcer was formed. You will now observe the features of this ulcer. It is triangular in shape, occupying the right prominence of the forehead. In the center you observe a black elevation, as large as a bean, around which the bone looks honey-combed, is rough, and covered with bone pus. Passing the probe under the margin of the integument, an inch or more on either side this prominence, we find the bone presents the same rough surface, and the periosteum is destroyed.

We will now make a crucial incision, and turn back the triangular flaps. You now can see the extent of this trouble. In the first place there was exostosis of the outer table of the frontal bone. This was followed by inflammation, terminating in ulceration, which resulted in necrosis. With Hey's saw we will now make a section around

this diseased bone, being careful to avoid injury of the healthy tissues. This accomplished, we will remove with the gouge and mallet this dead mass, and see what lies underneath. This is necessarily a slow process. If we had been prepared, with the ingenious saws and drills exhibited by Dr. Willard (of Allegheny City,) at the American Institute, which he works with the dental engine, we could have performed this operation with greater ease and rapidity. We have at length, by this slow process, removed the blackened and diseased surface, nearly three-quarters of an inch in depth, down to the white, healthy bone tissue which you see. The indurated borders of the flaps which formed the margin of the old ulcer, we will remove, and now with sutures unite the edges of the incisions made, and dress the wound with *carbolated cerate*, held in place by adhesive straps. As we have undoubtedly a specific taint underlying this case, we will place the patient under the influence of *Nitric acid* 200.

Medico-Legal Department.

ILLINOIS STATE BOARD OF HEALTH.

The following is a full copy of the Act to Regulate the Practice of Medicine in the State of Illinois. Approved May 29, 1877. In force July 1, 1877.

SECTION 1. *Be it enacted by the people of the State of Illinois, represented in the General Assembly, That every person practicing medicine, in any of its departments, shall possess the qualifications required by this act. If a graduate in medicine, he shall present his diploma to the State Board of Health, if such board of health shall be established by law or board of examiners herein named, for verification as to its genuineness. If the diploma is found genuine, and the person named therein be the person claiming and presenting the same, the State Board of Health, if such State Board of Health shall be established by law, or the board of examiners, shall issue its certificate to that effect, signed by all the members thereof, and such diploma and certificate shall be conclusive as to the right of the lawful holder of the same to practice medicine in this state. If not a graduate, the person prac-*

ticing medicine in this state shall present himself before said board, and submit himself to such examination as the said board shall require; and, if the examination be satisfactory to the examiners, the said board shall issue its certificate in accordance with the facts, and the lawful holder of such certificates shall be entitled to all the rights and privileges herein mentioned.

SEC. 2. In case a State Board of Health shall not be established by law, then each State Medical Society incorporated and in active existence on the first day of July, eighteen-hundred and seventy-seven, whose members are required to possess diplomas or license from some legally chartered medical institution in good standing, shall appoint, annually, a board of examiners consisting of seven members, who shall hold their office for one year, and until their successors shall be chosen. The examiners so appointed shall go before a county judge and make oath that they are regular graduates, or licentiates, and that they will faithfully perform the duties of their office. Vacancies occurring in a board of examiners shall be filled by the society appointing it by the selection of alternates, or otherwise.

SEC. 3. The State Board of Health, if such board of health shall be established by law, or board of examiners shall organize within three months after the passage of this act, they shall procure a seal, and shall receive through their secretary applications for certificates and examinations, the president of each board shall have authority to administer oaths, and the board take testimony in all matters relating to their duties, they shall issue certificates to all who furnish satisfactory proof of having received diplomas, or licenses from some legally chartered medical institution in good standing, they shall prepare two forms of certificates, one for persons in possession of diplomas or licenses, the other for candidates examined by the board, they shall furnish to the county clerks of the several counties a list of all persons receiving certificates. In selecting places to hold their meetings they shall, as far as is reasonable accommodate applicants residing in different sections of the state, and due notice shall be published of all their meetings. Certificates shall be signed by all the members of the board granting them, and shall indicate the medical society to which the examining board is attached.

SEC. 4. Said State Board of Health, if such board of health shall be established by law, or board of examiners shall examine diplomas as to their genuineness, and if the diploma shall be found genuine as represented, the secretary of the State Board of Health, if such board of health shall be established by law, or board of examiners shall receive a fee of one dollar from each graduate or licentiate, and no further charge shall be made to the applicants; but if it be found to be fraudulent, or not lawfully owned by the possessor, the board shall be entitled to charge and collect twenty dollars of the applicant presenting such diploma. The verification of the diploma shall consist in the affidavit of the holder and applicant that he is the lawful possessor of the same, and that he is the person therein named. Such

affidavit may be taken before any person authorized to administer oaths, and the same shall be attested under the hand and official seal of such officer, if he have a seal. Graduates may present their diplomas and affidavits as provided in this act, by letter or by proxy, and the State Board of Health, if such board of health shall be established by law, or the board of examiners shall issue its certificate the same as though the owner of the diploma was present.

SEC. 5. All examinations of persons not graduates or licentiates, shall be made directly by the board, and the certificates given by the State of Illinois.

SEC. 6. Every person holding a certificate from the State Board of Health, if such board of health shall be established by law, or board of examiners shall have it recorded in the office of the clerk of the county in which he resides, and the record shall be indorsed thereon. Any person removing to another county to practice shall procure an indorsment to that effect on the certificate from the county clerk, and shall record the certificate, in like manner, in the county to which he removes, and the holder of the certificate shall pay to the county clerk the usual fees for making the record.

SEC. 7. The county clerk shall keep, in a book provided for the purpose, a complete list of the certificates recorded by him, with the date of the issue and name of the medical society represented by the State Board of Health, if such board of health shall be established by law, or board of examiners issuing them. If the certificate be based on a diploma or license, he shall record the name of the medical institution conferring it, and the date when conferred. The register of the county clerk shall be open to public inspection during business hours.

SEC. 8. Candidates for examination shall pay a fee of five dollars, in advance, which shall be returned to them if a certificate be refused. The fees received by the board shall be paid to the treasury of the medical society by which the board shall have been appointed, and the expenses and compensation of the board shall be subject to arrangement with the society.

SEC. 9. Examinations may be in whole, or in part in writing, and shall be of an elementary and practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner.

SEC. 10. The State Board of Health, if such board of health be established by law, or board of examiners may refuse certificates to individuals guilty of unprofessional or dishonorable conduct, and they may revoke certificates for like causes. In all cases of refusal or revocation the applicant may appeal to the body appointing the board.

SEC. 11. Any person shall be regarded as practicing medicine within the meaning of this act, who shall profess publicly to be a physician and to prescribe for the sick, or who shall append to his name the letters of "M. D." But nothing in this act shall be construed to prohibit students from prescribing under the supervision of preceptor, or to prohibit gratuitous services in cases of emergency. And this act shall not apply to commissioned surgeons of the United States army and navy.

SEC. 12. Any itinerant vender of any drug, nostrum, ointment, or appliance of any kind, intended for the treatment of disease or injury, or who shall, by writing or printing, or any other method, publicly profess to cure or treat diseases, injury, or deformity by any drug, nostrum, manipulation or other expedient, shall pay a license of one-hundred dollars a month, to be collected in the usual way.

SEC. 13. Any person practicing medicine or surgery in this State without complying with the provisions of this act, shall be punished by a fine of not less than fifty dollars, nor more than five hundred dollars, or by imprisonment in the county jail for a period of not less than thirty days nor more than three-hundred and sixty-five days, or by both fine and imprisonment, for each and every offence; and any person filing or attempting to file, as his own, the diploma or certificate of another, or a forged affidavit of identification, shall be guilty of a felony, and, upon conviction shall be subject to such fine and imprisonment as are made and provided by the statutes of this State for the crime of forgery, but the penalties shall not be enforced till on and after the thirty-first day of December, eighteen hundred and seventy-seven; *Provided*, That the provisions of this act shall not apply to those that have been practicing medicine ten years within this State.

THE STATE BOARD OF HEALTH.

The Act to establish a State Board of Health, reads as follows :

SECTION 1. *Be it enacted by the People of the State of Illinois, represented in the General Assembly*, That the Governor, with the advice and consent of the senate, shall appoint seven persons who shall constitute the board of health. The persons so appointed shall hold their offices for seven years; *Provided*, That the terms of office of the seven first appointed shall be so arranged that the term of one shall expire on the thirtieth day of December of each year, and the vacancies so created, as well as all vacancies occurring otherwise, shall be filled by the Governor, with the advice and consent of the senate; *And provided, also*, That appointments made when the senate is not in session, may be confirmed at its next ensuing session.

SEC. 2. The State Board of Health shall have the general supervision of the interests of the health and life of the citizen of the state. They shall have charge of all matters pertaining to quarantine; and shall have authority to make such rules and regulations, and such sanitary investigations as they may from time to time deem necessary for the preservation or improvement of public health, and it shall be the duty of all police officers, sheriffs, constables, and all other officers and employes of the state, to enforce such rules and regulations, so far as the efficiency and success of the board may depend upon their official co-operation.

SEC. 3. The Board of Health shall have supervision of the state system of registration of births and deaths as hereinafter provided; they shall make up such forms, and recommend such legislation as

shall be deemed necessary for the thorough registration of vital and mortuary statistics throughout the state. The secretary of the board shall be the superintendent of such registration. The clerical duties, and the safe keeping of the bureau of vital statistics thus created shall be provided by the secretary of the state.

SEC. 4. It shall be the duty of all physicians and accoucheurs in this state, to register their names and post-office address with the county clerk of the county where they reside; and said physicians and accoucheurs shall be required, under penalty of ten dollars, to be recovered in any court of competent jurisdiction in the state, at suit of the county to report to the county clerk, with thirty days from their occurrence, all births and deaths which may come under their supervision, with a certificate of the cause of death, and such correlative facts as the board may require, in the blank forms furnished as hereinafter provided.

SEC. 5. Where any birth or death shall take place, no physician or accoucheur being in attendance, the same shall be reported to the county clerk, within thirty days from date of their occurrence, with supposed cause of death, by parent, or if none, by the nearest of kin not a minor, or if none, by the resident householder where the death shall occur, under penalty as provided in the preceding section of this act.

SEC. 6. The coroner of the several counties shall be required to report to the county clerk, all cases of death which may come under their supervision, with the cause and mode of death, etc., as per forms furnished, under penalty as provided in section four of this act.

SEC. 7. All amounts recovered under the penalties herein provided shall be appropriated to a special fund for the carrying out the object of this law.

SEC. 8. The county clerks of the several counties in the state shall be required to keep separate books for the registration of the names and postoffice address of physicians and accoucheurs, for births, for marriages, and for deaths; said book shall always be open to inspection without fee; and said county clerks shall be required to render a full and complete report of all births, marriages and deaths, to the secretary of the board of health, annually, and at such other times as the board may direct.

SEC. 9. It shall be the duty of the board of health to prepare such forms for the record of births, marriages and deaths, as they may deem proper; the said forms to be furnished by the secretary of said board to the county clerks of the several counties, whose duty it shall be to furnish them to such persons as are herein required to make reports.

SEC. 10. The first meeting of the board shall be within fifteen days after their appointment, and thereafter in January and June of each year, and at such other times as the board shall deem expedient. The meeting in January of each year, shall be in Springfield. A majority shall constitute a quorum. They shall choose one of their number to be president, and they may adopt rules and by-laws for their government, subject to the provisions of the act.

SEC. 11. They shall elect a secretary who shall perform the duties prescribed by the board; and by this act, he shall receive a salary which shall be fixed by the board, he shall also receive his traveling and other expenses, incurred in the performance of his official duties. The other members of the board shall receive no compensation for their services, but their traveling and other expenses, while employed on the business of the board, shall be paid. The president of the board shall quarterly certify the amount due the secretary, and on presentation of his certificate, the auditor of state shall draw his warrant on the treasurer for the amount.

SEC. 12. It shall be the duty of the board of health to make an annual report through the secretary, or otherwise, in writing to the governor of this state, on or before the first day of January of each year; and such report shall include so much of the proceedings of the board, and such information concerning vital statistics; such knowledge respecting diseases, and such instruction on the subject of hygiene, as may be thought useful by the board, for dissemination among the people with such suggestions as to legislative action, as they may deem necessary.

SEC. 13. The sum of five thousand dollars, (\$5,000), or so much thereof as may be necessary, is hereby appropriated to pay the salary of the secretary, meet the contingent expenses of the office of the secretary, and the expenses of the board, and all costs for printing, which together shall not exceed the sum hereby appropriated; said expenses shall be certified and paid in the same manner as the salary of the secretary.

SEC. 14. The secretary of state shall provide rooms suitable for the meetings of the board, and office-room for the secretary.

The Governor has appointed the following named gentleman They are placed in the order in which they drew their respective terms of office:

Newton Bateman, LL. D., Galesburg; R. Ludlam, M. D., Chicago; A. L. Clark, M. D., Elgin; W. M. Chambers, M. D., Charleston; J. M. Gregory, LL. D., Champaign; John H. Rauch, M. D., Chicago; Horace Wardner, M. D., Cairo.

Taking all things into consideration, we do not hesitate to say that the appointments are as good as could be expected under the circumstances. A weighty responsibility rests upon them, and we sincerely hope they appreciate it.

In order to carry out both laws and make them effective, it is absolutely necessary that the profession heartily co-operate with the board. Why should not all medical men in good standing, whether they come within the provisions of the law or not, take a certificate from the board, and have it placed upon record in the county clerk's office, so that hereafter the question with regard to any one engaged in the practice of medicine in this state, will be whether he is on record or

not. Such action will no doubt, assist materially in carrying out the Medical Practice Act.

We understand that the utmost harmony prevails in the board, and we sincerely hope such may always be the case. The subject of registration will occupy the attention of the board first, and this once fairly under way, examinations of persons practicing without license or diploma will be the order, also the investigation of important sanitary questions.

From what we know of the character of the board, we would advise all who have no diplomas, and are engaged in practice, to make good use of all the time they have in preparation for the examination. Not that we believe the examination will be unduly severe, but think they will be of an elementary and practical character, and sufficiently strict to test the qualifications of the candidates as practitioners. Inquiry will also be made into the moral standing of the candidates.

Materia Medica Department.

HAHNEMANN ON ACONITE.

BY RICHARD HUGHES, M. D., LONDON, ENGLAND.

Read before the Western Academy of Homœopathy.

[Continued from page 277.]

He goes on to say that it is occasionally a useful auxiliary even in chronic diseases where tension of the fibres is present; that it produces all the morbid effects from which people suffer who have had a fright accompanied with vexation, and is the surest and quickest help for such; and that most of the symptoms in the appended list which seem contrary one to the other are really alternating states, either of which can be used as curative indications, although those of a "tonic" character are of most value. Lastly, he repeats his admonition as to the importance of securing similarity in the symptoms of the mind and disposition.

Eight years more gave him little to add upon the subject. The preface to *Aconite* in the third edition of the first volume of the *materia medica pura* (1830) is almost identical with that of the second, save that for the 24th he substitutes the 80th dilution, and mentions

the value of the remedy in preventing the injurious effects of fright or vexation when occurring in women during the catamenial flow which these emotions are very apt to suppress. He also inserts one other new paragraph which must be transcribed.

“So also,” he writes, “is *Aconite* the first and chief remedy (in the alternated doses mentioned) in inflammation of the windpipe (croup, angina membranacea), in several kinds of inflammation of the throat and gullet, and in like manner in acute local inflammations elsewhere, especially when, with thirst and rapid pulse, an anxious impatience, an unappeasable restlessness, and an agonized tossing about are conjoined.”

These last are evidently the “symptoms of the disposition” (*Gemiiths-symptomen*) on which Hahnemann had always laid so much stress as indications for its choice. You will all remember how beautifully our lamented teacher and friend, Dr. Carroll Dunham, showed the consonance of these symptomatic phenomena with the pathological precepts as to the use of *Aconite* accepted in our school, viz.: that it is not suitable to fevers of the typhoid type, or to parenchymatous inflammations (such as pneumonia) which have once become thoroughly localized.

And, when again we enquire how Hahnemann came to these applications of *Aconite* — how from a general fitness for acute diseases he was led to see its especial appropriateness to active states of fever and inflammation, we find that it was (in all probability) from these very mental conditions that the discovery was made. Dr. Quin — the honored pioneer of Homeopathy in England — was well acquainted with Hahnemann, and has related how “in 1826 he asked him how he had discovered the great antiphlogistic power of *Aconite*, as that was not evident from the proving. Hahnemann replied, that he had not directly discovered this property from the proving, but that whilst treating some inflammatory disorders he was led to the employment of *Aconite* from the similarity of some of the concomitant symptoms with some in the pathogenesis of *Aconite*, and he had found its administration followed by a great diminution in frequency of the pulse, and a cessation of the febrile state, one half.”

(1) *American Homœopathic Review*, Vol. VI., p. 70. (2) *British Journal of Homœopathy*, Vol. V., p. 387.

From the facts and dates now brought forward the following conclusions seem to result :

1. The antiphlogistic and anti-pyretic properties of *Aconite* were

an original discovery of Hahnemann's, made by him many years before any thought of the kind occurred (if it ever did occur at first instance) to a practitioner of the Old School.

2. That the discovery was made by pure induction from the symptoms produced by the drug when proved upon the healthy human body, applying these to disease according to the relation of likes to likes.

3. That the application which led to the discovery was regulated primarily by the similarity of the mental symptoms of the drug to those of the morbid condition present, and not by its having actually caused that morbid condition in the healthy — which, however, it has since shown its power to do.

4. That the antiphlogistic virtues of *Aconite* were first ascertained and obtained by means of infinitesimal doses.

The bearing of these conclusions both upon our controversy with the Old School and upon some of the questions still under discussion among ourselves, is too obvious to need pointing out.

Medical News.

Dr. F. L. Bartlett has been elected to the mayoralty of the flourishing and beautiful city of Aurora, Ill.

Dr. T. J. Patchin, formerly of Fond du Lac, Wis., has pitched his professional tent in Hannibal, Mo., and not at Hot Springs, Ark.

A Fourth "Original Discoverer" of Anæsthesia has been brought forward by Dr. J. Marion Sims. His name is Dr. Crawford W. Long, of Athens, Georgia. He is still practicing.

Dr. G. W. I. Brown, a graduate of the University of Pennsylvania, has been converted to the Homœopathic faith, and formed a partnership with Dr. J. A. Hoffman, of Mendota, Ill. Dr. B. is said to be a *surgeon of eminent ability*.

The New York Ophthalmic Hospital.—Report for the month ending August 21st, 1877: Number of prescriptions, 3000; new patients, 408; patients resident in the hospital, 25; average daily attendance, 111; largest, 172. **ALFRED WANSTALL, M. D., Resident Surgeon.**

Homœopathic Medical Society of the State of Michigan.—The eighth semi-annual meeting of the above-named society will be held in the city of Ann Arbor, in the parlors of Cook's Hotel, on the first Tuesday and Wednesday of Oct., 2d and 3d inst., 1877.

C. W. PRINDLE, General Secretary.

Married.

On Tuesday evening, August 28th, 1877, at the Church of the Holy Comforter, Forty-eighth St. and Haverford Ave., by the rector, H. Morton Reed, Linnæus A. Smith, M. D., to Mattee Marshall. Both of Philadelphia. We wish them joy, may they Marshall many Smiths.

Missouri School of Midwifery.—The sixth regular course of instruction in this school began Sept. 5th, 1877. The exercises consisted in addresses by the president, Prof. W. C. Richardson, and Prof. J. Martine Kershaw. Prof. Richardson said that he felt very much encouraged in the work, from the fact that each class was larger than its predecessor.

To the Medical World.—Professor C. H. Von Tagen, M. D., after an active and successful practice of twenty-three years, and instructor for twelve years, has determined to prepare a *thorough* and *complete* work upon Homœopathic surgery—mechanical and *therapeutical*. Embracing all that is now known of surgery in general, together with the *specialties*. Cases of interest solicited. Address, room No. 8, Kentucky building, No. 201 Clark street, Chicago, Ill.

Removals.

Dr. D. A. Cheever from Champaign to Peoria, Ill.

Dr. G. E. Gorham from Athens, Pa., to Cheyenne, Wyo., where he goes into partnership with Dr. Bowmans.

Dr. A. F. Moore from Coxsackie to Sandy Hill, N. Y.

Dr. J. W. Routh from San Antonia to Austin, Texas.

Dr. S. W. Thurber from Broadhead to Omro, Wis.

Dr. G. W. Williams from Grand Rapids, Mich., to Marshalltown, Iowa.

Dr. O. S. Cummings from San Francisco, Cal., to Haverhill, N. H.

Dr. W. T. Knapp from Muncie to Bluffton, Ind.

Dr. E. W. Currier from Beloit, Wis., to Sycamore, Ill., where he goes in partnership with his brother, L. M. Currier.

Dr. J. C. Morgan from Asbury Park, N. J., to Philadelphia, Pa.

Dr. J. G. Gilchrist from Detroit, to Ann Arbor, Mich.

Homœopathic Medical Society of the State of New York.—The semi-annual meeting of the State Society, held last October, from a scientific standpoint, was the most successful of any ever held, and may be accounted for chiefly from the fact of the large number of able papers presented, and the interesting discussion which followed their reading. The semi-annual meeting this year will take place at Utica, on the second Tuesday and Wednesday of October, and we confidently hope will be more interesting than the last. In order to accomplish the desired end, the co-operation of every member of the society must be obtained, and in the interest of our common cause we appeal for

this aid. We hope every physician in the state will either be present and take part, or contribute some article through another.

ALFRED K. HILLS, M. D., Recording Secretary.

Origin of the Illinois Homœopathic Medical Association.—I see in the reported proceedings of the State Society at Peoria, in the remarks made in relation to the first meeting of the society, the credit is given to Dr. Guilbert of being the father of the Association, and they had made the discovery that Peoria was the mother. As I had considerable to do with the birth of the infant, I think I must have been the accoucheur. The history of the affair, as near as I recollect, was that Dr. Guilbert wrote to me, asking my opinion in relation to the feasibility of such an organization, and suggesting Peoria as the place of meeting. I immediately replied, saying that I would do all in my power to make it a success. We corresponded with all the physicians we knew. I called on Dr. Troyer and got him interested, secured a hall to hold meetings in, we got together, and as Dr. Smith says, "all got offices," and had a good time. As I was at the birth, I was very anxious to be at the anniversary of the twenty-first birthday, but business would not allow. I had other births to look after. Hoping the *men* may never grow old, and may live to do a good work, I remain yours,

M. S. CARR.

The Late Dr. Troyer.—At a meeting of the Homœopathic physicians of Peoria, held in the office of Dr. Perkins, on the 20th day of August, the following was presented, and adopted unanimously:

WHEREAS, It has pleased the Almighty Father of all to remove from our midst by death, our respected and beloved colleague, Dr. Moses Troyer, we, the Homœopathic physicians of the city of Peoria, desire to make the following declaration as our united tribute to his memory:

As a physician, skillful, faithful and untiring, painstaking, and exact, his honorable and successful practice of forty-two years, thirty-five in this city, gives him a noble character and reputation, to which we cannot add, but simply bear testimony. His intercourse with the profession was marked by his nice sense of honor, and courtesy of manner. As a citizen, his influence was always on the side of law, order, virtue and sobriety; he was a Christian gentleman. As a friend, he was faithful, candid and sympathetic; and while we bow in humble submission to the Divine will, in the translation of our brother to a higher sphere, and realize that his work is well done and finished here, we mourn his departure, and sincerely sympathize with his bereaved companion and friends.

It was also resolved that the above expression of our sentiments be published in the city papers, and our leading medical magazines, and that a copy be presented to the family of the deceased, and that we attend the funeral of Dr. Troyer in a body.

E. M. COLBURN, M. D., Chairman.

D. A. CHEEVER, M. D., Secretary.

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

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A TREATISE ON TYPHOID FEVER,

AND ITS HOMŒOPATHIC TREATMENT.

By C. F. PANELLI, M. D., Naples, Italy. Translated with notes by
G. E. Shipman, M. D., Chicago.

To judge somewhat of the value of this work it should be known that Dr. Panelli was formerly assistant in the Clinic in the Hospital of Santa Maria de Loreto e della Pace, where all afflicted with fevers were received and in great numbers.

From extensive notes made at that time, and during a subsequent ten years' practice as a Homœopathic physician, being "obliged to pursue lengthy investigations to find in the *Materia Medica* the proper remedy for each case (of Typhoid fever), differing as they do, according to the variety of symptoms, and lest I should have to repeat these studies I preserved and arranged all these minutes."

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Materia Medica Department.

HOW TO STUDY MATERIA MEDICA.

BY DR. AD. LIPPE, PHILADELPHIA.

[Continued from page 274.]

A STUDY OF ACONITE NAPELLUS.

Each remedy has *characteristic symptoms* belonging to that remedy and to no others: it has also symptoms similar to other remedies, which by comparison will develop more *characteristic symptoms*, at the same time showing where the similar symptoms will call, under certain conditions, for another remedy. How were these characteristic symptoms belonging to each remedy found? First, the provings developed them, secondly, the symptoms were so found to be characteristic by clinical experiments, and we find the great observer Hahnemann points out to us in his materia medica and in his preface to *Aconite* these very characteristic symptoms. Hahnemann says in that preface, “*It is essential to consider the mental symptoms, to see to it that they especially are very similar if Aconite is chosen as a Homœopathic remedy.*” And above he had said “*Aconite is especially indicated when, besides thirst and an accelerated pulse, there is present an anxious impatience, a not-to-be-soleed anxiety, and an agonizing tossing about.*” The

most characteristic symptoms we are here told on being introduced into the study of *materia medica* are especially the mental symptoms; when then, it is well known that *Aconite* is indicated in, and has often almost miraculously cured cases of pleurisy, measles, scarlatina, and croup, we are here, on the threshold of our studies, reminded that the names of these diseases are not a valid or reliable indication for *Aconite*; that this drug will only cure the many inflammatory fevers when these mental symptoms are present, and the *observing* and *thinking* student will, from the very outset discard all silly propositions to put on the physiologico-pathological spectacles for his reading of the *materia medica*; the student will forever quit to listen to the teachings of such perverters of Hahnemann's teachings who discard these characteristic mental symptoms, because they cannot account for their presence in one case and their absence in another case of apparently the same disease, or in what they see through their material spectacles, pathological conditions. It is precisely this, (these, to the materialist, unaccountable mental symptoms) difference of symptoms which are induced in each individual case by the very individuality of the sick and for that reason are considered *characteristic* symptoms, which to the true healer are the true therapeutical guides, and characterize the difference between the true and the pretending Homœopath. We then have here four symptoms by Hahnemann designated as characteristic.

1. Thirst and an accelerated pulse.
2. Anxious impatience.
3. Inconsolable anxiety.
4. Agonizing tossing about.

How then, ask we ourselves as students, do these symptoms compare with similar symptoms of other remedies? We find the first, thirst and accelerated pulse, under many other remedies, and even there we discern differences, the thirst of *Bryonia* for instance, is only requiring to drink at long intervals, while that of *Aconite* in conformity with its nervous excitement requires frequent drink; again under *Bryonia* a very large quantity is drunk — but not often — while *Aconite* requires frequent, but not large quantities of drink.

May we not as students at once enlarge our knowledge by finding just the opposite conditions predominant under other remedies, as "accelerated pulse (fever) without thirst." or even with "aversion to drink," this we find especially under *Belladonna*, *Helleborus*, *Hyosciamus*, *Stramonium*, *Nux vom.*; and *Veratrum*, and going still a little further in our comparisons we find under *Hyosciamus* much thirst with

aversion to drink. Second, *anxious impatience* is similar to *Chamomile* and *China*. (*Graphites*). They also correspond with *Arsenic* to, third, *inconsolable anxiety*. The opposite conditions, utter listlessness, half or total unconsciousness, we find under *Belladonna*, *Opium*, *Phosphoric acid* and *Pulsatilla*. We have here the first great difference between *Aconite* and *Belladonna*, both great remedies in febrile affections, both utterly different in their mental symptoms and thereby not likely to be wrongly administered one instead of the other. They are still further discernable, that while *Aconite* has, fourth, *agonizing tossing about*, we find that *Belladonna* has much more inclination to stupor, a quiet almost unconscious condition, to the more violent symptoms of *Belladonna*, its rage, biting, scratching, is not similar to *Aconite*. How any physician professing to be a Homœopathist can ever administer *Aconite* and *Belladonna* in alternation, when the first mental symptoms of both these drugs are so dissimilar, so characteristic, is to us utterly incomprehensible. This agonizing tossing about is a kind of restlessness which differ from all other kinds of restlessness. *Apis mel* has a similar tossing about, especially during the development of cutaneous eruptions, with suppression of the urinary secretions, but has *not* the agonizing anxiety; it has much more unconsciousness and a subdued moaning, a kind of whining mood, a more *patient* complaining. *Arsenicum* has a restlessness quite different also, it is a restless desire to change the locality, room, bed, or even the chair he is sitting on, desiring to walk, but weakness compels the choice of another position. *Rhus tox.* has another restlessness, he can not long remain in the same position and the thereby increasing pain is for a time relieved by a change of position.

Hahnemann gives us in the preface to *Aconite* another very important mental symptom. Hahnemann says, "*Aconite* causes all the diseased conditions which appear similarly in persons who have had a *fright*, combined with vexation, and it is also the most certain cure for these conditions; and farther on Hahnemann says, "*Aconite* is therefore indispensable during menstruation, when a woman suffers then from *fright* or vexation, without this great calming remedy, such mental affections are very apt to cause an entire suppression of menstruation. The possibility of mental affections (which cannot be tangibly demonstrated) causing such a suppression, cannot be denied — much less explained — we only know two facts, (1), that under the effect of *fright* or vexation, menstruation can be suppressed, and (2), that a timely dose of *Aconite* will cure the sufferer and prevent the suppres-

sion, and will even cure it speedily by restoring the discharge if it is already suppressed. Pretending Homœopathists who cannot elevate themselves above the prevailing and so pernicious materialism of the common school of medicine, not only ignore Hahnemann's teachings but with malice aforethought (and we shall show more of it), persistently pervert his teachings, and make a caricature out of our *materia medica*. Vide Manual of Pharmacodynamics, Prof. Hughes, M. D., Vol. I, page 44, *Aconitum napellus* "In suppression of the menses from a chill, and in the circulatory disturbances (*H. T. C.*) which often attends commencement of menstrual life!"

Other remedies have similar symptoms; *Ignatia* will relieve the effects of fright with anger, anguish and grief. *Gelsemium* effects from fright with grief. *Opium*, sudden effects from sudden fright. Long suppressed menstruation from fright with fear we find under *Lycopodium*.

When we know these few symptoms we find ourselves well prepared to further study the pathogenesis of *Aconite*, always remembering from first to last that the presence of these first four mentioned mental symptoms is positively necessary if we expect any good and curative results from the administration of *Aconite*. It is here in place to call the attention of the student of our *materia medica* to the fact, that those by Hahnemann pointed out *characteristic* symptoms have been entirely set aside and have been omitted by such men as Dr. Richard Hughes, a man who wanted to pervert Homœopathy into a sort of Eclecticism when he published his so-called Manual of Pharmacodynamics; and as Dr. Hughes arrogates to himself the title of a Homœopathist, it is well for the student of Homœopathy to know that this work is a perfect "caricature." When Dr. Hughes omitted Hahnemann's so very characteristic mental symptoms, he did so with malice aforethought, his intention was to bring our school, by and through a perverted *materia medica*, down to the level of the common understanding of the materialists in the profession. How is it possible for a professing Homœopath to print such material absurdities as we find on every page, vide page 44. "In apoplexy and in puerperal convulsions where there is much arterial excitement, *Aconite* will do everything for which the lancet used to be thought indispensable." According to Prof. Richard Hughes the mental symptoms are of no account, but the arterial excitement and the thought of an indispensable lancet, are the characteristic indications for *Aconite*. Such blabbing may reach the Eclectic ear, but it is surely not sweet music in the ears of the Homœopathician, it is a horrid discord.

Again on page 41 the student will find Dr. Hughes says, "The sphere of *Aconite* is quite unrivalled as an "*Antiphlogistic*." He then attempts to define the sphere of its action. He says *Aconite* has no influence upon the blood itself. *Aconite* will do little for a fever which is symptomatic of an acute local inflammation. But really Dr. Hughes never showed his malice aforethought with such unblushing audacity than he does on page 42 when he quotes Hahnemann as saying, "*Aconite* cures quickly pure inflammatory fever, and in four hours after the administration of the *Aconite* in the morbid states in question, all danger of life is past." Why does Dr. Hughes so intentionally leave out of this very preface of *Aconite* (from which he quotes) the very characteristic symptoms of the morbid states in question, (mental to be sure, and therefore to him incomprehensible, and therefore again *by him* deemed useless), which Hahnemann pointed out as indispensibly necessary to be present when any good effects of *Aconite* as a remedy for pure inflammatory fevers can be expected? If the characteristic symptoms (mental) are not present no inflammatory fever will yield to *Aconite*, and all of Dr. Hughes quotations of Hahnemann are "insincere" allusions to our master. We will, for the present drop, this unpleasant subject and return to the mental symptoms of *Aconite*. It has with many other drugs "*Delirium*" the characteristic of the *Aconite* delirium is its ecstasy, and we find it less often indicated; these are for delirium, *Belladonna*, *Hyosciamus*, *Opium*, *Stramonium*, or *Veratrum*, and each of these remedies have their own characteristics. *Aconite* has forebodings of death with fixing the day, which belongs to it alone and is often indicated during pregnancy or at the beginning of parturition, when such fears are manifesting themselves. The fitful moods of *Aconite*, changing from mirthfulness to weeping, resembles *Ignatia*, but all other conditions differ from that drug.

We shall now proceed to see how the different organs are affected by *Aconite*. Under this head we find first (sensorium), vertigo, with blackness before the eyes, bleeding of the nose and aggravated on rising. Other remedies have vertigo. The *Belladonna* vertigo has flickering before the eyes, with nausea and is aggravated on stooping. *Nux vom.* has vertigo with vanishing of sight, humming in the ears, with unconsciousness and fainting, or as if everything was turning round in a circle, (the bed on which he lies), when walking or stooping, aggravated after meals. *Phosphorus* has vertigo with a sensation as if a veil were obstructing the sight, with loss of ability to think, as if he should fall and did not know where he is, aggravated at noon. *Theri-*

dion has vertigo on closing the eyes. *Thuja* has vertigo on opening the eyes. We find under *Aconite* congestion to the head, with fullness and pulsation in it, with heat and redness of the face or with burning in the head, pale face and perspiration or burning in the head as if the brain was moved by boiling water—all of these symptoms accompanied by great anxiety and restlessness. Similar congestions are found under *Belladonna* but instead of the *Aconite* characteristic restlessness and anxiety, we find again the characteristic *Belladonna* stupor and besides an aggravation on stooping or laying down. Under *Glonoine* we find a similar congestion, relieved when laying down and much aggravated when sitting up. Under *Pulsatilla* we find also congestion to the head, but accompanied by its characteristic symptoms of yellowish complexion, chilliness and aggravation in a warm room. Under the eyes, we find *Aconite* to have both aversion to, and desire for light, the latter condition is only so far to be found under *Amm. mur.*, *Belladonna*, and *Stramonium*. We find inflammation of the eye with heat burning and dryness under *Aconite*, while *Euphrasia* has with the inflammation, always also a profuse secretion of hot, burning water, and *Pulsatilla*, a profuse muco-purulent discharge from the eyes. *Aconite* has red, hard, swollen edges of the eye-lids similar to those of *Thuja* and *Pulsatilla*, but both the latter have not the same dryness of the eyelids, we find under *Aconite*.

Under the ears, we find *Aconite* to have great sensitiveness of hearing, intolerance to noise, and we find very similar symptoms under *Cannabis. indica*. which has not the intolerance to noise, but rather the annoyance of hearing very distant sounds very clearly, voices far away sound as if spoken in the nearest proximity. There are under *Aconite* tearing, especially in the left ear, very similar to *Pulsatilla* but very different in their respective mental symptoms. Under *Aconite* we find dryness of the mouth and tongue which is under many remedies, we here remember *Nux mos.* which has dryness of the mouth and tongue so that the tongue cleaves to the roof of the mouth, without thirst, or *Arsenic*, with great blackness of the tongue, which is also under *Lachesis*, *Secale corn.*, and *Nux vom.*

In the throat we find under *Aconite*, angina with redness of the parts, tearing or stinging in the fauces with almost entire inability to swallow, hoarseness and high fever. *Apis* has very similar symptoms with burning and stinging, also hoarseness, but no thirst, and utter inability to swallow. The next similar remedy is *Belladonna*, while these objective symptoms are very similar, the mental condition of

the sick will lead us to choose accurately and properly. *Aconite* has tingling in the œsophagus, the only remedies which have a similar symptom are *Ignatia* and *Petroleum*.

The taste under *Aconite* is bitter, except the water. We find bitter taste under *Bryonia*, *Mercurius*, *Chamomilla*, *Puls.*, *Verat.*, etc., and we find the bitter taste of water also under *Mercurius viv.*, *Bromine*, *Lycopod.*, *Natrum mur.*, *Nitric. acid.*, and *Silicea*, all of these mentioned remedies have also general bitter taste. Bitter taste after drinking, we find especially under *Pulsatilla*, *China*, and *Arsenic*, in that respect utterly opposite to *Aconite*. *Pulsatilla* has more thirstlessness, thirst only very exceptionally and then similar to *Bryonia*. On the thirst under *Aconite* we have already made our remarks above. Vomiting is found under *Aconite*, with profuse perspiration and increased micturition also with heat and thirst, there is vomiting of bloody mucus, or of what has been drank, followed by thirst. Vomiting with profuse perspiration we find also under *Bell.*, *Sul.*, and *Zinc.*, with cold perspiration under *Veratrum* and *Camphor*; vomiting with increased micturition is peculiar to *Aconite*, and would show plainly that *Aconite* cannot likely become a curative remedy in Asiatic cholera, as of one the very characteristic symptoms is a decided and complete suppression of the urinary secretions. Vomiting of what has been drank we also find under *Ipecac*, *Arsenic*, *Eupatorium perf.*, *Hyos.*, and *Phosphor.* symptoms, great thirst for cold water, which is vomited up as soon as it becomes warm in the stomach; the *Ipecac* and *Arsenic* vomiting takes place immediately after drinking, here we remember the vomiting of milk (in infants) under *Æthusa cynap.* The vomiting of bloody mucus during fever is peculiar to *Aconite*. Under abdomen we find inflammation of the peritoneum, bowels, liver, and of the hernial stricture, (with vomiting of bile). In puerperal peritonitis it is indicated and will bring quick relief if the characteristic restlessness, sleepless and thirst are also present; where these symptoms are not present, when drowsiness and dull headache prevails *Belladonna* will be the remedy, when the tenderness to the touch is great, when the disposition to sadness, melancholy, and no thirst present *Pulsatilla* is indicated, but when with the intense soreness great and profuse warm perspiration which gives no relief sets in, then *Tilia europea* will be the remedy.

Under the urinary organs we find enuresis, with thirst (and diarrhoea) this is peculiar to *Aconite*, enuresis with pain in the abdomen we find under *Aconite* and *Veratrum*. *Veratrum* has enuresis with headache,

and *Gelsemium* has enuresis at the close of a violent headache, relieving it. The *catamenia* under *Aconite* are too profuse and too protracted, or suppression of the menstruation from fright or vexation; if they have been long suppressed from fright we remember *Lyc.* If fright causes a premature appearance of the menses or even a discharge during pregnancy, showing an approaching miscarriage *Gels.* is indicated for this contrary *Aconite* condition. When the after-pains are too severe and protracted, *Aconite* is the remedy, provided the characteristic mental symptoms are also present. Inflammation of the larynx and bronchia when dry cold air or suppressed perspiration have caused the disease, also when the same causes bring on an attack of croup or pleurisy, will speedily yield to *Aconite* provided the first mentioned characteristic restlessness, fever with thirst, and an agonizing tossing about are also present. The *Aconite* cough is short and dry from titillation in the larynx, dry with quick breathing, or with expectoration of bloody mucus, or the cough causes stitches in the chest and back. The cough of *Aconite* is most similar to that of *Phos.*, dry short cough, but the *Aconite* cough is aggravated from drinking, the *Phos.* cough from reading, talking or motion; the *Aconite* cough is worse after midnight; the *Phos.* cough is worse before midnight and better after 1 A. M. The croupy cough of *Aconite* is not like that of *Spongia*, resembling the crowing of a chicken (wheezing loud), it is a short dry cough with very rapid breathing. When the stitches in the chest during an attack of pleurisy are aggravated by breathing and coughing, and accompanied by the characteristic restlessness the *Aconite* will give speedy relief; if the stitches are aggravated by every, even the slightest motion, and relief comes from laying quiet on the most painful side, thus *Bry.* will be the remedy, while *Phos.* has similar stitches, but they are worse when sitting and are relieved by motion. The *palpitation of the heart* under *Aconite* is always accompanied by great anguish and restlessness, preventing sleep, but when in such prolonged cases there is also present tingling in the fingers or attacks of fainting, we have a full picture of the *Aconite* heart symptoms. Palpitation of the heart belongs to many remedies but the above symptoms are quite peculiar to *Aconite*. *Lachesis* has a characteristic symptom, the aggravation after sleep, and a pain as if a band was constricting the heart, while *Cactus grand* has the sensation as if an iron hand were constricting the heart. The heart's action is increased under *Aconite* but much decreased, weak, under *Digitalis*, *Tabacum*, *Asparagus*, etc.

In the back we find under *Aconite*, tingling (in the spine), which is similar to *Nux vom.* *Aconite* has a sensation in the small of the back as if bruised, which is similar to *Arnica*, *Hepar.*, *Rhus tox.*, and *Ruta*. In the upper extremities we find under *Aconite*, tingling in the fingers even when writing, which sensation is very strong under *Secale cor.* *Aconite* has also icy coldness of the hands which is also very strongly marked under *Veratrum*, *Digitalis*, *China*, *Bell.*, and *Lachesis*. In the lower extremities we find under *Aconite*, a bruised sensation of the hip-joint which is also under *Arnica*, *Ruta*, and *Sulphur*. Under sleep, *Aconite* has very strong sleeplessness with restlessness and constant tossing about, the eyes are closed. The *Belladonna* sleeplessness is characterized by open eyes, and the constant tossing about is not present. *Arsenic* has a similar restlessness, but the tossing about is not so marked as is the desire to change the bed, the position in general, now sitting up on a chair, then walking about or lying, now here, and soon again somewhere else. The fever of *Aconite* is very characteristic. We find sensation of coldness in the blood-vessels—*Arsenic* has a sensation of burning in the blood-vessels. *Aconite* has chilliness from being uncovered or from being touched. *Camphor* and *Secale cor.* have coldness with an aversion to being covered. *Aconite* has chilliness with thirst, *Arsenic* and *Pulsatilla* have chilliness with thirstlessness. Under *Aconite* the shuddering runs up from the feet to the chest, or else chill with internal heat, anxiety and red cheeks. Under *Aconite* we find heat, dry and burning, generally extending from the head and face with much thirst for cold drink and with agonizing tossing about. Heat with perspiration we find under *Stram.*, *Cap.*, *Helleborus*, *Rhus tox.* etc. Listlessness during the heat we find under *Nux mosh.*, *Carbo veg.*, *China*, *Puls.*, etc. Heat with a difference and aversion to talk we find under *Bell.*, *Mur. acid.*, *Phos. acid.*, *Opium* and *Lyc.* The fever is often followed by long lasting perspiration over the whole body, frequently smelling sour. Sour smelling perspiration we also find under *Nitric acid.*, *Sulphur*, *Silicea*, *Lyc.*, *Sepia*, *Veratrum*. Under *Bell.*, the mental symptoms are quite the reverse of those we find under *Aconite*. Under *Apis* the pain is characteristically burning and stinging, under *Rhus tox.* the restlessness is again a different one which we have pointed out above.

[To be Continued.]

**OBSERVATIONS ON THE STUDY OF MATERIA
MEDICA.**

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

In order to be qualified to treat disease successfully and intelligently, common sense teaches that one should be as familiar as possible not only with the remedies to be employed, but also with all the various forms of disease requiring medical aid. One can make a correct diagnosis without being obliged to prescribe for disease by name. It is, in my opinion, a great mistake in any physician to neglect pathology, diagnosis, or any other collateral branch of medicine. But it is inexcusable for a Homœopathic physician to neglect his materia medica, which he should make a subject of special and daily study and investigation, since it is the great distinguishing feature of his system of practice. Other things being equal, the most skilful healers are those who possess the most thorough knowledge of this department of medicine. A good practical knowledge of this department would include the pathogeneses and clinical application of at least a hundred and fifty different drugs in common use. Fifty of these might be classified as polychrests, and a hundred as minor remedies. Of course this number would not include the whole materia medica. Yet the armamentarium of not a few practitioners of our school, does not exceed thirty to forty Homœopathic remedies, and some might easily reckon on their fingers all the drugs with the pathogeneses of which they are tolerably familiar. These few familiar drugs are often prescribed in a routine manner without an attempt to find the true simillimum for each case. Such practitioners seldom bother their heads with the study of materia medica. When making the attempt they are very liable to become confused and discouraged by the wilderness of symptoms. Some amuse themselves by trying to ridicule certain trivial symptoms, and by discrediting the reliability of the provings in general, thus attempting to excuse their own great ignorance of the subject. It is not a very difficult matter to depreciate and find fault. An interest in this department is necessarily developed by the investigation. And conversely skepticism and a decided distaste for the study indicate defective knowledge. One's faith depends upon one's practical knowledge of the subject. The best means of advancing pure Homœopathy is to cultivate an interest in the study of materia medica. Experience proves that the less formidable is one's Homœopathic armamentarium, the greater the need of

continually supplementing it with Allopathic weapons. It is indeed no small undertaking to obtain a thorough knowledge of materia medica. It requires years of patient study and practice. To refresh the memory, frequent references must be made to the pathogeneses of drugs, and especially those with which one is least familiar. And success will depend much upon the adoption of some suitable plan of procedure. Our materia medica should be made the subject of daily study and investigation.

In commencing the study of materia medica or of any unfamiliar drug, it is important to first obtain a good general idea of the pathological action of the drug, by determining for what organs and tissues it has a special affinity, and by ascertaining the action of its specific action. Many drugs have a marked affinity for some particular organ or for certain tissues. Such affinities may serve as a basis for their action upon other organs and tissues. It is important to obtain such clues to the action of drugs. For this purpose Hughes' Pharmacodynamics may often prove serviceable.

One can next familiarize himself with the outlines or most important and characteristic symptoms of a drug to serve as a convenient frame-work for further acquisition. There is a vast difference in the relative importance of drug-symptoms, though all of them may prove serviceable when practically applied in the treatment of disease. But characteristics are just as important in materia medica and clinical medicine as in the differential diagnosis of disease. Burt, Guernsey, Lippe and Hering, have furnished valuable works on characteristics. And finally, to obtain a more complete knowledge of pathogeneses, reference should be made to Allen's Encyclopædia.

In pursuing this study, frequent comparisons should be made of similar drugs. Some of the best comparisons and clinical observations were written by Dr. Dunham and published in the *American Homœopathic Review*.

But the study must be associated with practice. Patients should be examined and prescribed for with special reference to the guiding symptoms of drugs. Such examinations and prescriptions tend to impress these symptoms indelibly upon the memory.

In studying materia medica particular attention should be given to the temperament and disposition peculiar to a drug. As a general rule I find that it is useless to prescribe *Nux. vom.* for a marked *Pulsatilla* subject and *vice versa*. The bureau of materia medica should be made the most important one in our societies. In medical societies

there is seldom much discussion upon *materia medica*. Yet the interest of the proceedings might be greatly enhanced by such discussions, and by giving special attention to the consideration of many neglected remedies. Of these there are many inestimable polychrests, for example, *Antimonium crud.* the two *Kalis*, *Lycopodium*,—one of the best of hepatic remedies, the—three, *Natrum*, *Thuja*, and *Zincum*. I would call attention to the existence of one live society in this state which has for three years pursued the study of *materia medica* with unabated zeal and interest. It is the Central New York Homœopathic Medical Society.

SOME VERIFIED SYMPTOMS.

VERIFICATIONS OF SYMPTOMS IN NEW REMEDIES, (THIRD EDITION),
BY ARTHUR F. MOORE, M. D., SANDY HILL, N. Y.

Baptisia 3x.—Indisposition and want of power to think. Tongue coated *white*, with red papillæ protuberant. (*Merc. prot.* same with *yellow* coating).

Bromide of Potassium 3x.—Frightful imaginings; she was under the impression, frequently, that she had injured her child. Tincture ten grain doses. Acute paroxysms of mania; she had all sorts of fearful ideas, as that some one would do her some great injury. The crystals rubbed on the gums of teething children, have many times removed all irritation, and with *Pod.* cured the diarrhœa. Seems almost magical in this respect.

Chelidon. maj. 1x.—Attacks of violent throbbing pain from nape of neck to occiput, (more on left side), with congestion of the liver and some jaundice.

Cimicif. rac. 3x to 6x.—Pain over the eyes and in the eyes, extending along the base of the brain, (left side) to the occiput. (Menstrual many cases); lumbago; sleeplessness from nervous irritation, (incipient meningitis cerebro-spinalis), also severe *aching* in joints and back as if attacked with variola, and great sensitiveness to cold air.

Colinsonia canad. 3x.—Hæmorrhoids, obstinate and chronic, always attended with constipation, bleeding or not, (with *Tinc. of Hamamelis* root locally). Spermatorrhœa kept up by constipation.

Cypripedium 1x.—Sleeplessness (after miscarriage), in case of a lady who had been a teacher in a seminary, and was accustomed to sleeplessness frequently for several nights in succession.

Eupatorium perfol. 1x to 3x.—Have verified the usually reported ague symptoms, but aside from this it has cured the tendency (chronic) to those terrible sick headaches so common in New England, in some cases curing those subject to it from childhood. Terrible pain and soreness of the head, most in forehead and occiput, culminating in deathly sickness and vomiting, and sometimes chilliness, and numbness of the extremities.

Hamamelis virg. 3x.—(Is better for a bruise than *Arnica* 1x). Ovaritis and hæmorrhage, *phlegmasia alba dolens*.

Hydrastis canad. 3x and 30th, mostly 30th.—Constant discharge of thick white mucus with frontal headache. Discharge of yellowish stringy mucus into the throat (in a blind man) after unsuccessful operations for cataract. He also saw visions of his dead wife so real that he would try to put his arm around her, and had other visions. All the various phenomena were completely removed by the internal administration of *Hydrast.* 30th.

Hypophosphite of Lime.—Scanty and delaying menses; thoracic pains of consumptives; expectoration and night sweats removed.

Leptand virg.—Great distress in stomach, with black tarry stools (and fainting), weak feeling in pit of stomach. Physical and mental depression.

Lilium tig. 10.—Lascivious dreams, with seminal emissions, followed by weakness and a feeling of debility and irritability.

Lobelia inflata 1x to 3x is the same to a western sick headache, (Wisconsin and Illinois), that *Eupator. perf.* is to the eastern variety. Vertigo, with nausea; pain in the head and trembling; agitation of the body, salivation, and prickling or crawling in the fauces.

Mitchella repens. 3x.—Dysuria accompanying uterine complaints; engorgement of uterus from lack of muscular tone; forgetfulness; perceptive faculties dull.

Origanum vulg.—Lascivious ideas, with sexual irritation. (Verified by Dr. D. E. Collins).

Phytolacca dec. 3x.—Chancre on the penis (and inguinal bubo). Inflammation, swelling and suppuration of the mammary; swelling, inflammation and induration of the glands.

Podophyllum 3x.—Dark yellow, mucus evacuations, which smell like carrion, (mostly painless). Prolapsus ani (and uteri); uterine diseases caused by or complicated with, or aggravated by diseases of the rectum.

Puls. nut. 2x.—Stiffness of the fingers, with drawing pain in the left metacarpal bones. (Chilblains, externally).

Rumex crispus 3x.—Much tough mucus in the larynx with a constant cough and desire to raise it, but without relief, *with* a morning diarrhœa.

Sanguinaria.—Vomiting of bitter (yellow) water and ingesta. Before vomiting, great anxiety; pressure to stool; very disagreeable (and excessive) nausea; (followed by sneezing which gave complete relief for a time, when the same train of symptoms was re-enacted for several times until vomiting took the place of sneezing, giving the same complete relief. (In ague). (Cured by the 200th).

Sticta pulm. 3x.—General confusion of ideas. Her legs felt as if floating in the air; she felt light and airy; (staggering gait). Complete and permanent relief from these symptoms in an undoubted case of Pott's disease.

Trifolium pratense 3x.—The best remedy I have found for acute bronchitis and some cases of asthma along the Hudson river. Coryza like that which precedes hay-asthma, with much irritation. Throat feels raw; there is coryza and lachrymation; oppression of the chest as of dust in the air; cough on coming into the open air; (in short, influenza).

Veratrum viride.—Tongue feels as if it had been scalded; violent nausea and vomiting coming on every fifteen minutes; soft mushy stool; anxious oppression of the chest. Pneumonia with high fever, will arrest the inflammation in the first stage. Pleurisy in the first stage, often superior to *Aconite* (or *Bryonia*).

Xanthox. frax.—Dull pain in left side of lower jaw (or upper. Toothache).

Alumina 200th.—Difficult evacuations from want of peristaltic action of the intestines; constipation, (complicated with uterine difficulties and dislocations).

VERIFICATIONS OF SYMPTOMS IN LIPPE'S MATERIA MEDICA.

Aurum foliat. 200th.—Prolapsus and induration of the uterus (after suppressed salt rheum. Brought out the salt rheum and relieved the womb).

Baryta carb. 30.—Swelling of the submaxillary glands, with induration. (Cut short the process entirely in a number of cases, after scarlatina).

Bryonia.—Stools too large size, too hard and dry, (after drinking clayey water).

Coccus.—Menstruation suppressed, with violent uterine spasms or abdominal colic.

Dulcamara 200.—Herpes, moist, red, oozing water when scratched; stinging, itching, burning when scratched, (salt rheum); also menses too late and of too short duration; blood watery, thin. Cured by the 200th. The eruption was on the hands and around the waist, groin and pudendum, in a married woman.

Graphites 200.—Erysipelas with sticky, gummy secretion. A number of cases.

Lachesis.—Intermittent fever. Paroxysms come on every spring or after suppression; (by *Quinine* and *Ipecac*) red face and cold feet; during the hot stage continuous talking, (also *Pod.*) Pain in the os coccygis when sitting.

Mercurius viv.—Chilliness between the diarrhœic stools (in ague). Also terribly profuse, foul-smelling night sweats; urine loaded with urates, thick as porridge when cold, and œdema of the extremities. These symptoms were slowly but surely relieved by the 200th.

Mercurius sublim. 200.—Tenesmus of the rectum with tenesmus of the bladder in dysentery. Never has failed me.

Natrium mur.—Intermittent fever. Chilliness 11 to 12 A. M., with great thirst, afterwards great heat and also thirst and headache; at last profuse perspiration (with relief). Sometimes there has not been another paroxysm after one powder of the 200th, though it had been tertian for months before this.

Nux vomica.—Intermittent fever. Violent chill, with blue nails, increased by drinking; no thirst, followed by heat with thirst, vomiting, red urine, (perhaps) pain in the chest and back, followed by (some) perspiration. A very valuable remedy. Have quickly arrested some cases with the 200th.

Opium.—Intermittent. Shaking chill, then heat with (delirium afterwards), sleep and perspiration. One case cured by the 30th.

Podophyllum.—Intermittent. Chill with pressing pain in both hypochondria; dull aching pain in joints; (great desire to talk) but cannot, because he forgets words.

I have spoiled a case of intermittent, and it passed out of my hands, by giving a low potency after a high one of the same remedy. From almost no chill at all there was immediately a hard shake.

*METRITIS CURED BY PIPER METHYSTICUM OR
AWA SAMOA.*

BY DR. D. ALBERT HILLER, SAN FRANCISCO, CAL.

On laying before you the following case (one only out of several I have prepared for you) it may be interesting to your readers for me to give a brief history of the drug used.

The "Awa" plant is found in several of the Islands in the Pacific Ocean, owing to some cause, climatic or otherwise, that which grows in the Samoan group appears to be possessed of the most powerful medicinal qualities.

About three years ago Col. Steinberger, then U. S. Commissioner to the Samoan Islands, brought some of the roots of this plant to this country among a collection of Samoan products he had made for the government. Col. Steinberger describes it as being "a small bush from the roots of which the Samoan Islanders make a fermented liquor in general use as an intoxicating beverage. "The natives," he says, "told him that the liquor, when partaken of before retiring: gives sound sleep, rosy dreams, and bright awakening,"—this he verifies by his own experience. He adds that "topers who use it too freely get a leprous complaint, covering them with scales, which falling off leave a new skin, and sometimes elephantiasis supervenes."

Hearing Col. Steinberger's description of this plant, Dr. Silver of San Francisco, conceived that it might make a valuable addition to the Homœopathic pharmacopia, and having obtained some roots from the colonel, he gave some to me to test and make provings. Regular provings I have not had time to make, but in my practice I have used it largely and with success.

I afterward obtained large quantities of the root from the Samoan Islands which I distributed among the profession on the Pacific coast.

CASE I., Mrs. B. aged thirty-five, complexion, hair and eyes dark. Jan. 16, 1876, I was called to see her; found her laying on the lounge complaining of a sharp cutting pain running from the right ovary clear through the back; abdomen sore to touch; extremities cold. On enquiring I learned that the patient had been for the past six weeks under the care of a prominent Allopathic physician who had been treating her for "inflammation of the womb." Patient said that she had been under the influence of opiates given internally, and by injections of *Laudanum* per vagina, but noticed that the moment the narcotic effects of the drug ceased, her sufferings were the same

Further examination was unnecessary as her courses had been present for the past three days. Gave *Cham. tincture* ten drops in water, a teaspoonful every half hour.

Was called the same evening, found the patient in bed writhing and twisting. Said that ever since commencing the medicine she could find no position that relieved the pain, which had become unbearable—described it as spasmodic, recurring every few minutes. Missed the opiates.

I now prescribed *Awa* tincture ten drops in a glass of water, one teaspoonful every half hour. I gave the first spoonful myself, and immediately afterward noticed a look of relief on the patient's countenance. I therefore repeated the dose ten minutes after. Pulse now 80; skin moist; hands and feet warm. Before leaving patient she remarked that the pains came on at regular intervals.

Jan. 17, 11 A. M. Found patient comfortable and asleep. Nurse said that the patient had felt decided relief before midnight. Prescribed *Aconite* 3 in water every hour. (Left the *Awa* in case of a recurrence of the pains).

Jan. 17, 8 P. M. Patient had a natural passage after awakening, an unusual thing for her, she being constipated by habit. Afterward feeling a sensation of pain she took two doses of *Awa*. Found pulse 80. Continued the *Aconite*, cautioning the patient against using the *Awa* too freely.

Jan. 18, 4 P. M. Found patient in a comfortable condition, all functions natural. At 2 A. M. pains had recurred and had taken *Awa* until 6 A. M. when she fell asleep. Had resumed *Aconite* on awakening.

Jan. 19, 4 P. M. Much improved, one hour of pain during the night, which *Awa* relieved. Continued same treatment.

Jan. 20. Steady improvement. No need to resort to *Awa* again.

Jan. 21. Patient otherwise relieved, but suffering with severe frontal headache. Gave *Lac. acid.* 3 every half hour until relieved.

Jan. 22. Patient up and about, but complaining of general weakness. Gave *China* 3.

Jan. 24. Patient well. Left town to-day.

RHUS TOXICODENDRON AND BARYTA.

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

At page 336 of THE UNITED STATES MEDICAL INVESTIGATOR, Dr. Walker refers to two cases of poisoning by *Rhus*. He will greatly

oblige the profession if he will publish the *full* details of these interesting cases.

At page 327, Dr. Kershaw quotes Dr. Richard Hughes, of England, as saying: "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."

I believe that *Baryta carb.* was first recommended in certain cases of tonsillitis by — Samuel Hahnemann. And how did he recommend it? First, by stating that *similia similibus curantur*; and second, by giving in his materia medica the following symptom: "After obillness and heat and bruised feeling in all the limbs, an inflammation of the throat, with swelling of the palate and tonsils, which suppurate, and on account of which he cannot open the jaws, neither speak nor swallow, with dark brown urine and loss of sleep." (See Allen's *Materia Medica*, page 238, and other symptoms.)

Similarity of symptoms is the true recommendation of a remedy for any given case, and not a nosological label which somebody has unnecessarily tacked on to it.

PROVING OF WYETHIA HELENOIDS (OF NUTALL).

BY J. M. SELFRIDGE, M. D., OAKLAND, CAL.

The symptoms here recorded were observed by seven men and two women. The green root in substance or the mother tincture was used by each prover. When the tincture was used the dose varied from five to forty drops. The plant has been used by unprofessional people, in some of the interior towns of this state, for coughs and colds, under the name of "Poison Weed."

The taste of the root is herbaceous, aromatic, and slightly bitter, leaving a sweetish sensation in the mouth. The symptoms here given are recorded in the order of their occurrence as nearly as can be ascertained. No symptoms were manifested for some minutes after chewing the root or swallowing the tincture.

SYMPTOMS.

Sense of weight in the stomach as if something indigestible had been eaten; belching of wind, alternating with hic-cough; mouth

feels as if it had been scalded ; sensation of heat down the œsophagus, into the stomach, worse while eating.

Dryness of the fauces ; constant desire to clear the throat by hemming ; increased flow of tough, ropy, saliva ; throat feels swollen ; epiglottis dry and has a burning sensation ; constant desire to swallow saliva to relieve the dryness, yet affording no comfort ; swallows with difficulty. Pricking dry sensation in posterior nares ; sensation as if something was in the nasal passages ; an effort to clear the throat affords no relief. The uvula feels elongated ; dry hacking cough, caused by a tickling of the epiglottis. Pain in the back which extends to the extreme point of the spine ; pain in the left ovary, shooting down to the knee. Pain in the right arm with stiffness of wrist and hand.

Severe headache ; rush of blood to the head ; dizziness ; pain in the forehead over the right eye, at first sharp, followed by a feeling of fullness ; itching in the right ear ; cold sweat over the whole body which soon dries off, and again comes and goes as if by flashes.

Nausea and vomiting ; burning sensation in the bronchial tubes ; sharp pain just below the ribs, on the right side, deep seated, followed by soreness. Passages previously light colored, irregular and constipated, becomes regular, dark colored and soft ; passages loose, diarrhœic, dark brown color, came on in the night and lasted five days. Itching of the anus ; greatly constipated accompanied with hæmorrhoids not bleeding ; never had them before or since (by three provings). Passages small, dark brown ; look burned. Feels weak, nervous, uneasy, is apprehensive that some dire calamity is about to occur. Pain and bearing down in the right side. Leucorrhœa menses appear for the first time in over a year since the birth of last child, color, purple and scanty, with great pain. Feels very weak, as a person feels after a severe illness. Unable to make much exertion ; the least exercise causes perspiration. Slowness of the pulse, decreased in ten hours from 72 to 58 per minute. All the symptoms were in the afternoon.

REMARKS.

This remedy warrants the belief that it will become one of our most useful polycrests. It will be observed that it effects the brain and the nervous system, the mucous membrane of the throat and bronchi, the liver and portal circulation, and also the female reproductive organs.

Of its clinical effects my knowledge is to some extent, limited. In one case of dry asthma, in a lady, it has acted well, giving prompt relief in several paroxysms.

In chronic follicular pharyngitis, I have used it in several cases with very satisfactory results. It has never failed to relieve the dryness of the pharynx and burning of the epiglottis, which is a *characteristic symptom* of the remedy.

It has repeatedly removed the inflammation of the mucous follicles, even when sufficiently numerous to give the membrane "a granular or mammilated appearance."

In one case, where there was frequent inclination to clear the throat by hawking, the patient unable to sing much without coughing, the pharyngeal membrane inflamed, with swelling and redness of the mucous follicles, was cured in two months with the 10th potency, a dose every four hours.

In another case a Mr. G. had been troubled with his throat for years had been treated by Dr. Meigs of Philadelphia, who had cauterized it with *Nitrate of Silver*, but without benefit. The following symptoms were present: Frequent hawking to clear the throat; inclined to get hoarse from talking or singing; the throat hot and dry; the mucous membrane of fauces, uvula and pharynx, dark red, the follicles enlarged. He took *Wyethia* 10x, a dose every four hours for two weeks, when he sent me word that "For the first time in years he had been able to talk the entire evening without having his voice break down." As these are fair examples of its effects, I will add no more.

In closing, allow me to commend it to your consideration, with the hope that at no distant day, a more extended proving may be made of it, and that in its clinical application, it may not, as I firmly believe it *will not* disappoint you.

NUX VOMICA IN OPIUM POISONING.—Dr. H. H. Beck (*Louisville Medical News*, Aug. 25, 1877), cites a case of a child eighteen months old poisoned by an over-dose of *Morphia*, who was saved by the tincture of *Nux vom.* given hyperdermically. "In the space of three minutes" after giving the first injection, eight drops of the officinal tincture, the patient supposed to be past recovery, "opened its eyes and pushed my hands off its arm. In the course of an hour's time I could see the effect of the *Morphine* beginning to preponderate, I again gave eight drops more, and by 8 o'clock A. M. I had given in all thirty-two drops (hyperdermically) of the off. tinct. *Nux vomica*, the little one going on to recovery without an untoward symptom."

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

CHICAGO, Sept. 15.—I find *Apis mel.* 30 is the typical remedy at present for the prevailing malarial fevers, sore throat, etc. It is especially useful for hay fever subjects this season, giving more relief than is usually experienced.

A. W. WOODWARD.

NASHVILLE, Tenn., April 20.—Will some of your readers give their treatment for asthma, and the cough which sometimes follows. The disease is very prevalent in this section (Tenn.) and very troublesome.

AN INTERESTED PARTY.

MINNEAPOLIS, Minn., Aug. 31.—Longitude, 95° 14'. Latitude, 44° 58'. Altitude, 856 feet. Population, 40,000; mean barometer, 29.857; mean thermometer, 72.2; mean humidity, 55.8; highest barometer, 30.139; lowest barometer, 29.604; highest thermometer, 83; lowest thermometer, 50; prevailing direction of wind, northwest; total rainfall, 2.83 inches. Number of births, 96; number of deaths, 46; diarrhœa cases, 16; typhus fever, three. Not over two of any other disease.

W. H. LEONARD.

OSAGE, Iowa, Sept. 14.—We are having diarrhœa and dysentery in children. Lethargy is almost always present. Most cases rest well at night. *Ars.*, *Carbo v.*, or *Merc. sol.*, is usually all that is required. Dr. Palmer, of Charles City, who is an old physician, original thinker, and a good prescriber, says he thinks *Lactic acid* prophylactic to rheumatism, and recommends every one to drink all the buttermilk they can. Has known many who had suffered for many years, to be entirely cured by this practice.

F. DUNCAN.

PEORIA, Ill., Sept. 20.—We have had such a luxuriance of vegetation this year that many have looked for a sickly autumn. The summer and fall, however, have been so cool that, as yet, we have not had the sickly season. Intermittents are quite frequent, with, now and then, a case of remittent or continuous fever. Quite a variety among the cases, and no epidemic remedy found. I have used with success, *Aconite*, *Ars.*, *Apis*, *Cina*, and *Nat. mur.* I have no craving for this

class of patients, for many of them, as soon as they smell "ague," court the sceptre of the great "king" who *compels* submission, you know, and that *instanter*. This makes them restless and unmanageable. I seldom use *Quinine*, for the reason that I have such poor success with it.

E. PERKINS.

INDIANAPOLIS, Aug. 31.—Latitude, 86.05; altitude, 746.7-10; population, 100,000.

AUG.	Thermometer.			Barometer.			PREVAILING DISEASES.	REMEDIES.	RAIN FALL.
	Highest.	Medium.	Lowest.	Highest.	Medium.	Lowest.			
	3 P. M.			3 P. M.					
to 8	90—85—80			29.852	29.476	29.729	Diarrhœas and Sore Throats.....	<i>Sec. c., Podophyllum Kalk bich.</i>	08
8 to 16	88—80—72			29.833	29.926	29.740	..... Agues and Neuralgia.....	<i>Stram. Eupatorium. Mezereum.</i>	1 41
16 to 24	88—80—72			29.833	29.959	29.740	Agues and Remittents..... Diarrhœas.....	<i>Pulsatilla, Stram. Podophyllum, Calc.</i>	2 64
24 to 30	92—85—78			30.033	30.092	29.994	..... Agues..... Diarrhœas.....	<i>Eup., Pulsatilla. Nux vom., Pod., Calc.</i>	1 34

Clear days, 16; Highest barometer, 30.183; least number of deaths, 5th, 11th, 19th. Fair days, 10. Lowest barometer, 29.706. Greatest number of deaths, 20th—9.* Cloudy days, 5; Highest temperature, 90; Highest barometer, 5th, 11th, 19th; rain fell on twelve days; lowest temperature, 57; lowest barometer, 13th, 14th, 15th, 20th.

Other diseases, 5; still-born, 8; unknown, 2: cholera infantum, 14; consumption, 13; other diseases of the lungs, 12; diarrhœas, 17; dysentery, 2; diseases of brain, 14; scarlatina, 3; pertussis, 3; typhoid fever, 4; diphtheria, 2; heart disease, 4; disease of kidneys, 4; disease of liver, 4; marasmus, 10; enteritis, 4; old age, 3; accidents, 3. Per 1000, 16.44. Total number of deaths, 137.

J. R. HAYNES.

CONSULTATION CASES.

T. M. WATSON'S CASE.

Use *Ipecac* 200, to change the time of chill, then follow with the remedy indicated, *Nat. mur.*, *Nat. carb.*, etc.

R. B. J.

* The greatest number of deaths occurred on the days the barometer was lowest, and relative humidity highest.

FOR T. M. WATSON.

Tell Dr. T. M. Watson to try *Oxalic acid*, 3d dec., for his troublesome cases of intermittent fever.

ISAAC LEFEVER.

FOR CHARLES DAVIS' CASE

Give *Argent. nit.* 6, and as soon as improvement begins, cease: follow with 200, and that with 1000.

I. M. H.

A. B. COLE'S CASE.

Give four doses of *Sepia* high, 5000, once a day, and wait four weeks. This remedy, or *Sulph.* will complete the cure. Let me hear from you again.

R. BRUCE JOHNSTONE.

QUERIES.

Will some of your readers tell us the best method of treating obstinate constipation?

Also for sick headache, when it occurs every day.

J. S. DANIELS.

"DIAGNOSIS AND TREATMENT."

For A. B. Cole's case, p. 243, *Ars. iod.* 3, unless the eruption appears after the use of *Ars.* by Old School treatment, in which case I should use *Agar. misc.*, 3 or 6.

Z. W. S.

FOR DAVIS' CASE.

Let Dr. Charles Davis study up *Cauticum*. It covers more symptoms than *Lycopodium*, inasmuch as there is no well colored sediment. If only our physicians would study more closely the totality of the symptoms, which hint more to a nervous state than to an organic disease of the urinary organs.

S. L.

DR. CHARLES DAVIS' CASE.

I had a case similar to Charles Davis', caused from a badly treated case of gonorrhœa, after using *Canth.* 3x, *Erigeron can. oil*, 6x, *Can. ind.* 3x, *Arsen.*, *Apis mel.* 3x. I cured my case in two weeks with

Chimiph. umb. tinct., ix, *Galium ap.*, tinct. x, given alternate weeks, five drops, night and morning. Gave *Chimiph. umb.* 1x, first week, night and morning, and *Galium* night and morning, next week.

F. F. TABER

“COUNSEL WANTED.”

For Charles Davis' case, on pp. 239 and 240, try *Conium* 200 every night. I had a case quite similar, which yielded magically to that remedy. I gave *Placebo* twice per day, which the patient (an old patron of Allopathy,) thought was “too strong.”

A chronic eczema was cured with the removal of the urinary derangement in the above case.

Z. W. SHEPHERD.

ANSWERS TO QUERIES.

Answers to questions in No. 197 of THE UNITED STATES MEDICAL INVESTIGATOR:

1. Page 240, *Berberry*, *Terebinth.* 2. Page 242, case one. For the general symptoms, *Picric acid*; afterward, perhaps, *Caust.*; after improvement of general health, for throat symptoms, *Kali bich.* 3. Page 243, for skin disease, *Rhus vernix* or *venenata.* F. G. OEHME.

FOR A. B. COLE.

I have a case under treatment, of glandular enlargement and skin difficulty, very similar to yours. Characteristics are the same precisely, except the oozing of watery substances after scratching. I used *Sulph.*, *Ars.*, *Graph.*, *Trillium*, *Sepia* and *Conium*, with no benefit. I finally gave *Calc. carb.* 6, 30, and 200, with satisfactory results.

A. M.

FOR DR. DAVIS' CASE.

I had a case last spring, with very similar symptoms, same age and temperament. Being an Eclectic doctor, had tried everything. Consulted Dr. Pearce, of Buffalo, N. Y., but received no benefit. The painful micturition, with burning, being the prominent symptom, *Uva ursi* was called for. See Hull's *Jahr*, *Symptomatology*, p. 1141. I gave it in the 3x dil., with immediate and permanent relief, to the

present time. This patient had been troubled with lithiasis, and had taken *Uva ursi* with *Acetate potash*, and tincture *Buchu* with but slight amelioration of symptoms.

F. DUNCAN.

FOR DR. T. M. WATSON.

I would suggest *Stramonium* for your intermittent fevers, "with excessive talkativeness, followed by sleepiness, which usually lasts during the fever. The fever is generally followed by sweat, during which, there is no thirst. At irregular intervals, pains in the bowels." Lippe has "pressure in the stomach, colic, with diarrhœa and chilliness. Painfulness of the abdomen, when moving, and to the touch. Pain in the abdomen, as if the navel were pulled out. Deep, stupefied sleep, with snoring. Intermittent fever. Chill over the whole body, without thirst, followed by heat with anguish; sleep during the hot stage, and violent thirst after waking up, which causes a stinging in the throat, until he drinks something." Hering's Condensed *Materia Medica* :

"Loquacious, talks all the time, sings, makes verses. Drawing in the back part of the stomach. Intense pain; vomits nearly all food. Colic, with rumbling, violent, coming on suddenly. Sleep, drowsy by day; snoring deep sleep. Falls into deep sleep."

I would try *Stramonium*, from the 200th down to the 1st decimal in different cases. If you try the above medicine and find it successful, please let us know.

J. C. CUMMINGS.

CASE FOR CONSULTATION.

Boy, aged six, light hair, brown eyes, medium size, strong, active, apparently well. Has scrofulous diathesis (hereditary). Chest contracted, commonly called chicken breast, which I believe to have been caused by the obstruction to respiration from enlarged tonsils. The deformity was not noticed until some time after the enlargement of the tonsils. When three months old, had whooping cough, which lasted about a year, and any cough he has yet, from colds, etc., has this whoop. The enlargement of tonsils has been in progress for three or four years. When aggravated by a fresh cold, almost suffocates the boy. Much worse at night. He has received treatment at different times, and for months at a time. Has taken *Sulphur*, high and low, *Baryta carb.* 30 and 200, *Baryta iodide* 3, *Merc. sol.* 3, *Merc. proto.* 3, *Kali bich.* 3 and 30, *Bell.* 3 and 30. What is to be done next?

What do the readers of this journal think of excision, or London paste? I shall be grateful for advice on this case from those who have had experience in similar cases. The remedies mentioned were on decimal scale.

W. C.

“SUB-INVOLUTION.”

In reply to your correspondent, Dr. C. H. Von Tagen, the term, “sub-involution” was, I think, coined by the late Sir James Simpson to designate a special pathological condition of the uterus which he termed sub-involution of the organ, and which occurs not infrequently in consequence of misadventures of various kinds after delivery, interfering with, and actually stopping the process of *involution*. The process of involution of the uterus is the returning of that organ by means of fatty disintegration, reabsorption, and loss of fluids by the lochia to its natural or ante-gestative size and condition. If stopped short in the process it remains in a state of hypertrophy more or less permanent, and this condition or kind of hypertrophy of the uterus is called sub-involution,—from *sub* under, and *involutus*, to roll or fold inwards. Super-involution was supposed by Sir James to induce the opposite condition of atrophy of the uterus. It is exceedingly doubtful if atrophy of the organ ever arises from such a cause as excess in the pathological process of involution. Dr. Von Tagen will understand the meaning and derivation of the term, “involution” by contrasting it with its opposite, *evolution*, which is synonymous with development. After conception the uterus and its contents develop or evolve—roll outwards, until parturition, after which the organ involutes, and if stopped short in the process it is said to be “*sub-involutus*.”

THOS. SKINNER.

EPIDEMIC OF VARICELLA

As regards this disease we have differences of opinion. Some contend that it is merely a modification of variola, others more explicit in their explanations, avowedly deny the relative connection of the two maladies. The introductory fever is not nearly so violent in varicella as in small-pox. The eruption begins on the trunk and the vesicles do not run into pustules as in other diseases. Again, while in varicella we have several crops of vesicles, in variola there is but one.

Perhaps the most conclusive proof that these diseases are pathologically different, is, that cases of chicken-pox do not prevent an attack of small-pox, which varioloid does.

This is generally a mild disease, but under some circumstances it assumes unwonted severity. During the spring and early summer we have been visited by an epidemic of varicella. All but one of the many cases we were called in to attend, did well. On the morning of June 8th, we were called in to see the infant son of Mr. S. The eruption was out well and to our eye, there were no dangerous symptoms presenting. On arriving home at 1 P. M. there was another summons and we found the child in convulsions and the eruption retroceded. These few marks of its invasion that were left were of a livid hue. Now the cause of this retrocession we could not find out. The parents deny using any application to the surface and also that the child was subjected to any strong current of air. For over forty-eight hours was our little patient thus convulsed. At the end of this period the eruption began to return and to assume its normal characteristics. We noticed all the prominent symptoms of brain complication, strabismus, boring the head into the pillow, etc. The remedies used were *Aconite*, *Cup.*, *Hyos.*, they being indicated.

Mustard was applied externally to the base of the brain and down the spinal column. This we consider an important aid in the treatment of such cases, as it relieves the cerebral and spinal congestion without depriving the system of one particle of its life giving and health promoting fluid. Of course we would not allow its application long enough to blister, as that would be both unnecessary and cruel. There are those in our ranks who profess never to use such outward applications, but where no vital principle is at stake and no injury inflicted, it, in our view, becomes our duty to put forth every effort to save life. Theorizing is well enough in the lecture room but practical knowledge is what we require by the bedside, and he who possesses this knowledge and is fearless and conscientious enough to give remedies a fair trial before denouncing them, is the man that will be successful and will make his way to the heights of medical renown.

SOUTHAMPTONVILLE, PA.

JOSEPH C. LEWIS.

ON CONGESTIVE CHILLS.

I have had a good many cases of congestive chills to treat—and never lost a case—my mode of treating it is nothing new or original,

but it helps every time very quickly, and the danger is over in from half an hour to an hour.

In congestive chills the people commonly send for the physician immediately and we get hold of the case at the beginning. I give in every case, no matter what the symptoms, *Aconite* mother tincture fifteen drops to half a tumbler of water—a teaspoonful every two or three minutes the first four doses—then the next every ten or fifteen minutes. In from half an hour to an hour after the first dose, perspiration sets in, and the patient is safe. If the congestion is to the head, *Bell.* 1x, if to the lungs or heart either *Bryonia*, or *Verat. vir.*, if to the bowels with cramp and diarrhœa, *Ars.* 6x, and if to the stomach with cramps and vomiting, *Ipecuc* in alternation with *Aconite*. Until now I have succeeded in every case, and but once the congestion was repeated a second time. In the apyrexia I give the indicated remedy according to symptoms—sometimes *Quinine* with *Opium*, but seldom—in such cases merely where I fear sure death at a second paroxysm. I have had the last five years more than twenty-five cases of congestive chills to treat, and always with success. The oft repeated doses of *Aconite* have a wonderful effect to restore and equalize the circulation, and actually produce profuse sweating, which relieves the arterial tension, and with it the danger. Where the pulse is very quick and the oppression of the chest dangerous, I have found *Verat. tride* in drop doses every three or five minutes, of splendid effect.

J. MARENBURG.

CONSUMPTION AND BAPTISIA.

I read with no little interest, Prof. Mitchell's article on the curability of consumption, and I concur fully with him. But while I would not depreciate the value of medicine in this disease, I still regard those means which are termed hygienic as the more important; and among those none are more valuable than altitude, an invigorating atmosphere and out-of-door exercise. The consumptive may enjoy a mild, bland air, but its relaxing influence only tends to promote the progress of disease. A cooling air may be less attractive, but it is far more beneficial. On the other hand, it is necessary to avoid a climate so cold as to exhaust the vitality in the effort to resist. Often times an appearance of improvement is presented in such a climate, but it is usually brief and deceptive, the system having expended all its energy in the

effort, suddenly gives way and death speedily follows. A cool, moderately dry air is the one which proves most restorative.

Altitude is probably as important as coolness, whatever may be the explanation adopted, whether it is due to spontaneous expansion of the air cells in the effort to inhale a larger volume of the rarified air, or whether due to the tendency of blood to the surface, thus relieving internal organs, or to both; the fact of the great efficacy of altitude is well established. Nor can an altitude of less than 4000 feet for the summer be justly regarded as sufficient, especially in the more southern latitude of our own country.

It is too well known to need many words, that out-of-door exercise is scarcely second to any other condition. It is not equally well known that horse back riding is one of the best forms of exercise — for not a few invalids the very best. I do not know why this is so especially useful; but I do know that it is particularly valuable in torpor of the liver, and I know that almost every consumptive I have treated, has had habitually a thick yellow coat on the tongue. Perhaps a part of the benefit resulting from horse back riding is due to the improved state of the liver. *Gelsemium* as well as *Baptisia* may be used with favorable effect in the chill and fever of consumption. Some years ago I underscored in King's Dispensatory, the statement that he had used *Baptisia* "with excellent effect in all diseases of a tuberculous character." Did Prof. Mitchell overlook this testimony to its value?

H. P. GATCHELL.

THE SECESSION MOVEMENT IN MEDICINE.

BY S. J. BUMSTEAD, M. D., DECATUR, ILL.

Having had something to do with the operation of suppressing our great political secession some years ago, we feel less hesitancy in advancing to meet the proposal of the two eminent medical secessionists of the day, viz., Drs. Berridge of England, and Lippe of this country. We wish it distinctly understood, however, that in this case we are opposed to coercion, but will not object to the annihilation and odium they will probably receive. This movement will be known in future medical history as the rebellion of the Homœopaths; and in order that nothing may be lacking to render this history amusing; to the scientific man of the future, will not some one give us the

author of the above delectable title? If these interesting medical savants must leave us, it will certainly break the force of the blow to have them take the above cognomen with them. It really relieves us greatly. Inasmuch as our bump of reverence is quite small, we shall have no hesitancy in treading upon the pet theories of such a venerable and learned man as Dr. Lippe, for whom no doubt we should entertain feelings of respect akin to awe. But having once before attempted to bring this medical solon to the scratch, hoping he was at least a man, and finding nothing but an ethereal substance with *no name*, which only a Homœopathician could explain, we will no doubt be pardoned if we expect no greater success this time, and especially if we exhibit no great veneration for this man of straw, who rises like a marionette at the bidding of Dr. Berridge. It consists in the evident expectation of Lippe, Berridge and company, to arrange with about four-fifths of those known as Homœopaths, leaving only one fifth or less of us poor miserable Eclectics together. We think the time to laugh may be when they begin to count, (heads we will not say, but) "those small deposits that were meant for brains."

As an off-set to Dr. Lippe's article defining a Homœopathician, and reproduced by him in his article in the *INVESTIGATOR* of May 15th number with so much modesty, we will endeavor to draw a picture of the scientific physician and present him in contrast to the Homœopathician.

SCIENTIFIC PHYSICIAN.

In the first place the scientific physician will place before everything an honest desire to cure his patients, by the easiest and least injurious method. And in doing so he will care very little about any overturning of theories, or medical laws previously laid down by men, for whose ability and genius, he may have the greatest respect. He will not be continually prating of the genius of Hahnemann or any other man, but will seek to apply to what comes before him, out of his own sphere of observation, or of that of others, such tests as are used in inductive reasoning, which alone furnish us a safe guide in the recognition of truth. The older he becomes the less he will be inclined to prate of any man's infallibility, and believe more in the infallibility of those principles of logic, by the use of which alone, all science is what it is. The scientific physician treats the altered condition of his patient, and not believing in a mysterious connection of an entity and a nonentity in each case, as the spiritual dynamists or Homœopathicians do, is clearly nearer the act of treating the patient, than the other can

possibly be. He recognizes the true value of subjective symptoms, and attaches supreme importance to them, only when nothing more can be obtained. He also recognizes the fact, which a study of mental physiology *might* disclose even to a Homœopathician, that we cannot always accept the evidence of our patient's senses, on sensations. This, together with the fact of many entirely different diseases and pathological conditions, having identically the same subjective sensations, or symptoms, causes him to seek for something more susceptible of demonstration, either when prescribing or making a diagnosis and prognosis. The scientific physician does not seek to force anything in nature to be subservient to that, which nature has stamped as inferior in rank to it. He seeks the truth, and not to outrage nature's laws.

He is also continually endeavoring to improve upon his present methods, and intends to continue this until medical science shall be so perfect that men may live their allotted three score and ten, accidental interferences excepted. The scientific physician will not care for any other title than that just used, whether he treats the majority of his patients in accordance with the formula of similia, or not. While not refusing to recognize the right of all to think and act for themselves, he will never be dictated to by any man, or association of men in his profession. He does not believe that all medical men are equal, while conceding equal rights to all, and is willing to be judged by the criterion of knowledge as to who shall rank in the profession. To those who are in this way his superiors, he doffs his hat, and yet without yielding a blind obedience to their behests. The scientific physician still further believes that one medicine at a time is best, when it will cure the best and quickest; and when it will not, instead of leaving his patient to his fate, is perfectly willing to see him cured by two, or a dozen medicines, or by anything, no matter how erroneous he may previously have considered it to be. And further, this medical character will not regard one or two cases as proving a general thing, when the one or two form only an insignificant part of that generality. He will not permit his wishes to become the father of his thoughts and conclusions; he may use them as hints, never, as conclusive evidence. Neither will he deny that the highest potentized drugs have any portion of the original substance in them; but if upon giving them repeatedly under the most favorable circumstances, and the same as those who contend for their favorable consideration, give them in, without seeing the least curative result, he will not, in contradiction to the Homœopathician, proceed to stultify his powers of observation and

reason, by still declaring the infallibility of that law, but will honestly and manfully say, not proven. The scientific physician is alone liberal, because he does not decide all questions *a priori* as the Homœopathician, in accordance, with some beloved maxim, which according to him should be true *whether* or *no*. He also furnishes still another great contrast to the Homœopathician in his method of study. He will never consent to use his life in a study of one or two branches of medical science, and remain in shameful ignorance of the majority, and then glory in it; but will endeavor to know as much as possible of all, believing that the greatest possible knowledge he may be able to acquire of all, will produce the most perfect specimen of a medical man, and not a monstrosity of one idea, as the other course would. He will also be anxious to avail himself of all the modern aids to diagnosis without exception, and from his experience in the past, will expect still greater aids in the future, instead of declaring this or that impossible. He will also be an earnest advocate of the higher standard of medical education in our colleges, and will be skeptical about a fool making as good a physician as a scientifically educated man, merely because he has some tact.

The scientific physician differs again from the Homœopathician about specifics, in this, that the former while hardly expecting them, would if discovered and substantiated by indisputable evidence, hail them with delight, while the latter, deprecating any loss of the occult in his art, or the possibility of future psoric aggravations, would oppose them vigorously. But saddest of all to relate, the scientific physician is not always true to his *earlier convictions* and *principles*, but believing in constant progress, and that his cerebral substance should be used to weigh and compare the results of his observations, and not merely to balance his cranium upon the atlas, must often declare his previous beliefs untenable, and advance to higher ground, which the Homœopathician never doing, cannot be expected to appreciate. The scientific physician finally (to complete the contrast to Lippe's description of the Homœopathician) will seldom abridge the right of any one to act the fool, when it is the result of his constitutional nature; only when such actions would endanger their own, or the lives of others, would he favor the proper amount of tyranny to prevent it. He is just the one who does not dictate what people shall believe, lays before them the facts, together with the inexorable rules of logic, and invites them to sum up the case for themselves. And last but not least, the scientific physician does not accept a formula from Hahnemann or any

other able man, as invariably true and infallible, until the scarcity of failures under it speak volumes in its praise. He bridges over no chasms between repeated failures and infallibility, and believes in calling things by their right names. Now the comparison between the two can be made. On the one side are those who believe in the truths of the principles of inductive logic; of the supreme right of the sick to be healed; that this is a never-ending age of progress in all knowledge; and that observations drawn from living nature followed by hypotheses, deductive reasoning, and the experimental verifications will give us the only safe foundation upon which to stand. On the other side stand those who have faith in the progressive order of nature to the time when Hahnemann promulgates his law; since that time they believe the world of science has been stopped, and prefer to hold fast to his dry bones, rather than move forward with the car of progress and truth.

If now the gentlemen styling themselves Homœopaths in preference to physicians, wish to secede, so be it. We cannot in sincerity mourn their loss, though we should mourn over the narrowness of mind and bigotry, which should make the step seem necessary to them. We believe that all medical men of whatever name and belief, should be able to air their differences like men, and still dwell in one household. The party in the right will ultimately though gradually prevail, and we should not seek to influence that result by any thumb-screw arguments, in place of logical ones.

*HISTORY OF A COMPLICATED CASE WITH AUTOPSY
OF THE SAME.*

BY E. A. INCE, M. D., CHICAGO.

I was summoned May 13th, to see M. G. A. of K street, employment, cook and baker; forty-eight years old; nervo-bilious temperament. When about eight years old he was seized with inflammatory rheumatism and pneumonia. Nine years later, in the winter of 1864, both of these maladies recurred with increased severity, and continued for three months. During this illness the existence of pericarditis was noticed for the first time by the attending physician, Dr. E. Guernsey, of New York. Pain in the left chest and dyspnoea, which was then so pronounced, became constant, and the pulmonary affection from which

he had never been exempt, grew less alarming until the winter of 1875, when he was prostrated with violent hæmoptyses.

In December last he contracted a severe cold which was the cause of a more violent assault upon his respiratory apparatus. Dr. H. was called and diagnosed pulmonary phthisis. Dr. F. detected no evidence of phthisis pulmomalis, but looked to an enlarged liver for the cause of the suffering.

We found the patient extremely irritable and fearful of a fatal termination. The sclerotica were of a bluish tinge; lips exsanguious; skin of an icteroid hue; and lower extremities cedematous. He complained chiefly of restlessness; constant thirst; anorexia with a disagreeable clutching sensation in the umbilical region; dyspnœa which was aggravated on assuming the recumbent posture and of a dull pain in the region of the heart. His stools were very fetid; urine dark and scant; pulse rapid and depressed; temperature 97° F.

Inspection revealed a well developed chest with diminished respiratory motion. Violent beating of the heart against the thoracic parieties, with apex between sixth and seventh ribs, half an inch outside the nipple; fullness in the right side occupying the epigastric and upper portion of the lumbar and umbilical regions.

Percussion revealed dullness over the base of the left lung, over an increased area in the region of the heart, and also on the right side extending to the superior portion of the lumbar and umbilical regions.

Auscultation revealed an absence of the vesicular murmur in the lower portion of the left lung, also marked mitral regurgitation. We diagnosed hepatization of the lower lobe of the left lung, with probable adhesions, dilatation of the heart from valvular insufficiency, and hypertrophy of the liver consequent upon obstructed circulation, and prognosticated an early and fatal termination.

I prescribed *Arsenicum* 3x, every hour, and from the first there was marked improvement which continued for one week, after which all the symptoms increased in severity. Being persuaded that *Arsenicum* was indicated, we ordered it every two hours until next morning, and in the interim consulted Prof. C. H. Von Tagen. The doctor gave the case a careful examination and attributed the increased gravity of the symptoms to medicinal aggravation. He suggested the same remedy in a more attenuated form. *Arsenicum* 30x, every two hours, was given. I called the next morning and was gratified at the result. The patient had had a refreshing night's sleep, the dreaded dyspnœa had not troubled him and the anasarca condition, which, under

Arsenicum 3x, had extended up to the crest of the ilium, began to abate, the fluid exuding through the skin. This improvement continued up to June the 2nd. On the morning of June 3rd, I hastened to his bedside in response to an urgent message from his wife, and found him suffering intensely. In a single night most of the beneficial effects of *Arsenicum* 30x had subsided, effusion into the abdominal and thoracic cavities was taking place and there was more or less suppression of all the secretions, with obstinate irritability of the stomach. I learned that the patient had sought relief from the heat of the preceding day, by sitting in a draught of cold air between two open windows, which was the only cause assignable for this sudden retrogression. *Apocynum can.* was prescribed every hour, but owing to the low state of the recuperative powers there was no perceptible response, and as there was no mitigation of his suffering it was deemed advisable, as a palliative measure, to relieve the patient by tapping. Paracentesis abdominis was performed and several gallons of serous fluid were drawn off, which afforded great relief. Shortly after the scrotum was tapped and a quart or more of the same character of secretion was removed. On Saturday the ninth, his sufferings became unbearable, he again pleaded for relief; paracentesis pericardii was suggested, and at his request an exploratory operation was made through the intercostal space between the fourth and fifth ribs to the left of the sternum, down to the pericardium, and on finding that there was no evidence of effusion into the sack it was deemed best for the patient to suspend further operation. The wound was closed by sutures and dressing. Early next morning I noticed that there was an effusion of blood into the abdominal and scrotal cavities, as evinced by the fluid that trickled from the punctures, and at 6 o'clock A. M. on Sunday the tenth *ultimo*, he passed away.

It being the desire of all those interested in the case, a post-mortem was held on the day following his death. The general appearance of the remains was the same as is usually seen in deaths from dropsical effusion. The patient having died asphyxiated, there was more or less effusion of blood at various points over the surface of the body, i. e., ecchymosed. An examination was made of the contents of the chest and abdomen. Extensive adhesions of the pleura, and pleura costalis of a very dense fibrous character were found upon both inner sides of the chest. There was also extensive hepatization of both lungs, but particularly on the left side. They were very much engorged with venous blood and crowded up into an abnormally contracted space. A portion of the impaired lung structure which was

dropped into some water, sank at once to the bottom. There were also pericardial adhesions, firmer, if anything, than those of the lungs. The endo and pericardium were so closely identified and adherent, that it was impossible to disconnect their surfaces only by means of the knife and very careful dissections. The heart was abnormally large. The right ventricular walls were thin and dilated; the left ventricle was occupied with clotted blood; the *musculi pectinati* and *columnæ carneæ* were pale and much relaxed; the semi-lunar valves were in a state of ossification and there were deposits of calcified material to a considerable extent all about the arch of the aorta and its terminus at the heart or cardiac end. The liver was examined and was found much enlarged, pressing upwards and crowding the lungs and heart very much. The gall-bladder was almost entirely emptied of its contents, and there was marked portal congestion. The spleen was three or four times its normal size and very much engorged with dark or black blood. The stomach was opened and found to contain some half digested material that had been eaten several days before. The inner coat was considerably ecchymosed and appeared somewhat softened. The kidneys were normal.

CAUSE OF DEATH.

There is no doubt that the patient's demise was caused by the heart and lung complications, either of which was a sufficient cause, and over which no known controlling influence could have availed anything toward prolonging life.

Children's Diseases.

ON INFANTILE TYPHOID FEVER.

BY PROFESSOR E. HENOCH—TRANSLATED BY S. LILIENTHAL, M. D.

Professor Henoch treated ninety-seven children, from six months to thirteen years, suffering from typhoid fever. During the first two years we cannot rely on pathological anatomy, inasmuch as the solitary follicles and the Peyerian glands are found changed at that age; also in other diseases, and *vice versa*. Typhoid fever was strictly diagnosed, and still autopsy failed to demonstrate the characteristic

changes in the intestinal follicles. Of the ninety-seven cases, only six died under the direct influence of the ileo-typhus, five in deep sopor, with manifestations of collapse, and one from perforation of an intestinal ulcer. Such a percentage proves the benign character of this disease in children in proportion to it in grown persons; and Hensch explains it by the relative immunity of the intestinal canal.

The fever mostly shows the characteristic curve of temperature, gradual ascension, febris continua, and stadium intermittens. The initial chill is only exceptionally witnessed. The fever lasted mostly two, sometimes three weeks; in eleven cases, from four to seven weeks. The evening temperature higher by $\frac{1}{2}$ to 1° C, but between 2-3 P. M. there was also a rise, which sometimes was 1° higher than the evening temperature. In four cases there was typhus inversus; the morning temperature was higher than the evening temperature, but this lasted only a few days. Ephemeral sudden rising of temperature was several times observed during the intermittent stage, but this was more accidental; in some cases constipation was the cause. Pulse from 150 to 180 beats; in most cases it deviated from 112 to 150, with evening increase corresponding to the rising temperature. Still, this agreement of the pulse with the temperature was not constant, once, with a temperature of $40,3^{\circ}$ the pulse was 96, in another case of $40,1^{\circ}$ 148. Individuality has much to do with these oscillations. During convalescence the pulse sometimes rose to 132, in other cases it fell to 60. These irregularities of the pulse may perhaps be caused by molecular changes in the muscles of the heart, which only gradually become again normal. The narrowness of the arteries in children naturally shows a smaller pulse-wave than is found in grown persons. An excessively small and frequent pulse will be observed with cool, cyanotic skin of the extreme parts of the body. Dicrotic pulse is rare in children. Nervous manifestations are not so frequent in children as in grown persons. In children between four and eight, hardly any nervous symptoms were observed, although the evening temperature was $40,5^{\circ}$. In most cases, the children only complained of headache, apathy, with free sensorium, slight somnolence, and nightly restlessness, with slight deliria. It was only exceptionally that the nervous symptoms reached such a degree as found in grown persons. In place of deliria, severe screaming without cause was observed in small children, sometimes also in older ones. In an irritable, ill-tempered boy of twelve years, a high-graded mental alteration appeared at the end of the second week, which, during

a relapse, degenerated into a *manie de grandeur*. Chloral hydrate removed this state. In an anæmic girl of six years, the maniacal paroxysms might have been caused by the inanition. She died with all the symptoms of collapse.

Eight patients evinced considerable disturbances of speech; six, perfect aphasia. It showed itself during the intermittent stage, or at the beginning of convalescence, and lasted from six to twelve days. Only in one case other paralyses were observed. Double ptosis, and paralysis of the *e. n. abducens*. In all such cases the course of the disease was very tedious, but they all finally recovered. Roaring in the ears was only once complained of, but hardness of hearing was observed, even without otorrhœa. A general hyperæsthesia of the skin was often observed during the first week of the disease.

Fifty four times the swelling of the spleen could be demonstrated. Percussion of the spleen is rather a difficult task in children. Roseola was absent in six cases; in one case it was spread over the whole body, like a pale eruption of measles. The patient recovered. In some cases, between the third and the fifth day of the disease, the swelling of the spleen and the roseola were apparent. Loss of appetite during the disease, canine hunger during convalescence. There was nothing characteristic of typhoid fever on the mucous membrane of the mouth, lips and tongue, but the children were very apt to pick their lips or bore with their fingers in their nose, symptoms also present in the first stage of tubercular meningitis. Soor (thrush) was five times present, more frequently aphthous stomatitis, sometimes also simple angina. Vomiting was observed in twelve cases, at the beginning and during the first week after the use of food or drinks; rarely spontaneously. Normal stools fourteen times in eighty-one cases, obstruction ten. Diarrhœa in all other cases. Meteorismus was never observed, colic rarely. Only in two cases severe colic set in, so that we feared perforative peritonitis. Both recovered. Perforation of an intestinal ulcer, with fatal peritonitis, in the fifth week, was observed in one case, after convalescence had already begun.

Bronchial catarrh was the rule, in eight cases, broncho-pneumonia, or extensive hypostasis. Hoarseness and aphonia was several times observed during the acme of the disease. In two cases, where the hoarseness was permanent, and death set in, with severe nervous symptoms and collapse, autopsy revealed in one case swelling of the laryngeal mucous membrane, with inflammatory thickening of the perichondrium, in the other, an ulcer on the vocal cords.

Moderate epistaxis was frequent, but never had any influence on the course of the disease. The urine showed nothing abnormal, and in no case was albumen present. The skin showed sometimes sudamina, followed by bran-like desquamation. Petechiæ were only seen twice. Decubitus, moderate and rare. Erysipelas facialis versicolorum in one case. Otorrhœa was ten times present.

As sequelæ we met ecthyma pustules; abscesses of the connective tissue, panaritia, in one case hæmatoma of the e. m. rectus abdomenis. Hydrops, with an albuminous urine once, but extensively. *Roborantia* cured the little patient. Febrile consumption and anæmic paleness frequent, but it is wonderful how quickly children recover their strength and their health.

Relapses sixteen times; sometimes the symptoms were more severe than in the first attack. They all recovered.

Nourishing diet; taken when necessary. Hydropathic treatment, but not too cold. Other indications were treated *pro re nata*.—*Leutschr. f. pr. Med.* 8, 1877.

A PÆDOLOGICAL ASSOCIATION.

There is great advantage in the association together of those pursuing a special line of investigation, and it has occurred to some to unite those interested in the study of infantile diseases, in an association, so that we may compare notes on the diseases, treatment, remedy indications, foods, etc., of children. How shall it be formed? Where and when shall we meet? These are most important questions.

It is suggested that this association be in constant session; that the papers, questions and answers be published in THE UNITED STATES MEDICAL INVESTIGATOR, and then discussed. The names should also be published, so that we may know whom to call on. How does this strike our co-workers in this important field?

L. D. H.

[The suggestion is a good one, and can be made very practical. We will gladly aid the formation of such an association. The organization may be very simple. A few brief articles of agreement, no dues, no officers (except, perhaps, a chairman), and the discussion conducted through the journal in as dignified and practical a manner as would be done if three hundred or one thousand physicians were assembled

in one place. THE UNITED STATES MEDICAL INVESTIGATOR will gladly carry questions, answers, speeches, papers—practical hints to all interested.]

LACTIC ACID EFFECTS ON CHILDREN.

Here are some facts that we should ponder :

1. Nearly all cow's milk is acid, due, Carpenter tells us to "the free *Lactic acid* it contains."
2. *Lactic acid* in excess in the system dissolves the bones, producing the diseased condition known as rickets.
3. The difficulty of getting cow's milk to agree with children, and the stomach disorders and derangements of development in such children, is doubtless due to the poisoning of the system by *Lactic acid*.
4. The facility with which *Lactic acid* is increased in milk during hot weather, is no doubt responsible for much of the digestive troubles known as "summer complaint."
5. Acid and cold are also infant destroyers.

In the face of these facts, we beg of our readers, observations on these points, and especially provings of *Lactic acid*, cases of poisoning and clinical experience with this remedy. Let us hear from you, please.

T. C. D.

Hygiene Department.

ON OZONE.

BY E. G. COOK, M. D., CHICAGO.

HISTORY OF OZONE.

Without going back to notice the "electrical odor," long before observed by Von Marum, the real discovery of ozone by that eminent chemist Schonbein, of Munich, dates in the latter part of the year 1839. He found that in the voltaic decomposition of water, "an odorous substance accompanied the oxygen evolved at the positive pole of the battery, and, because of this odor, he gave it the name of ozone." He also discovered that it is found wherever moist air passes

over *Phosphorus*. "To Schonbein, therefore, belongs the honor of discovering ozone as a separate form of matter," identical, from whatever source derived.

In 1856, Andrews confirmed this identity, and in 1860 showed that it was denser than ordinary oxygen. The next year Dr. Oling suggested that the molecular formula of ozone was O_3 , that of passive oxygen being O_2 ; and in 1872 Sir Benjamin Brodie, after many careful experiments, confirmed this hypothesis, and found its density one-half greater than that of passive oxygen.

Science, since that day, has established the fact that ozone is the great disinfectant of the world, without which, the air would be too polluted for respiration, and the human family would soon become extinct. But, unceasingly as nature is elaborating this powerful and sanitary element of our atmosphere, it is often found to be entirely wanting in large cities and inhabited houses. The reason is obvious. Ozone is exhausted in combating various foul emanations from the earth itself, and the animal creation. The decomposition of animal and vegetable matter in connection with moisture, forms the chief source of these impurities, and thus of disease. Thus it is readily seen what an important part ozone fulfills in the economy of nature. Experience has taught us that pure and bracing air is found in elevated regions away from dense populations, and it is for the reason that ozone is there found in its normal atmospheric proportions. To supply this deficiency in towns and cities — to replace its waste in our homes, offices, public halls, hospitals, churches, school-rooms, and on board ships sailing from foreign ports, and often charged with the deadly virus of cholera and yellow fever, is the great problem of sanitary science.

Wherever a foul odor or miasm exists, ozone will seek it out and correct it. Experience has shown that by this agency, the most offensive sick room may be kept sweet and pure as mountain air. In all sleeping apartments and nurseries, ozone is rapidly exhausted, and nothing can supply its deficiency. Oxygen and nitrogen, in the proportion of nearly four to one, cannot antidote one element of foulness or disease. Even the best ventilated sleeping rooms, occupied by two only, become contaminated and offensive before morning. Pounds of effete matter have been thrown from our lungs and the pores of our bodies, and the ozone has been exhausted in neutralizing their poison.

With a pure ozone generator within or near our sleeping apartment, carbonic oxide and all impure emanations would never become appre-

ciable, being destroyed as fast as thrown off, thus leaving the air pure and fit for respiration.

Ozone is the only true disinfectant known to our globe. Its power is sufficient to destroy even the *germs* of disease. This was conclusively shown by experiments made in Berlin, on the bodies of those who had died of typhoid fever. The ulcerated patches in the bowels were found, under the microscope, to swarm with animalcular life, but when brought under the influence of ozone, they died as if struck by lightning. It has long been known that cholera, that fearful scourge, cannot spread in any region where the normal amount of ozone is present in the air. This proportion is nearly one to 700,000 by volume, or 450,000 by weight. It is now believed that not only the miasm of cholera, but those also of scarlatina, diphtheria, typhoid, intermittent, and other malarial fevers, are equally under the control of ozone. If we glance at some of its physical properties, this may be more apparent.

Prof. Kedzie says, "Ozone will oxidize ammonia into nitrate of ammonia, and will in particular, neutralize ammoniacal compounds which are produced by the decomposition of ozotized organic matter. This power of ozone to oxidize the hydrogen compounds of sulphur, phosphorus and nitrogen, enables it to destroy the offensive products of animal decomposition. Thus it will instantly destroy the horrible smell of rotten eggs."

Schonbein, also, says he found that "air made foul by exposure one minute to four ounces of highly putrid meat, was disinfected by an equal volume of air containing only one part of ozone to 3,240,000 of air."

"Ozone is, therefore, the natural and effectual destroyer of axotized substances, which are known to be a most fruitful cause of disease, and which are supposed to be the medium for propagating the germs of epidemic and contagious diseases." "I find also a fact not before observed, so far as I am aware, that ozone will, at ordinary temperatures, oxidize the deadly carbonic oxide into the comparatively innocent carbon dioxide or carbonic acid. Carbon oxide is one of the most deadly gases known. Unlike sulphuretted hydrogen, phosphoretted hydrogen, and ammonia of animal oxygen, it gives no warning of its presence by its odor, or other sensible property. The power of ozone to oxidize this deadly gas is a fact of prime importance in preserving the purity of our atmosphere."

Of its power as a disinfectant Fox says: "It is nature's great

deodorizing and purifying principle, that oxidizes the emanations from decomposing animal and vegetable substances, with which the air is constantly being contaminated, thus rendering them innocuous. The atmosphere would be so polluted by its admixture with the noxious matters evolved during the putrefactive changes which are unceasingly taking place on the globe, as to be unfitted for sustaining animal life, were it not for the all-pervading influence of the great disinfectant, ozone."

In view of these wonderful deductions of scientific research, we see how important it is to our health to secure and live in an atmosphere charged with the requisite amount of ozone. This done, and we have destroyed many, if not all the malignant factors of disease. Thus protected, the period of infancy and childhood would no longer be exposed to its special peril and mortality; and diphtheria and scarlatina, those scourges of the nursery, would wholly disappear. Ozone attacks the poisonous emanations of these and kindred disorders with a fierce and consuming energy, making the sick room a safe and pleasant place for the nurse and family. Having used it in these and other putrid diseases, we *know* whereof we speak. According to the eminent authority of Prof. Yeomans, it literally "burns up" the poisonous gases and foul odors of decomposing matter.

WHY OZONE IS REQUIRED.

Decomposition is forever going forward in the world, and ruthlessly sending forth its vile and noxious gases. Wherever population congregates, ozone is proportionally deficient, having yielded up its own life in combating the elements of death. Even the best parts of our cities, and the superb mansions of the rich, cannot wholly shut out the foulness and contagion born of filth and squalor. In our great palatial stores, thronged from morning to night with moving life, people often complain that the air is very oppressive. The atmosphere is full of carbonic oxide, carboretted hydrogen, and other impurities, thrown off by the surging mass of bodies, which the ozone, unreplenished, is unable to combat. So also with all our hotels. They are notoriously saturated with vile odors, and in the course of years, the frescoed walls reek with poisonous exhalations, which no art can overlay. Ozone, and that alone, can permeate these immense stores and hotels with an atmosphere sweet and healthful as that of the retired country residence.

The public is still very ignorant on the subject of ventilation. It supposes that to admit *the air* to our dwellings is all that is necessary

to secure a healthful condition, whereas the ozone is always deficient, if not wholly wanting in the midst of a dense population, and oxygen and nitrogen, the great constituents of the atmosphere, cannot neutralize one element of filth and decay. True, by the distributive action of currents, foulness is diffused and *diluted*, but, without the cleansing power of ozone, the vast ærial ocean would soon become so poisonous as to destroy all human life.

THE RELATIONS OF OZONE TO ANIMAL LIFE.

In a concentrated form, ozone could no more be breathed than oxygen or nitrogen uncombined, or in a free state. Prof. Kedzie says that "in preparing it for class-room experiments he has often observed the symptoms of a common cold." It is very doubtful whether pure ozone in the air, as one part to 500,000 even, will ever produce catarrh. The irritation came, quite likely, not from the ozone, but from the impurities connected with its production. When found in nature's admirable proportion, it makes itself felt only by a most delicious freshness and purity that goes to our fingers' ends, and permeates our entire being.

THE SPECIAL RELATION OF OZONE TO DISEASE

is one of great and paramount interest. That it bears a true sanitary value to the world must be inferred from finding it ever present in all healthful conditions of the atmosphere, and experiments, so far as made, greatly fortify this belief. Over scarlatina it is believed to have absolute control. All cases, so far as we have heard, have fully recovered by the sixth day, and in no instance were there any secondary symptoms. Cholera cannot spread where ozone is found, even in small amounts. In diphtheria and typhoid its effects have been most satisfactory. For "hay fever" it is regarded by those who have tested it as nearly a specific, cutting short four-fifths of this dreaded malady. In intermittent fevers it is of inestimable value. As with cholera, it is thought to be the want of it in marsh regions which permits this particular disease to prevail. The conclusion is, that with ozone strong enough, in homes surrounded with marsh malaria, ague will cease to exist, and thus vast tracts of fertile, but disease-stricken soil, will become habitable.

Often, in our best and most tenderly guarded homes, "silently and unseen, disease is produced from poisoned and foul air." Says Burke, "The insidious, but often fatal effects of noxious gases from defective drains" (or covered-up water courses), "are pretty generally under-

stood; yet it is often of little use to admonish the man of vigorous health of danger from a cause so remote or obscure."

Yet it is true that these emanations are silently sapping the foundation of the most robust constitutions. Not only will ozone neutralize these foul odors, but it will prevent almost wholly, it is believed, the spread of zymotic diseases.

The following statement, made by Dr. Gihon, medical inspector in the United States navy, is startling, but true of almost the whole marine service of the world:

"The forecastles of our merchant ships, of passenger steamers, and even of men-of-war, are gehennas of foulness and unwholesomeness. The air that the dwellers in the fore-castle must breathe is tainted beyond belief. Ventilation is practically unknown. In naval vessels there are some air-ports in the fore-castle, but these are always closed at sea. Lieutenant Meigs and Dr. Smith, of the U. S. navy, analyzed the air of these dens, and found eighteen to twenty-four parts of carbon dioxide to the thousand. It is putting the case mildly to say that this proportion shows from three to six times as great an amount of that pernicious gas as is found in air that chemists say is barely respirable. Into this confined space the bilge-water ventilators often discharge their foul gases; this was found to be the case on the flag-ship Franklin. Authorities are agreed that a healthy pair of human lungs ought to have twenty cubic feet of fresh air per minute. But it was found that on the smaller vessels of our navy the total cubic air space per man varied between ninety-six and fifty-five feet. On the larger frigates the air space was only 125 to 175 cubic feet per man—not enough to last a half hour. The natural effect is a prevalence of low fevers and consumption among seamen. The records of the Marine Hospital service show that the average of sailors' seagoing lives is less than twelve years; and in that period over 200,000 American seamen die or are disabled by sickness. After making due allowance for their irregular habits, exposure and excesses; for the effect of sleeping in unchanged clothes; for the neglect of personal cleanliness: for unwholesome food; the great loss by illness and mortality cannot be explained except by ascribing it to the fact that our sailors sleep in poisoned air."

Ozone will correct all this, even preventing the necessity of quarantine. Thus we see how vast and beneficent is its mission.

But did ozone possess no power to eradicate and ameliorate disease, its *deodorizing* properties would give it front rank among the most

beneficent discoveries of the age. How unsatisfactory the so-called disinfectants are, all know. Recent experiments show conclusively that *Carbolic acid*, *Chloride of Lime*, *Chlorine*, and other supposed agents of purification are, in truth, not such in any sense of the word; they only change or suppress the form of the odor, without rendering inert the essence of the contagion. Ozone, on the contrary, while possessing deodorizing qualities, pleasant beyond all others, is believed to be the true disinfectant, and *destroyer* of all infection.

Says Kedzie, "I call ozone the most energetic of the constituents of the atmosphere. Hozeau has found that it has forty times the bleaching power of chlorine. Compared with the normal constituents of the air, it is an agent of amazing power. Such a substance present in the air which bathes our bodies at all times, and which penetrates our lungs with every breath, must be, for good or ill, a force of singular power over the human frame. Its presence or absence in the atmosphere *must have a controlling influence over the vital powers*. And when we consider that this material is present in such *variable amount*, in a medium which enfolds us every moment of our lives, and whose action "pauses not for matin or for vesper, at noon of day or noon of night, it seems to me that no one can deny that its influence on human health must be most significant."

It seems impossible to exaggerate the importance of ozone to human welfare, and the interest attaching to all experiments which shall enlarge the knowledge of its beneficent properties. Which of all the discoveries, ancient and modern, surpasses this in wide-reaching philanthropy? It blesses the infant in its cradle, and pours freshness and vigor into the chilled veins of the aged. By its mysterious chemistry it changes pollution into sweetness, and transforms waste places, now the abode of deadly spirits, into homes of health and beauty. It removes the offensiveness of the sick chamber, filling it with fresh and pleasant odors, and keeping the body of the loved sufferer sweet under the power of the foulest disease; and, finally, it prevents the sacred forms of our dead from becoming loathsome and harmful to us till they are laid away under the clods of the valley. Such is the great and benign agency of ozone.

Obituary.

IN MEMORIAM OF DR. VON GRAUVOGL, SUPREME STAFF PHYSICIAN AT MUNICH, BAVARIA.

The greatest hero of the hotly contested battlefield of our modern therapeutics is no longer among the living! On the 31st of August last, his magnificent spirit took a flight from the physical shrine into the lofty regions of the endless universe, inhaling the subtle, ethereal substance of the *cosmos* instead of the ponderable air of the atmosphere of our planet.

He departed in the sixty-seventh year of his age, in the midst of the circle of his family and friends, after an illness of three weeks. In the first days of July, 1874, when I took leave of him at his residence in Munich, he seemed to enjoy the best health, looking about ten years younger than he actually was. What character his last disorder presented, by which he paid the final tribute to his physical existence, is not known to me yet, having received but a simple announcement of his decease, in the form of an open letter, by mail, from his family. Nearly thirty years since, he had espoused the cause of Homœopathy, in place of the *murderous* and *torturous* Old System of cure, becoming, in course of time, a most enthusiastic follower of Hahnemann, and simultaneously a most gallant and victorious champion of the same, unequalled as yet in regard to the fatal and annihilating blows he understood to deal to his opponents, such as Liebig, Virchow, etc., together with all the rest of the "*dii minorum gentium*." From the formidable and impregnable bulwark of his scientific steel armor battery, he would continually discharge the most explosive and destructive missiles on the *infallible* old foggy professors of the Allopathic faculties in Germany, which may well render thanks to their Creator now that they have at length been released of their unrelenting persecutor.

In breadth and depth of a general learning, Dr. von Grauvogl hardly ever had his equal in the capacity of a physician since the memory of mankind. By the irresistible force of his *logical*, *metaphysical*, *mathematical* and *philosophical* arguments, besides those of an

extensive and minute knowledge of *physics, chemistry, physiology, pathology, morbid anatomy, materia medica, etc.*, he was ready to engage in any hand-to-hand combat, with the most signal and triumphant success every moment. Indeed, we may safely assert that the medical profession at large have never possessed such a thorough master of *logic, metaphysics, and philosophical sciences* up to the present moment — a quality very rarely to be met with, not only in the medical profession, as *Old School old fogysm* would incessantly prove, but also especially in *old theology*.

If we rightfully style Hahnemann the dear *father*, we may with no less right entitle Grauvogl the precious *preserver*, bravest *supporter*, and victorious *defender* of "*similia similibus curantur!*"

Requiescat in pace in sempiternum!

CHICAGO.

J. B. BRAUN.

DR. LEVERT H. HOLBROOK

Died of consumption, in Chicago, Sept. 25th, aged fifty-three. Dr. H. was born in Whitesboro, N. Y., and graduated in the first class of Hahnemann Medical College, Chicago, and at once entered practice with Dr. J. L. Kellogg. He was an earnest student, an enthusiastic Homœopath, and very successful physician, and won the esteem of all who knew him. He leaves a wife and five noble children.

Book Department.

THE POPULAR SCIENCE MONTHLY. Published by D. Appleton & Co., New York. \$5.00

This is a journal that steadily grows in favor. It is well edited by E. L. and W. J. Youmans, and contains many articles that have a direct bearing upon medicine, viz., in the July and August numbers we find: Ground-Air in its Hygienic Relations; Discovery of Circulation of Blood; Atmospheric Pressure and Life; Heredity of Nervous Diseases; Climatic Influences of Vegetation; Status of Women and Children; Bad Odors in Reservoir Drinking Water; Is Insanity on the Increase? etc.

This work, as it trains the powers of observation and discrimination, should be enjoyed by the profession.

The Popular Science Monthly Supplement is issued at \$3.00 a year (or the two for \$7.00), and is intended for a wider range of readers. The contents are extracts from leading publications, scientific and popular, and are carefully selected.

THE PHYSICIAN'S CONDENSED ACCOUNT BOOK. Epitomized system of book-keeping. Chicago: Gross & Delbridge, 48 Madison St.

This book furnishes an entirely unique system of keeping books for physicians. No separate day-book, journal, or ledger is required. The doctor's whole month's business is spread out before him, on a double page, and each patron for the month has a line all to himself. In posting the book for the month, there is a column of charges against each patient treated; another column, in which that patient's unpaid balance of old account is brought forward; another column for totals due, cash paid, etc. Opposite each name is a column for the patient's residence, street and number, the year and the month. The system is simple and plain. The book would be improved, in our judgment, if there was an index.

HOMŒOPATHY THE SCIENCE OF THERAPEUTICS; *A Collection of Papers Elucidating and Illustrating the Principles of Homœopathy.* By Carroll Dunham, M. D., New York. Chicago: Duncan Brothers. pp. 529. \$4.00.

It may be truly said that "the counsels of a friend are most valued after the friend has departed." So we find a peculiar charm resting about this collection of Dr. Dunham's papers, most of which we have read in years gone by, but which come to us clothed with new interest, now that their author has left us. Dr. Dunham was, in the truest sense, a friend of our profession, whose counsels were ever calculated to enrich and ennoble, and were entirely devoid of those selfish, individual prejudices, which, at the present day, so greatly mar the writings of our representative men. In a sort of a liberal way, which, nevertheless, never yielded principle to opinion, Dr. Dunham sought to vindicate therapeutics as a science. It is, therefore, quite appropriate that the present volume should bear the title of his essay on this subject, considered by many his most able effort in behalf of scientific medicine.

As the title-page indicates, the volume consists of "a collection of papers elucidating and illustrating the principles of Homœopathy."

These have, from time to time, appeared as unconnected contributions to periodicals, or as addresses delivered before different medical societies, and are such of his writings "as most directly express his views on the cure of disease by drugs." They, nevertheless, include a variety of topics, which, in the aggregate, elucidate almost, if not quite, every principle of Homœopathy. Prominent among these we notice his studies 'of the remedies, including his valuable compilation of Dr. Kaspar's lectures on materia medica, at Wurmb's Homœopathic hospital in Vienna, which are entertaining and instructive, and, in our opinion, should take rank among the most valuable productions of medical literature. Laying aside the excellent essays on "The Dose," "Alternation of Remedies," "Relation of Pathology to Therapeutics," "Primary and Secondary Symptoms," etc., etc., which we find in this volume, we consider these studies of the remedies, alone, well worth the price of the book.

Mrs. D. has, indeed, placed the profession under great obligations for giving to them this most acceptable volume. We feel confident it will meet with a large sale, as no physician who had an acquaintance with its author, particularly those who witnessed the "master effort of his life," in the conducting of the World's Homœopathic Convention, at Philadelphia, would think, for a moment, of being without this, to many, priceless memento. C.

Medical News.

Died.—Dr. R. H. Pratt, of Galva, Ill., Sunday, Sept. 9th, 1877.

Homœopathic Medical Society of the State of New York.—The semi-annual meeting of the society will be held in the U. S. Court Room, City Hall, Utica, on October 9th and 10th, 1877, commencing at 9 A. M. ALFRED K. HILLS, M. D., Recording Sec.

Removals.

Dr. O. Q. Jones, from Brooklyn to Hanover, Mich.

Dr. J. D. Dickinson, from Wataga to Galva, Ill.

Dr. J. S. Allen from Kewanee to Galva, Ill.

Dr. N. Miller from Oakland to Woodland, Cal.

Dr. C. A. D. O'Datte from Tripoli to Janesville, Iowa.

The Bureau of Gynæcology in the American Institute for the next year has selected *Puerperal Thermometry* as the subject for its report. They solicit observations from careful practitioners. The bureau has issued a chart for this purpose, copies of which can be had by addressing Dr. H. N. Guernsey, chairman, No. 1423 Chestnut street, Philadelphia.

Homœopathic Medical Society of the County of New York.—At a meeting of the society, held on the 19th of September, nearly sixty members being present, Drs. Stiles, Blumenthal and McMurray offered the following preamble and resolutions, which were adopted without a dissenting voice :

WHEREAS, There exists amongst medical men a difference of opinion, which will probably always continue, regarding the selection, dose, and administration of drugs, therefore,

Resolved, That we, the members of the Homœopathic Medical Society of the county of New York, emphatically reiterate the principles upon which our society is based, recognizing as Homœopathic physicians such only as subscribe to the belief in the doctrine of *similia similibus curantur*; and hold that all such are justified in administering medicine in whatever attenuation they may think best for the cure of disease.

Resolved, That we deprecate and discountenance the adoption of any action which looks toward the censure of any individual, in the use of any substance of any potency, in conformity with the Homœopathic law. [Sensible.—ED.]

Prof. H. P. Gatchell writes :—“ The state of my respiratory apparatus renders a change of base, at least for the winter, important to me, and in order to do so, I desire to act as medical and hygienic counselor to such invalids as may accompany me, taking the little but convenient fee as an equivalent. I intend to go to the most desirable region, one that will not reduce the vigor by warm, humid air, like Florida, or exhaust the heat-producing capacity by severe cold, like Minnesota. The military district, of which Major De Forest, soldier and author, was commandant, includes the region alluded to. Of it he says in substance: *That in no part of Europe, not even on the shores of the Mediterranean, is there a climate so healthful and delightful, the year round.* The mean winter temperature is 44°, which is quite as high as is consistent with the acquisition of vigor. A warmer one may be very comfortable for the time, but it relaxes the system, and prepares the way for the advance of diseases. Arrangements can probably be made for board, at about seven dollars each, a week; while my own charge will be about three dollars for each invalid. On reception of letters from physicians desirous of sending patients abroad for the winter, all particulars will be given.”

H. P. GATCHELL,

Highwood, Lake Co., Ill.

[This is a rare opportunity for invalids, or those who must seek “ a fairer clime.”]

Chicago Homœopathic College

Failure of Attempts to Injure its Reputation.

AFTER the organization of the Chicago Homœopathic Medical College, which was legally chartered in June, 1876, the faculty and trustees of Hahnemann Medical College published this statement officially concerning their institution:

"It is indeed the only one in Illinois which has the authority to confer the degree that is legal in all the States which require that, in order to collect his fees and be competent to testify in the courts, the doctor shall hold his diploma from a regularly chartered institution." Its falsity was exposed by printing the articles of incorporation of Chicago Homœopathic College, with the seal of the State of Illinois annexed. This year its authorities resorted to the more dishonorable method of sending by letter, privately, during the last few months, a card with the following statement printed on it:

"Hahnemann Medical College and Hospital, of Chicago.
The only regularly chartered Homœopathic medical college in Illinois with power to grant a degree legal in all the States and territories. Catalogues can be obtained of

"R. LUDLAM, M. D., Dean,

562 Wabash avenue.

"T. S. HOYNE, M. D., Registrar.

817 Wabash avenue."

By this they hoped to deliver a telling blow to the Chicago Homœopathic College. That this statement is also false, the following certificate will show:

"This is to certify that the Chicago Homœopathic College, being incorporated under the general laws of the State of Illinois, is a legally chartered institution. It possesses full power to grant diplomas in medicine and surgery which are legal in all the States and Territories. It is chartered in the only form in which any institution of learning can be incorporated in the State of Illinois under the present constitution and laws. Signed: Henry Booth, W. C. Goudy, J. L. High, Henry Strong, Arba N. Waterman, Sidney Smith, C. C. Bonney, C. W. Kretzeinger, Grant and Swift, Small & Moore, Lorin Grant Pratt, Luther Laffin Mills, Henry M. Shepherd."

It may be necessary to mention for the information of some physicians outside of the State of Illinois that the above names are among the most prominent lawyers in Chicago. Judge Henry Booth is Dean of the Faculty of the Union College of Law; James L. High and C. C. Bonney are also members of its faculty; Luther Laffin Mills is States attorney.

This array of eminent legal talent makes further proof unnecessary as to the legality and powers of the Chicago Homœopathic College. It appears, moreover, that an attempt has been made by the authorities of Hahnemann Medical College and Hospital to use the State Board of Health in the interests of that college. Dr. R. Ludlam, Dean of the faculty, who signed his name to the card above quoted, is a member of the State Board of Health. With utter disregard of a sense of professional honor, he caused to be printed in the announcement of Hahnemann Medical College and Hospital, which is a circular sent out to induce medical students to attend that institution, the statement that the State Board of Health was "composed of representative men," and that he was a member of that board. The logical effect was to induce students to believe that some special benefit would accrue if they attended his college by reason of his connection with the State Board of Health. He knew he was only one of a board of seven members, and that the board could not be used for partisan purposes. The authorities of Hahnemann College have also sent out the cards above quoted through the country with the statement that the State Board of Health had thrown out the diploma of the Chicago Homœopathic College. That the latter is also false may be known from the fact, that at a meeting of the State Board of Health recently held in Chicago, at which a majority of the board was present, the diploma of the Chicago Homœopathic College was accorded equal authority with those of all other legally chartered and reputable medical colleges in the United States, and a certificate recognizing that fact, signed by all the members of the board, was issued to E. L. Carrier, M. D., a graduate of the Chicago Homœopathic College.

J. S. MITCHELL, President.

ALBERT G. BEEBE,
CHARLES ADAMS,
WILLIS DANFORTH,
JOHN W. STREETER,
R. N. FOSTER,
W. H. WOODYATT,
E. M. HALE,

A. W. WOODWARD,
E. H. PRATT,
JOHN H. KIPPAX,
H. N. TOOKER,
N. B. DELAMATER,
L. C. GROSVENOR,
A. L. MARCY.

Faculty of the Chicago Homœopathic College.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

CHICAGO, Oct. 5.—Some of our physicians report *Aloes* as the remedy for the phase of portal obstruction called dysentery. The myalgia of *Aloes* is quite similar to that of *Rhus*. The headache to that of *Nux*. Now many cases of gastric fever appear, *Baptisia* helps.

PARIS, Ill., Sept. 26.—Prevailing diseases here, chills and bowel troubles. Indications, *Baptisia*, *China*, *Ars.*, *Puls.*, *Bry.*, *Æthusa*, *Bell*. The peculiarity of the chills is, there is no headache. Diarrhoeas assume a dysenteric form, and *Baptisia* and *Merc. sol.* have cured all my cases. There is but little sickness of any kind this month. The weather, dry and pleasant. A. P. DAVIS.

NEW YORK, Sept. 27.—Our families return from their country residences and bring malarious fevers with them. In several cases I

doubted whether it would not develop in a typhoid fever. *Gels.* and *Baptisia* act admirably. They clean the tongue, regulate the bowels, and in many cases we have to deal now with a clean, uncomplicated intermittent, for which I find *Chin. sulph.* Homœopathically indicated. Other remedies, like *Ars.*, *Eup.*, and *Apis.*, are exceptionally indicated. Some of our physicians have used with benefit *Abies nigra*, and praise its success.

S. L.

AURORA, Oct. 5.—Dr. F. L. Bartlett (Mayor) reports that dysentery was very prevalent during August and September, attacking even infants. He met a larger number of cases of umbilical hernia this season than ever before in the same length of time. The cases developed between the second and fifth months of infant life.

FREELANDSVILLE, Ind., Sept. 11.—There is much fever here at present, of the common intermittent, and of a bilious type. In very many cases of the intermittents, *Rhus tox.*, from the 2x and higher, is the curative agent, and has been for about six months. Some bilious fevers have degenerated into a typhoid condition, which I have cut short by the administration of *Hyos.* and *Gels.* I find *Hyos.* a splendid remedy in such cases. At present, we have much rain and cold weather. THE UNITED STATES MEDICAL INVESTIGATOR is a splendid journal. Every doctor, even the Allopaths, ought to have and read it.

C. H. VIEKE.

HONEOYE FALLS, N. Y., Sept. 22.—Your description of an epidemic in Chicago, on p. 234, covers exactly an epidemic here, and an old Allopathic goose calls it cerebro-spinal meningitis, and has let one or two die. I have given *Bry.*, *Bap.*, *Ars.*, and *Rhus*, but none of these help promptly enough. I shall study *Tart. em.* I have been told that *Merc. cor.* triturated with sugar of milk becomes, by a chemical reaction, *Calomel*; that is, the *Bichloride* becomes the mild *Chloride* of *Merc.* Will some of our chemists tell me whether this is true? What shall I call the epidemic you describe, as referred to above? We have, in addition to the aforesaid epidemic, several cases of typhoid fever, and some dysentery just now. No frosts yet.

I. H. DIX.

MARION, Ind., Sept. 27.—The diseases prevalent here for two months past have been mostly enteric and gastric. *Ipecac.*, *Pod.*, *Merc.* and *Eup. per.* being the chief remedies. *Ipecac* and *Pod.* cure nearly all the chills. I desire to add the testimony of one case of dislocation of right patella to the many of Hamilton's method, viz., forcible flexion and rapid extension, with manipulation at the time of extension, a

single trial being sufficient to reduce it with an audible snap. The case was adjudged a critical one by the "boss" Allopath of this vicinity, and left without any aid whatever. JOHN C. NOTTINGHAM.

ST. LOUIS, Mo., September 1877, ending Saturday 29.—Population 480,000; latitude, 38° 40'; longitude, 90° 15' 16" altitude at arsenal, 450 feet.

Date.	Weather.	Rain. Inches.	Barometer. Daily Mean.	Therm. Daily Mean	Prev. Diseases.	Remedies.
1	Rain.	0.70	30.005	70.5	Malarial Fevers.	<i>Cinchonidia</i> and <i>Quinine</i> .
2	Clear.		30.056	65.7	Diarrh.	<i>Ars., Gels., Ipec., Ign.</i>
3	Clear.		30.068	64.7	and	<i>Ars., Ipec., Merc., Ch.</i>
4	Clear.		30.002	67.0	Dysen'y.	<i>Pod., Nuz., Ph. acid.</i>
5	Cloudy.		30.055	64.2	Diphth.	<i>Merc. bin., Phyto., Sulph. acid, Gels.</i>
6	Rain.	0.19	30.143	67.5	Tonsillitis	<i>Gels., Merc., Lach.</i>
7	Clear.		30.131	69.5		
8	Clear.		30.019	68.7	Malarial Fevers.	<i>Cinchonidia, Quinine</i>
9	Rain.	0.82	29.736	68.2	Diarrh.	<i>Ars., Eucalyp., Gels. Nuz, Ipecac.</i>
10	Rain.	0.09	29.811	65.5	Diphth.	<i>Ars., Chin., Bapt.</i>
11	Foggy.		29.878	69.2	Tonsillitis	<i>Phos. acid, Pod.</i>
12	Cloudy.		29.980	73.2		<i>Merc. bin., Lach., Lye.</i>
13	Cloudy.		30.008	78.0		<i>Sulph. acid Gargle.</i>
14	Clear.		29.876	79.2		<i>Gels., Merc.</i>
15	Foggy.	No	Report.			<i>Cinchonidia Quinine.</i>
16	Cloudy.		29.938	74.7	Malarial Fevers.	<i>Ars., Gels., Pod., Nz.</i>
17	Rain.	0.23	30.131	61.7	Diarrh.	<i>Ars., Chin., Bapt.</i>
18	Clear.		30.133	60.0	Diphth.	<i>Phos. acid.</i>
19	Clear.		30.039	63.0	Tonsillitis	<i>Merc., Gels., Phyto.</i>
20	Clear.		29.981	70.0	Scar. fev.	<i>Sulph. acid Gargle.</i>
21	Clear.		30.067	67.2		<i>Gels. Merc., Bell., Merc.</i>
22	Clear.		30.058	69.0	Malarial Fevers.	<i>Cinchonidia, Quinine</i>
23	Clear.		30.081	72.7	Diarrh.	<i>Ars., Gels., Nuz.</i>
24	Cloudy.		30.090	71.7	Diphth.	<i>Chin., Pod., Bapt.</i>
25	Fair.		30.035	73.7	Tonsillitis	<i>Merc., Phyto., Sulph. acid.</i>
26	Rain.	0.93	29.992	71.5	Scarlet Fever.	<i>Gels., Merc.</i>
27	Foggy.		29.949	71.0		<i>Bell., Gels.</i>
28	Clear.		30.058	74.5		
29	Clear.		29.998	74.7		

Deaths during first week, 126; children under five, 71: malarial fevers, 14; diarrhoeal diseases, 24; respiratory diseases, 6; circulatory diseases, 3; brain and nervous diseases, 27. Phthisis, 7; marasmus, 6; diphtheria, 2; all others, 37. Deaths during second week, 147; children under five, 76: malarial fevers, 18; diarrhoeal diseases, 16; respiratory diseases, 9; circulatory diseases, 5; brain and nervous diseases, 18; phthisis, 14; marasmus, 10; diphtheria, 9; all others, 48. Deaths during third week, 126; children under five, 58: malarial fevers, 19; diarrhoeal diseases, 12; respiratory diseases, 2; circulatory diseases, 1; brain and nervous diseases, 22; phthisis, 17; marasmus, 6; diphtheria, 4; all others, 43. Deaths during fourth week, 115; children, 54: malarial fevers, 6; diarrhoeal diseases 12; respiratory diseases, 12; circulatory diseases, 8; brain and nervous diseases, 23; phthisis, 12; marasmus, 5; diphtheria, 7; all others, 30.

The items embodied in this report are all official except that which is placed under prevailing diseases and indicated remedies ; and even these last are of a semi-official nature, for they are the aggregate of information obtained from the members of our medical society. There are a few acute cases of disease outside of malarial fevers, and even these few take on the livery of the prevailing epidemic. These fevers are not of so severe a type as last year — they are more manageable. I have no knowledge of any deaths from these malarial troubles, under Homœopathic treatment. There are a few cases of diphtheria, but of rather a malignant form. The most prominent symptom of all diseases is irritation of brain, the result probably, of blood poisoning.

G. S. WALKER.

CONSULTATION CASES.

FOR A. C. RICKEY.

May not Father Rickey have some malarial taint? A great many of the symptoms given hint to *Eupatorium perfoliatum*. *Natrum muriaticum* would follow well if the former should fail. I throw the hint out for what it is worth.

S. L.

CHRONIC HYPERTROPHY OF TONSILS.

I have two cases of hard enlargement of the tonsils, which have bid defiance to all treatment, so far. One is a young man of twenty-one, the other a young lady of nineteen. Both cases of six or eight years' standing. Any advice what to do will be thankfully received.

S. GOODSSELL.

FOR L. O. ROGERS.

If Dr. L. O. Rogers will study up the *Salts of Iodine* he may find a remedy for little Eva, especially *Natrum carbonicum*, which he will find in Allen, sixth volume, as well as in Hering's Condensed Materia Medica. *Brucea antidysenterica* is also a remedy worth studying in such cases.

S. L.

CASE FOR COUNSEL.

Mrs. M., aged seventy-seven. A melanotic sore of three years' growth on the forehead. Exfoliation of the outer plate of os frontes to the extent of three inches square, of the middle and right side, keeping the arch of the right solitary process (the bone is now before me,) leaving the frontal sinus, in this case large, exposed, and fearfully disfiguring the countenance. From the granulations everywhere springing up, the irritation is such that the patient suffers greatly. It is now three months since the bone came off, and the surface of the sinus is covered with readily bleeding granulations.

I have used *Hydrastin can.*, *Calc. c.*, *Col.*, *Phos.*, water dressings, etc. At each dressing I apply *Morphia sulph.*, gtt ss to raw surface. Can I do any better?

J. T. HOTCHKISS.

FOR DIPHTHERIA.

Dr. W. A. Scott gives a prescription in the Sept. 15th number of THE UNITED STATES MEDICAL INVESTIGATOR for diphtheria. I would ask for the symptoms removed by the, what to me, looks like an Allopathic prescription. Would like to see a few illustrative cases given.

A. P. BOWIE.

CASE FOR COUNSEL.

A case of two years' standing, which has resisted all treatment of Allopathic and Eclectic physicians within fifty miles of this place, has been brought to me for treatment. After investigating the case, I find that the patient, a boy eight years old, has had enlargement of the spleen for over eighteen months. Thinking that this was caused by overdosing with *Quinine*, I gave the remedies indicated in chronic inflammation of the spleen (*Sulphur*, *Ferrum*, *Carbo veg.*, *Calcareia*, and *Lycopodium*). The chill comes on the patient at irregular times, followed by very high fever, lasting for several hours. All the remedies I have given for about three weeks have proved of but little benefit, although the enlargement has somewhat diminished in size. I would be very glad to have advice. The patient is, when free from fever, comparatively well, with an extraordinary appetite.

R. ZAWADSKY.

FOR A. C. RICKEY.

For A. C. Rickey's father, *Kali bich.* 200, it seems to me, from the few symptoms given, ought to benefit the case. R. B. McCLEARY.

FOR DR. CHAS. DAVIS' CASE.

In answer to Dr. Charles Davis' question, pp. 239-240, give tinct. *Ata kava* (*Piper methysticum*), five-drop doses in one-half tumbler of water, three times a day, for a week. Wait for the effects about four weeks. Then give *Tincturia Brachyglottis repentio* (*Puke-Puke*) one drop tincture, in a little water, morning and evening (two doses); do not repeat the dose before a week after, and then wait for the effects.

M. A. A. WOLFF.

WHAT IS SCROFULA ?

This is a critical age, and the consultation department one of the most interesting parts of THE UNITED STATES MEDICAL INVESTIGATOR. As I understand it, we can ask questions here without making oneself a laughing-stock to some sage who knows, or "*pretends he knows.*" Oh, deception, thou hast no place in science! Well, I have struck scrofula, or perhaps, more properly, it (I guess) struck me. "Doctor," said an anxious mother, "Is my child scrofulous? What is scrofula, anyway, doctor?"

"Well, madam, you need neither be alarmed nor chagrined. The term is rather an indefinite one. Diseases formerly classed as scrofulous are now otherwise designated."

"When a physician does not know what to call a disease, he calls it scrofulous?"

"Well, he may, if any of the glands are involved, swollen, ulcerated, etc., was my reply, which seemed to satisfy her. But it did not me, and I tried to get a definite idea of what might be meant by scrofula. Etiologically and pathologically, it has no habitation now in medicine, and therefore, neither should it have a name. What is scrofula?"

X.

OFFICE HOURS.

On page 285 some one recommends a young country doctor to have office hours from 9 to 12 A. M., and from 2 to 4 P. M. Queer office

hours they would be indeed—the best part of the day, and just the hours when he would want to be in the country, making his forenoon and afternoon calls. In the winter he would have very little time aside from office hours during daylight.

What is the sense of devoting so much time to office hours in the country, where there are often days at a time without an office call? You will find that even in country villages, the lady of the house will not expect the doctor before 9 A. M., and will not be ready to receive you before that hour. They will say to you, "I did not expect you so early," and you will have to reply, "I am very busy," which may not be strictly true at all times. If you remain in your office until 4 P. M., I cannot see where the "long afternoon for distant visits" come in, as in winter, it is dark at 5 P. M., and patients and their friends don't like to see the doctor come either too late or too early. I find the most convenient office hours to be from 7 to 9 A. M., during which time I get my breakfast, fill my case, read the morning paper, and do any other little office work, and attend to an office call, if I happen to have one, which I seldom have in the morning. From 9 to 12, make calls in one direction in the country. Office hours again from 12 to 1 P. M., during which time, get dinner, think over the cases I have to visit in the afternoon, and attend to an office call, *perhaps*, make visits in the other direction, from 1 to 6 or 7 o'clock, then have office hours again from 6 to 9 P. M., during which time, have tea, post your books, read THE UNITED STATES MEDICAL INVESTIGATOR, attend to your office patients. Most of them come in the evening. Work yourself into a feeling of contentment and belief in your future prosperity.

Forgive your Allopathic brother across the way for calling you a fool. Say your prayers and turn in. LONG ISLAND.

DR. WATSON'S THROAT CASE.

Dr. Watson, in the September 1st issue, relates some of the particulars of a young lady patient of his, who, after a severe attack of diphtheria, which it seems was treated after the more approved heroic manner of the Old School, now complains of a variety of distressing symptoms, such as pains described as being in the tonsils, constant dryness, and desire to drink cold water. "But the most peculiar and characteristic symptom is a constant accumulation *during the night* of

a quantity of blood in her throat, which comes into her mouth, on waking, without hawking, or any other effort."

Dr. Watson would have made it more easy to respond to his request for advice had he given us the symptoms *in toto*, as well as what conditions do not exist. For instance, he might have told us whether there is hoarseness or mere huskiness, or any change in the quality of the voice. Whether there is a feeling of fatigue experienced in the patient's throat after speaking, and also whether this feeling becomes general after more or less prolonged vocal effort. Had she been in the habit of using her throat for singing prior to her having the diphtheria, and if so, what was the character and extent of her voice, and how does it appear altered, if any, since her sickness.

These few leading questions would have enabled me to have arrived at some more definite idea as to the difficulty which originates her annoyances. In the course of my observation and experience in the specialty of rhinal and laryngeal diseases, I have been brought in contact with quite a number of cases whose annoyances appeared to have originated in diphtheria. In some, a rhinoscopic examination showed swelling or tumefaction, and congestion generally, or of special parts of the posterior nares. In others there were ulcers, generally of an indolent character, and disposed to bleed readily under irritations, which I cannot here dwell upon. In others, there was oozing. Again, in others, we find a more or less degree of paralysis of the soft palate. But all of them presented evidence of an incomplete recovery of the natural tone and functions of the mucous surfaces. In other cases there was not alone this condition of the upper passages, but a laryngeal examination showed a paralytic condition of either the one or the other cord, and not unfrequently inflammatory or ulcerative conditions. Without entering into the *pros* and *cons*, I shall merely remark that Dr. Watson, I think, will find, if he has a rhinoscopic mirror at hand, that there is more or less hyperæmia and ulceration of the posterior nares, and possibly, a laryngeal examination may disclose also some trouble in the larynx.

I am unable to indicate any one particular remedy, because of the insufficient data. I would, however, suggest as a relief for the dryness, the local application of a mixture of Lugol's solution and *Glycerine* (31-32) by means of a laryngeal brush, and applied to the fauces and pharyngeal surfaces. The inhalation through the nose of some such remedy as *Extract of Hamamelis* (some good preparation, and not a weak, watery, colorless quack extract,) *Hydrastis*, *Arg. nit.*,

Alum, etc., will in all likelihood benefit and perhaps cure the nasal part of the trouble. Such remedies as *Kali bich.*, *Merc. prot. iod.*, *Lachesis*, *Nitric acid*, *Calc. iod.*, may be required to aid and facilitate the progress. If there is laryngeal trouble, the inhalation of some one of the named remedies may be needed, according to the existing conditions, and if a paralytic condition of the cords exists, either the external (applied to the neck over the thyroid cartilages) or the intralaryngeal application of electricity, may be called for.

Some of these points will be touched upon in a forthcoming article, to appear in the *Popular Science Monthly*, edited by Professor Youmans, and under the heading, "The Laryngoscope and Rhinoscope; or, How the Air Passages are Explored."

A word as to the foolishness of using inhaling machines, gotten up for mere selling purposes, and emitting what I may be pardoned for calling a "penny" stream of vapor. I trust that ere long the profession will have given the treatment of diseases of the nasal passages, throat, air-tubes and lungs by inhalations, that attention which its success in practice deserves for it, and we shall no longer be disgusted by seeing smal-potato apparatus in the offices of physicians whose duty it is to know better. And not only is the introduction of more scientific apparatus to be hoped for, but a more scientific method of directing the inhalation of the vapor.

F. SEEGER.

THERAPEUTIC HINTS.

CASE I. Little girl, seven years old, had been walking for two or three hours on the sandy beach. When she arrived home, mother noticed something peculiar in her gait. Called me in. Found that one knee, in walking, bent forward all right, while the other one bent backward just as much, all wrong. No soreness or swelling. Bones all in place; nothing wrong, only the knee bent the wrong way. Concluded that the muscles and tendons had simply *tired out and relaxed*, flexed the bone at right angles, made a knee-cap out of an old boot leg, placed it over the knee, and bandaged it so that the joint could not be used, and directed that the child be kept quiet, and in such a position as to give the limb perfect rest. In three days the muscles and tendons had got rested, and the joint was all right again. "Muscle will tire."

CASE II. Was called to see a lady about forty years old, who has had fits regularly once a month for the past fifteen years. She would froth at the mouth, become rigid, tear and bite, and do all manner of violence unless watched. The spasms would sometimes continue for twenty-four hours, during which time, patient was unconscious, and when the spasm would pass off, would not know anything of what had happened. *Bell.* 3, twice a day, middle of forenoon and middle of afternoon, for three months. *Cured.* LONG ISLAND.

ON TREATMENT OF INTERMITTENT FEVER, ETC.

[The following interesting correspondence between Prof. J. C. Morgan and Dr. G. R. Spooner explains itself.—ED.]

I am especially interested now in the treatment of intermittent fever, and having read a number of articles you have written on this disease, I write you for a little more information.

1. Do you know what remedies have this symptom, viz., chill comes *two* hours earlier every time ?

2. Do high or low potencies cure quickest in your experience ?

3. Have you ever used *Boletus laracis* (*Polyporus off.*) in intermittent fever ? If so, what are its indications ?

4. I read in THE UNITED STATES MEDICAL INVESTIGATOR of a case you reported (I think your daughter,) where Dr. Guernsey advised *Ars.* 40,000, one dose, to be given at the end of the hot stage, or beginning of sweat. I have tried it, giving one dose, *high*, at that time, and pellets with nothing but *Alcohol* on, the rest of the time, and I think the remedies cure quicker than to give low potencies, and repeat often.

5. I select my remedy from symptoms during the paroxysm. Is that the best way ? A good many—yes, most of my cases, say they feel perfectly well during apyrexia.

6. In giving these very high potencies, is it necessary to give it every seven days, or, after the paroxysm is once stopped, does it usually stay so ?

I moved here nearly four months ago, from Massachusetts. My predecessor gave *Quinine freely*, much to the mortification of the strict Homœopaths here. I am *determined* not to give it, if the potentized remedy will cure.

I am satisfied that *the true Homœopathic remedy, fitly chosen, will cure every time, and quickly too, and in a high potency.*

7. I have a curious case. I never saw the like before. It is a boy sixteen years old. Had pleuritis in March. Was treated by an Allopath. Had been sick four months when I was called. Pus in great quantities had formed, and openings had been made to let it out, so that two quarts of pus had been discharged at a time; very offensive pus; yellowish, greenish, sometimes thin, sometimes thick. His heart is pushed out of place, so the apex is in the third intercostal space, at the *right* of the sternum. Is very pale; much emaciated; some diarrhœa. Appetite poor; sleeps well, only when side runs, when the odor, and wetness of discharge keeps him awake.

I put him, at first, on *Sulphur 200*. He gained in strength and appetite very decidedly the first two weeks I treated him; then he took cold, and got tired out by over-doing, and has not been as well since. I have sent for some *Hypophosphite of Lime*, and thought I would give him the 2x and 3x trit. of that.

I would be very glad if you would suggest anything that will cure him.

ARCOLA, Ill.

GEO. R. SPOONER.

REPLY.

1. Anticipating chill only means *increasing debility and lesion*, probably of liver or spleen. Remedies to suit.

2. High potencies cure intermittent fever best, in my experience, if fully developed. Early, *Gels. 3* may do better; sometimes only.

3. *Bdletus* (or *Polyporus*). I have not used it myself, but it seems much like *Gels.*, suited to new, uncomplicated cases.

4. Active cases, fully developed, do well under the 200th of the chosen remedy, in water, every two to three or four hours. Inert cases, one dose, and *Placebo*. By "inert," I mean not very rapid in symptomatic development.

5. Symptoms during paroxysm are good, but apyrexial symptoms, if found, are better. "Perfectly well during apyrexia," is a fallacy. The first paroxysm begins a siege on the sanguific system, digestive organs, liver, spleen, nervous system, etc., shown by at least slight aberrations, during the pause.

6. Ague, not abused, nor complicated with local lesion, nor with drugging, nor with imprudences, nor with debility, should not return. But many and additional doses may be well given, *exclusive* of the *last*

paroxysmal day, on the eve of the sixth (not seventh,) fourteenth, twenty-second (not twenty-first,) and if very chronic, the forty-second day. (By "eve" I mean *the night before*).

7. I have found suppuration best controlled by one of Schussler's remedies, i. e., *Calc. sulph.* 6 to 30, every three hours to eight hours, in water. But if the *Hypophosphite* is doing well, I would give it a chance.

J. C. M.

CONCERNING ATTENUATIONS.

BY W. A. EDMONDS, M. D., ST. LOUIS, MO.

Read before the Homœopathic Medical Society, St. Louis, Mo.

In the Homœopathic theory and practice of medicine, the subject of attenuation is second only in importance to the law governing the selection of the remedy. If we view the subject in the light of its influence on the various modes of medical practice, probably no one idea has exerted so wide a range of change and revolution in the last hundred years of medical history.

The Allopath has been forced to the reluctant admission that his quantities of crude and powerful agents may safely be made smaller and not the less effective in the cure of disease; and when his prejudice and obstinacy have dimmed his professional discernment to the extent of keeping him in his old beaten paths, a wholesale loss of clientage has sometimes had a salutary effect upon the scales that had so long obscured professional vision.

The old fashioned Thompsonians and Botanics long since learned that to mix medicine in the wash tub and dispense from a wash pan as has been humorously alleged of them, is not just the thing for sick and delicate stomachs. Their legitimate and direct successors, the Eclectics, are busy in a commendable effort in quest of resinoids, alkaloids and other less ponderable and more tidy forms of therapeutic appliance.

The Hydropath with his one idea system begins to find that swilling and gorging within, and plunging and sousing without, to the imminent peril of his patient's life, is esteemed by the people, as at best, but a poor refuge from pint doses of lobelia infusion, or poisonous doses of *Calomel* and *Opium*.

Many of the various specialists of the day, who formerly prided

themselves on their somewhat peremptory and heroic modes of administration whether topical or general, are now valuable in their rivalries with each other as to very pleasant and painless modes of treatment. In one word the whole medical world largely under the demands of an enlightened clientage, is rapidly approaching the glorious and beautiful goal, established by Homœopathy more than fifty years ago, when she proclaimed her wise and beneficial law of cure, and the new and beautiful art of attenuation, illustrating so forcibly to suffering humanity that men and women need not be made "sick nigh unto death" with heroic and nauseous drug doses, in order to be cured of disease.

Homœopaths are a unit as to the truth of the great law of cure governing the selection of the remedy; and though we may in an emergency resort to modes of appliance which for the time we may not be able to reconcile with the operations of the law, yet when we shall have attained a clearer and fuller insight into the mysteries and intricacies,—physiological, pathological, etiological and therapeutic, we hope to explain all our cures as in full harmony with the great law "*similia similibus curantur*."

Homœopaths are equally agreed as to the very great benefit and indispensable necessity for attenuation. It is to be regretted, however, that they are not better agreed as to the extent to which attenuation should be carried in order to make remedies safe and effective in the treatment of disease.

It is equally to be regretted that differences of views on this most important subject could so often be characterized by a display of bad temper, and worse manners. Those who hold to somewhat extreme views as to the extent to which attenuation should go, when they fail in their efforts to bring their lower brethren "up a little higher" usually solve the difficulty by applying the axe of excommunication to the gordian knot; and, reading their opponents out of the ranks consign them over to the flesh pots of Allopathy; whilst those who hold to lower or more conservative views retaliate by charging high dilutionists with making occasional clandestine irruptions into the domains of low attenuations, especially in times of peril or emergency.

Dogmatism, imputation and bad temper are certainly very poor factors for the settlement of a grave question, fraught with so much scientific and practical importance to the best interests of the profession and the welfare of sick humanity. Nor will the satisfactory solution and settlement of this question ever be found within the pre-

cints of logical, speculatorial or rhetorical; but only under the crucial test of honest severe experiment. On the subject of attenuation, Homœopathists are divided into two classes—high and low. Low dilutionists do not usually carry attenuations beyond the 6th; high dilutionists rarely use any remedy below the 30th and most usually confine themselves to preparations at or above the 200th and frequently go as high as the 100,000th in the choice of attenuation. Between the 6th and 30th there is a sort of middle ground of neutrality not claimed by either party. Anything above the 6th is not high enough short of the 30th to suit a high dilutionist; and anything below the 30th is not low enough short of the 6th to suit a low dilutionist.

As before stated all Homœopathists are agreed as to the necessity of attenuation in the treatment of disease, but are not agreed as to the extent to which attenuation should be carried. Low dilutionists propose to accomplish two important ends by attenuation.

1. To reduce crude and hard substances, such as those of a metallic and earthy kind to such a state of minute division as shall adapt them to the prehensile power, caliber and function of the absorbents, which are expected to convey the remedy in use to the part under a state of disease.

2. To so divide and reduce the quantities of powerful and active articles, that while the quantity though effective for the cure of disease shall not be so great or powerful as to set up any hurtful, new or toxic effect in the system; or produce an aggravation of symptoms already present, and for the cure of which the remedy is proposed. Now, while high dilutionists fully admit and claim these as good and sufficient grounds for attenuation, yet if we do not misunderstand them and they do not misunderstand themselves, they claim for a higher state of attenuation, other and very important advantages than those sought to be attained by low dilutionists.

That until a very high state of attenuation shall have been reached, little or no therapeutic energy can be hoped for or expected. That in the process of high attenuation, a certain dynamic, spiritual or non-material power is developed, set loose or brought into play, as can alone be relied on in the treatment of disease; and that such dynamic, spiritual or non-material influence or energy is not only in direct proportion to the extreme division of the material dose, but probably increases in a direct ratio as you reduce the probabilities of any material presence.

Whether this supposed dynamic or non-material energy growing ever and ever stronger and stronger in direct proportion as we shall have diminished the probabilities of any material presence, in fact have any foundation or analogy in the great community of forces, it may be pertinent to enquire on the present occasion. As a question of fact it can only be safely tested and settled by experiment. In the light of analogy these doctrines may be safely set down as at variance with all our every day life's experience.

We find light, heat, motion, vital function, electrical phenomena, chemical activity, attraction of cohesion, gravity, and even mental and moral phenomena, of directly greater or less energy in proportion to the amount of material presence enlisted in such activity; but in high dilution therapeutics we are expected to disregard all such analogy and experiences, and accept precisely the contrary doctrine.

As scientists I suspect we can have no trustworthy or appreciable spiritual or dynamic activity, except through material media; and when we attempt to take cognizance of spirit manifestations as disassociated from material forms of ponderable, tangible, appreciable shape, we trench upon the domain of mystery, and the unknowably where the only sure and true guide would be a revelation from that being who is himself a spirit.

Of course it will be affirmed that even in very high attenuations, as matter is indestructable and indefinitely divisible, there is still the presence of matter. But this is not precisely the gist of the controversy. The doctrine is, that spiritual or non-material energy to cure disease, increases in a direct ratio of diminished material presence, and when we say material presence, we do rather by courtesy than because such presence is either tangible, ponderable visible or manifested by chemical tests or the best powers of the wonderful spectroscope.

I know full well the reply may here come that many of the disease producing poisons are only appreciable in presence or quantity, by their fell power to produce disease. But then the question comes up, is the power of these poisons to produce disease at any time, directly increased by diminished quantity and any process of extreme attenuation or dilution? If this doctrine be true, then the nearer we get to a pig sty, a privy vault, a slaughter house, a glue factory, or a swamp as neighbors, the better; and places remote from them where their poisonous miasms have become highly diluted should be the places of danger and worst exposure.

But as before intimated let us put the whole matter to the test of experiment. To this end let there be selected thirty cases of acute pneumonia in adult subjects between the ages of fifteen and fifty years of previous good health and free from any complications of disease. Let ten of those cases be placed under treatment of attenuations not lower than the 200th, or as high as the 100,000, at the option of those having the cases in charge. Let ten others be subjected to treatment by attenuations not higher than the 6th. Let the other ten cases be placed under a purely placebo or expectant treatment. Let all the thirty cases be like circumstanced as to hygienic surroundings and personal comforts and attentions. With our present Homœopathic prognosis we should expect all these cases ultimately to get well. We would not expect any deaths or we could not afford to make the experiment, least such deaths might be chargeable to the recklessness of such experiment. Now should we find during the progress and at the conclusion of such experiment, that the cases under high dilution treatment have progressed more pleasantly and recovered in a shorter time than those under low dilutions; then let the question be settled in favor of high dilutions.

But should we find the experiment showing that the cases under low dilutions recover more thoroughly, more pleasantly and in a shorter time, let the question be settled accordingly. Still further, should this course of experimentation go to show that the cases under high attenuations as well as those under placebo expectancy progress less satisfactorily, and terminate after a longer time than those under low dilutions, and that those under high dilutions and expectancy are precisely similar as to progress and results; then the question is settled or demonstrated, that high attenuations are in any therapeutic view, purely negative, and have precisely the same claims to confidence in the cause of disease as a systematic course of placebo expectancy, and high dilution recoveries are *recoveries* and not cures in any therapeutic sense of the term.

[To be Continued.]

ANTIDOTE FOR CARBOLIC ACID.—M. Farrand advises the following: White sugar, fifteen parts; quicklime, five parts—forming a saccharate of lime.—*Dental Cosmos*.

EXCENTRICITY FINISHED.

MR. EDITOR: Dr. Braun in the June 1st number refers to a question, which, so far as "logic" was concerned, was *conclusively* settled in my last; and this retort is in such style as reminds us that medical journalism is not yet perfect. The doctor says there are no idiots or insane on his side, that that side is the "judicious majority!" that he is a logician, that he has an unlimited supply of brain tissue (i. e. saw dust) that my argument is illogical, and his courtesy unimpeachable? that Hahnemann though a master is excelled by Grauvogl, etc.

Well, since he has been long ago *logically* used up, as is plain from the very diluted state of his last article (twelve pages, nearly, with absolutely no grain of substance in them), your readers will, I fear, not thank me for any further notice of excentric special pleading, or for provoking him to waste any more of your valuable space. One is reminded however, of the boy who boasted to his father of the logic he had learned at school, by which he was enabled to distort the plainest things, and how the old man turned the tables on him, as we learn from the old "Reader." And a good many truisms he masticates and reaffirms, and pretends I oppose; setting up straw men, to knock them down again. And oh, the big talk! Bombastes and Falstaff are thrown in the shade.

For the *real logic* of the case, I may safely refer all interested to my last article, which Dr. Braun imagines has "rebounded from his impenetrable armor" upon my own head. Certainly, in vain do we seek logic from Dr. Braun; in vain are both logic and common sense, to him. But it is evident to all that whilst it did not strike, or even discover any head part of him at all, the bile appearing in his wound shows plainly that the missile found a vital spot where it still continues to rankle, and never rebounded at all. And the accompanying salivation shows equally well that there is no small amount of constitutional disturbance also. Indeed if other senses do not deceive, one may suspect that other secretions are equally and similarly excited; that on the whole, the patient, if neither idiotic or insane, as he assures us, is dangerously and shamelessly excentric, and that dire results have been averted alone by this prodigious flux! Just think of it! In twelve mortal pages, saying naught of the previous articles, he has been scattering dirt by wholesale; only, however, to his own hurt. Well, Mr. Editor, forgive my own waste of ammunition on game already fatally riddled. But lest your readers think something more due to them, I may add, for their sake, the following:

1. Part of a *homogeneous* whole is a test of the whole. Logic demands premises without division, partialism, or exception; i. e. it compels the whole to include *all* its parts. Every premise which admits division, partialism or exception, surely leads to a fallacious conclusion. 2. When *all* the *possibilities* are stated in an argument, the refutation of *all but one*, proves that one to be wholly and absolutely true. 3. A debater, having once stated his points, confesses defeat in the act of changing or minifying their significance; as, by limiting them, calling them partly true, etc. Subjects not reducible to such absolute and rigorous terms cannot invoke logic at all, but only conjecture. Dr. B. having invoked logic in this matter, must renounce exceptions and part truths. Instead, he makes a special plea on high potencies, etc. He having announced all the possibilities, I, contrary to his special pleading, have drawn a rigorous and logical conclusion; or, to put his case somewhat differently, I may *saw it up*, thus: Dr. Braun either first stated his three possibilities with logical exactness and rigor, to be rigorously understood, not as partly, but absolutely exact and comprehensive; so making logic possible in the case, and justifying my conclusions; or, second, he illogically invoked the forms of logic in questions which in their nature could only be conjectural; for instance, in respect to the contents of a vial marked "*Arsenic 200.*"

Neither my own first article nor any other, gave more than my *opinion* (that which Dr. Braun had asked for;) the logical issue was *raised* by Dr. Braun, and *concluded* by me. But the dilemma of illogical positions stated above, he must first escape from, ere he can propose his "trilemma" to any other.

A single observation on "old saws." No "disrespect" was intended to Horatius Magister; nor yet to the proper use, but only the abuse of such ripe maxims, which, many a year before hearing of Dr. Braun, were used by the present writer. It is literary cant that is objected to.

Great sentences from the scriptures become mere *cant* when so abused; Horatian and Shakesperian quotations, no less so; and such thereby sink for the present and passing moment to the level of that other "old saw" so often and fondly quoted in our societies and journals, by excentric doctors, viz., "One swallow does not make a summer."

The scene of the "aspiring doctor" alluded to in my former article, had no reference to Dr. Braun or myself, either. That he has attempted the role, however, though in vain, is clear from the person-

ality and insult signified by his words. I alluded to one of our oldest and most celebrated American Homœopaths, to whom we all owe much — this man was so brow-beaten in a society meeting by one much his inferior as well as junior, in the practice of Homœopathy, that he gave up attendance in sheer disgust; and thus, we lose the light he could and would gladly give us.

PHILADELPHIA.

J. C. MORGAN.

CLIMATE FOR INVALIDS.

FRIEND DUNCAN: You are aware that the current of migration for invalids so long setting westward, has begun to turn toward the warmer south. Will you permit me to call the attention of physicians to a region where such of their acquaintances as intend moving south, will find a more healthful region than those that emigrants generally seek. The region alluded to comprises a portion of north-eastern Georgia and north-western South Carolina at the base of the Blue Ridge, hence termed the Piedmont county. The climate has not the singular equableness of a portion of California. But there are solid reasons for thinking it more favorable to health. Nor is it lacking in climatic attractions. Major DeForest, favorably known as a soldier and author, who was commandant of a district including a portion of this region, uses the following language in reference to it:

“In this same land numberless water privileges send their ungathered riches to the sea, and the earth is crowded with underground places of mineral wealth. The climate too, is unrivaled. The summer heat in Greenville was rarely too great for walking, its highest point being usually 84; while the winter brought at the worst two or three falls of snow, which melted in two or three days. Neither in Europe nor (anywhere) along the shores of the Mediterranean have I found a temperature which during the year round, was so agreeable and healthful. You can see what it is in the remarkable stature of the men, and in the height, fullness of form and beauty of the women. My impression is, from Maryland down to the north of Georgia, is a paradise for the growth of the human plant. If bodily comfort and intellectual pleasures existed there, I should advise all New England to emigrate to it.”—(*Harper's Monthly for Feb. 1869.*)

The remark in regard to the “human plant” is strictly applicable only to the Piedmont and a part of the mountain region in North and South Carolina and Georgia. And as delightful as Major DeForest

found his headquarters at Greenville, they do not equal in pleasantness or salubrity the country farther west. The mean summer temperature at Greenville is 76° F., its winter, 45°. A few miles to the west is found a summer 4° cooler, with a winter of 44; the mean for the winter being that of north-western Texas, and the mean for the summer that of New York city on the Atlantic, or of Sandusky city at the west end of Lake Erie.

But it should be borne in mind that as we approach the equator, the range of the thermometer diminishes, so that in this region we should have no day in summer so hot or so cold as in New York or Sandusky; and the nights are in general, delightfully cool. As to the winter, it is as warm as is consistent with the acquisition of vigor. A warmer one may be very attractive to the invalid, but it is not favorable to real improvement, especially on the part of consumptives, who as a rule, require a cool but not cold atmosphere, in order to convalescence.

My own conviction is that this region, with the neighboring mountain country (which I will some day describe) has no equal in the United States, and probably not in the world for human development.

"*Monsieur Tonson come again.*" Friend Duncan, since furnishing the sketch that I did last week I have come upon a description of the wonderful Tryon Valley, about which I read years ago, with some skepticism.

"This favorable climate, in many respects, may be found throughout the elevated valleys and tablelands of the mountains of North Georgia, north-western South Carolina, and the extreme western portion of North Carolina. While I am satisfied from careful inquiry, and several years' personal observation, of the adaption of this whole section for an autumn and spring resort for this class of patients, I call particular attention to what is known as the "Isothermal belt" or belt of equal heat, found in the immediate vicinity, and south side of Tryon Mountain in North Carolina, some thirty miles north-west of Spartanburg, South Carolina, on the S. & A. railroad—a lovely valley about twenty-two hundred feet above the ocean, some two miles wide, and perhaps six or eight miles long—where frost has never been felt, where roses bloom and fruit and grapes hang on the trees and vines unharmed often until the middle of January, when they are apt to become chilled but do not freeze; where a few flakes of snow occasionally fall, but melt by the time they touch the ground; while the mountains are covered with snow and heavy frosts are of daily occurrence outside this line. Another fact is that the temperature apparently falls in this valley, in the heat of summer, and rises in the winter, resembling the best springs of water that are apparently warmer in winter and colder in summer, but which in reality are unchanged, the

seeming change being explained by the change of the atmosphere."

The foregoing paragraph is by a retired physician who writes from personal observation, and who is vouched for by the editor of the *Detroit Press*; and confirming as it does what I formerly read, it has in a great measure dispelled my doubts as to the exemption of Tryon Valley from frost.

H. P. GATCHELL.

THAT' DOUBLE REMEDY STORY.

BY DR. AD. LIPPE, PHILADELPHIA.

We find in the August 1st number of THE INVESTIGATOR a paper by J. B. Braun. This paper is so full of errors that it is a painful task to show J. B. Braun off in his physiological livery.

We take exceptions to his paper. 1. Grauvogl is no authority at all; his superiority consists in a total neglect of common logic, in making bold assertions which on the very face of them can only be accepted by just such men as he is—a boasting pretender. Again and again have we called attention to his assertion of having cured hydrocephalus by giving *Argent. nit.* in the morning and *Calc. phos.* all day; and his final assertion of having found a specific remedy for cancer, which for a long time he kept a secret, calling it "*Lapis alba.*" nails him down, not as an authority, but as a "pretender."

2. There is in all of Hahnemann's writings not one sentence to be found which sophistry might construe into a recommendation by our master, to administer double remedies or medicines in alternation *a priori*. The story about Dr. Julius Aegidi's discovery (departure), is true just as far as Aegidi's departure went, but the story that Hahnemann even for one moment listened to Aegidi or promised to dedicate a whole paragraph to this departure which was so utterly at variance with all of Hahnemann's plain teachings, is a fabrication. It was that silly man called Dr. Lutze who forged this whole story, and inserted it into an edition of the Organon. It is a story cut out of whole cloth, and any man familiar with Hahnemann's writings, with his logic and with his teachings, finding such absurd statements as J. B. Braun promulgates and endorses, will on first sight, reject them as not even deserving a moments notice. The tricks played as J. B. Braun has it, were played by Arthur Lutze, and are played now by the modern apostate of Electicism, Grauvogl. Hahnemann had nothing to do

with Aegidi, he despised him, just as much as to-day the followers of Hahnemann who honestly practice Homœopathy, despise Grauvogl. And if J. B. Braun tells us that a majority of men among the Homœopaths, alternate or use more than one remedy at a time, and if this were true, would it prove anything? T'is an old fallacious argument, fallacious on the face of it. Suppose that among the five thousand so-called Homœopaths in the United States, four thousand practice in opposition to Hahnemann's teachings, not knowing any better, probably not one of the four thousand ever having seen or heard of the Organon, or read it or comprehended it, were ill-taught in so-called Homœopathic colleges by teachers who themselves were Eclectics in fact, but by name only belonged to us; suppose these four thousand testify that the fifth thousand who consistently follow Hahnemann are in the wrong because they are in a minority (?) what would it amount to? To just as much as the full testimony of all the huge number of the regulars, that the Homœopathic school with its five thousand good, bad and indifferent practitioners is all a humbug, because they are, taking them all together, in a very deplorable minority. What great benefit mankind derive from a mongrel practice as J. B. Braun says, we know not—may be he can "illustrate" his position. Illustrate for once *if you please*, but do it better than Grauvogl did attempt to do it, or he will catch it as Grauvogl did time and again.

RUMEX CRISPUS COUGH.

I know of no remedy in the whole list of therapeutic agents at our command which has a more decided "specification" over that "protean" symptom "cough" than this one. I may not add anything new to the therapeutic action of this remedy, beyond what may be generally understood by our profession, but the mode of administration by which I have found this remedy the most efficacious may be new to some. Undoubtedly the most thorough and accurate observations concerning the therapeutical properties of this remedy has been given us by the late Dr. C. Dunham. It seems to exert a beneficial influence over almost all varieties of cough, either acute or chronic. It is more especially useful in catarrhal cough affecting the larynx, trachea and bronchi. The cough is usually dry, frequent and contin-

uous, occurring in paroxysms accompanied with more or less pain, rawness and soreness in the chest, constant tickling in the throat, behind the sternum provoking the cough; partial relief only is experienced by coughing. The cough is aggravated by cold air, irregular respiration, talking, and from pressure upon the trachea. The patient if able to be out of doors is often seen while walking the streets with handkerchief or something of the kind over the mouth, thus preventing the cold air from coming directly in contact with the irritated mucous surfaces. The cough is also much worse in the evening after retiring. Among the scores of cases I might relate, I will select two only, as examples over which *Rumex* showed its remarkable virtues.

CASE I. Mrs. M. aged fifty had been troubled with tormenting cough several years, and nothing in either Allopathic or Homœopathic practice seemed to do any good. The case was given me by a friend of the lady to whom I gave a small vial of *Rumex* 3rd dil. with directions to make a syrup. White sugar one pound, *Rumex* c. 3rd dil., two drachms; to be made into a syrup by addition of a small amount of water, while hot add *Rumex*, stir well and when cool take a teaspoonful every two or three hours. In about a week the case was reported better, and after using the same amount again the patient was declared cured.

CASE II. A lady aged thirty-five had been under treatment for a long time for a cough accompanied by sharp pain under the right shoulder-blade. Cough dry and spasmodic, with that peculiar aggravation by cold air. Treatment same as CASE I with the same satisfactory results.

C. J. FARLEY.

Hygiene Department.

HEAD TO THE NORTH.

TRANSLATED FROM THE GERMAN BY E. G. H. MEISLER, M. D.,
CHICAGO.

A theory, known a long time regarding the best position of the bed during sleep has lately been deliberated with great eagerness. Baron Reichenbach called attention to the fact, that, if the magnetic needle has so great an influence upon sensitive persons, the magnetism of the globe must necessarily have a great influence upon the nervous

system of mankind. He therefore is of the opinion, that on the northern hemisphere, i. e. north of the equator, people should sleep with the head toward the north, and those living on the southern hemisphere, to the south. The stream of magnetism of the globe as is well known is constantly passing from the equator toward the poles. The position of the body lengthwise, in accordance with this magnetic stream, is thought to be of great importance in the circulation of the blood and it is claimed that certain disturbances of the organism have been cured merely by a change of the sick-bed. This assertion has been confirmed by many proofs. The late Dr. Fischweiler of Magdeburg, who died in his one hundred and ninth year attributes his great age chiefly to the fact, that he always slept with his head to the north. In the western position i. e., the head turned towards the west is said to be the most unwholesome. Diseases have been aggravated by a wrong position as diligent observers have asserted.

REPRESSION OF DRUNKENESS.

“No suit shall be maintained for the recovery of debts for liquor supplied when the debtor was in a state of drunkenness.”

“Every person who has been punished thrice for drunkenness is forbidden to enter a tavern within the same year, even when sober.”

The above are extracts from the law for the repression of drunkenness in Galicia. Would not such a law rigidly enforced be beneficial in this country?

PROPERTIES OF HUMAN GASTRIC JUICE.

Mr. Charles Ricket has, says the *Sym. Medicale* been experimenting upon the patient on whom Verneuil recently performed the operation of gastronomy. According to his researches the acidity of the gastric juice is equivalent to 1.7 grammes of *Hydrochloric acid* to 1,000 grammes of fluid. This acidity increases a little at the end of digestion. Wine and alcohol also increases it, but cane sugar diminishes it. It tends to return to its normal acidity after the introduction of the acid or alkaline matters. The mean duration of digestion is from three to four and a half hours, and the food does not pass gradually out of the stomach, but in masses. According to four analyses, after

a modification of Schmidt's method, free *Hydrochloric acid* exists in the gastric juice; and altogether this secretion appears to consist of one part of *Lactic acid* to nine parts of *Hydrochloric acid*, the former of which is free in the gastric juice. The return therefore of the free acid in the stomach seems almost solid, and it may be said that in every 1,000 grammes of the juice there are 1.53 grains of *Hydrochloric acid* and 0.43 of *Lactic acid*.— *Medical Press*.

MEAT VS. VEGETABLE DIET FOR BRAIN-WORK.

Dr. Crichton Browne in a recent lecture on "Brain Culture," delivered before the Bradford Philosophical Society (England) showed that a tendency to explosive force or irritability is induced by a too highly nitrogenous diet. He applied to brain nutrition the principle elucidated by Prof. Houghton's comparison of the relative strength of the vegetable-eating deer and the flesh-eating leopard—the former having the greater power of endurance, while the latter is adapted for a rush.

Society Proceedings.

Transactions of the Clinical Society of the Hahnemann Hospital of Chicago.

This Society has nearly one hundred members. Its meetings are held every month. Its object is the collection of clinical reports and the analysis and discussion of the same. By a vote at its last meeting, it was decided to print in this journal, such of its papers and transactions as the society and its publication committee may select.

NO. I.—CLINICAL EXPERIENCE WITH COLOSTRUM.

BY W. H. BURT, M. D., CHICAGO.

CASE I. *Cholera infantum*. Babe M—aged seven months. Nervous temperament, no teeth but the gums are swollen over the front

incisors. Five days since commenced to vomit in the night, followed by diarrhœa, has continued every day since, six to ten stools a day, very copious, watery and sour; vomits about three times a day a sour fluid; very irritable; loss of appetite and is emaciating rapidly.

Treatment. Mother has given it *Chamomilla*, first day with benefit. Gave *Colostrum* every hour, one grain dry on the tongue. Following day found the child greatly improved, had but two stools at noon, continued treatment every two hours. Second day found the child convalescent.

CASE II. *Cholera infantum*. Babe J. aged seven months. Has two front incisors almost through. The father of the child said the babe had been sick one week with diarrhœa. The stools were copious, green and watery; had vomited every day once or twice; had from four to six stools a day; was very irritable and wanted to be held all the time; looked very pale. Treatment. *Colostrum* one grain every two hours, and in twenty-four hours was reported well.

CASE III. *Diarrhœa*. Girl aged three years, bilious temperament. Father called and said the child had been sick one week with diarrhœa. Now had yellow watery stools about every two hours, with much colic. No appetite. *Colostrum* one grain every two hours; called the second day and reported the patient well.

CASE IV. *Diarrhœa*. Mrs. V., bilious temperament. Her boy has scarlatina, which compels her to be up night and day. For two days she has had diarrhœa, stools copious, thin and yellow, occur about every two hours and are accompanied with severe colicky pains in the hypogastric region. Appetite poor; tongue yellow. Treatment *Colostrum* two grains every two hours. The next day I found that her bowels had not moved and she was discharged convalescent.

CASE V. *Cholera infantum*. Babe aged twenty-one months, bilious temperament. Father called and said the babe was taken two nights ago with vomiting and purging which had continued ever since. Now had a stool every hour, profuse, watery and green; wanted to be held all the time; no appetite and very irritable. Treatment. *Colostrum* one grain every hour. Called the second day and said there was no change in the babe excepting the stools were now mixed with blood with much tenesmus. Sent *Mercurius*. This is the first real failure I have had with *Colostrum*. Called to visit the babe and found it had high fever; severe colic, stools of pure blood with great tenesmus; stools every hour. *Mercurius* had failed, gave *Aconite* and *Colocynth* which cured the child in two days.

CASE VI. *Diarrhoea*. A little girl aged five, nervo-bilious. For two days she has had diarrhoea; bowels moved six times yesterday afternoon; to-day they had moved four times, stools thin and yellow accompanied with colicky pains. The tongue coated yellow with prominent papillæ and patchy at the base. She has taken several doses of cholera mixture without benefit. Gave *Colostrum* and in twenty-four hours she was well.

CASE VII. *Nausea and vomiting*. Girl aged twelve, nervous temperament. All day has had much nausea and vomited several times; bowels moved twice, rather loose. *Colostrum* every hour, next day no better; is very much nauseated. Gave *Ipecac* which soon effected a cure. In this case the nausea was a constant symptom, and it would seem that this is not the remedy for that one symptom, still it might do better in a child with a different temperament.

CASE VIII. *Cholera infantum*. A twin babe aged eighteen months Nervo-lymphatic temperament; has twelve teeth; the eye-teeth are very much inflamed and nearly through. For twenty hours she has been very sick with high fever, vomiting once in four hours, and has a copious green watery stool about every hour; does not seem to have pain but lies in a kind of stupor; will not nurse; tongue coated white. Treatment *Colostrum* two grains every hour. In twenty-four hours father reported the child greatly improved; fever gone; vomiting ceased and bowels moved about once in four hours. Repeated the *Colostrum* and the child was well the next day.

CASE IX. *Cholera infantum*. Babe aged nineteen months. Lymphatic bilious temperament. Has sixteen teeth. For two days has had copious watery stools about every two hours with colicky pains. Was taken first in the night with vomiting and diarrhoea; vomiting ceased the first day. Is very irritable. *Colostrum* two grains every two hours cured him in two days.

CASE X. *Cholera infantum*. Babe aged twenty-two months. Bilious temperament. For four days has had a copious watery diarrhoea; once in about three hours vomited the first day but not since; loss of appetite; tongue coated white and excessively irritable; mother gave it some cholera mixture without benefit. Treatment. *Colostrum* two grains every two hours; reported well next day.

CASE XI. *Diarrhoea*. A lady aged about thirty, bilious temperament. For two days has had diarrhoea, stools thin, copious and yellow, once in four hours with much pain during stools in the hypogastrium; tongue

yellow; loss of appetite. *Colostrum* two grains every three hours cured in forty-eight hours.

CASE XII. *Diarrhœa*. A man aged about thirty-five for two days has had cholera morbus; ate water-melon excessively and was taken in the night with vomiting and purging, with severe colicky pains. For two days he had a stool about every twenty minutes. To-day, the third day since attacked, he thinks he has had a stool every half hour. At first they were copious and watery, but now not so copious, and are mixed with mucus; much colicky pains and tenesmus during stool. Loss of appetite and keeps his bed most of the time. Has taken cholera medicine without avail, and now wants a physician. *Colostrum* cured him in forty-eight hours.

RESUME.

In the following list the figures placed before each symptom indicates how often it has been cured by the *Colostrum*.

6. Great nervous irritability.
2. Face very pale from nausea.
2. Listlessness.
3. Tongue coated yellow.
2. Tongue coated white, and once patchy.
7. Loss of appetite.
5. Sour vomiting.
4. Bitter vomiting and failed twice.
1. Constant nausea, failed.
12. Watery diarrhœa with colic, three times.
8. Sour watery stools, the whole child smelling sour.
8. Excoriating diarrhœa.
6. Green watery stools.
5. Mucus stools, with much colicky pains in the hypogastrium.
6. Thin, yellow, bilious stools, with colicky pains in the hypogastrium.
2. Mucus stools with tenesmus.
3. Fever in children.
1. Emaciation from profuse watery diarrhœa.

The above clinical experience is beginning to show us the range of usefulness for *Colostrum*. Its field of action will be found in the chylotropic viscera, where we have, hyperæmia of the mucus membrane of the digestive tract, effecting more especially the colon, irritating its nervous filaments so as to greatly increase its peristaltic movements, causing a rapid propulsion of the ingesta and consequently copious watery diarrhœa. (*Ziemssen*.) Its wonderful control over watery diarrhœa in sour smelling babies, is another proof that its centre of

action is upon the colon, for it is in the large intestines that the acids are *manufactured*, especially *Lactic acid* from the carbo-hydrates; the small intestines have an alkaline reaction; increased peristaltis propels the chyme too rapidly, preventing proper absorption and the fats pass into the large intestines unabsorbed and half digested where it decomposes and gives rise to this great acidity, watery diarrhœa and its long train of symptoms. (*Ziemssen.*)

The functions of the follicles of Lieberkuhn seem to be greatly increased, as well as the secretions of the liver by *Colostrum*. It also effects the intestinal muscular fibre as shown by the severe colicky pains. To sum up the action of *Colostrum* in a few words, we have through the intestinal nervous filaments, congestion of the whole mucous tract centering especially in the large intestines; great increase of the peristaltic action of the intestines causing copious watery diarrhœa from too rapid propulsion of the ingesta and the watery portion of the blood that is poured into the intestinal tract, principally from the swollen Lieberkuhnian follicles. As soon as this hyperæmia passes into the stage of active inflammation, the usefulness of *Colostrum* ceases, and other remedies will have to be substituted, but prior to this stage, where diarrhœa predominates as in cholera infantum, I believe there is no remedy which will be so often indicated, I would call especial attention to this remedy in acid diarrhœas in infants, where the discharges are excoriating making not only the anus but the whole nates sore, and where *Sulphur* is so often indicated.

In action *Colostrum* resembles *Sulphur*, *Calc. carb*, *Mercury*, *Rheum*, *Robenia*, *Hepar sulphur*, and *Oleum ricini*; and if my experience is confirmed by the profession, it will take a position in our materia medica, above all of them in bowel complaints. *Colostrum* should be prepared in the following way: Four hours after labor, before the child is put to the breast, draw from the breast with a good breast-pump, two drachms of milk, three-quarters of which is pure *Colostrum*; triturate this with two hundred grains of sugar of milk one hour and then prepare from this on the decimal scale, as high as you desire. My experience so far has been with the first trituration.

CALIFORNIA STATE MEDICAL SOCIETY.

The California State Medical Society of Homœopathic Practitioners met in annual session at San Francisco, Cal., April 10th and 11th.

A large number of members being present, in the temporary absence of the president C. W. Breyfogle and vice president J. M. Moore, the secretary called the meeting to order. Dr. M. J. Werder was elected president *pro tem*. Minutes approved.

The following physicians were elected members of the society in due form: Wallace A. Ely, San Rafael, Cal.; Abel Dobson, Grass Valley; Geo. M. Dixon, Sacramento; Jacob Moltz, Sacramento; Asa G. Henry, Sacramento; N. L. Thomsen, San Francisco; M. A. A. Wolff, San Francisco; Ed. D. Smith, San Francisco; J. R. Howard, West Oakland; Robert Cauch, Carpenteria; Rawden Arnold, Woodland; Hugo Rozsas, Nortonville; A. S. Wright Santa Rosa; Agnes C. Burr, Astoria, Oregon.

The committee appointed at the previous meeting, to consider and determine the best mode of commencing the publication of a medical journal, reported that Bæricke & Tafel were willing to do the necessary work connected with a publication, but were unwilling, as publishers, to shoulder any financial responsibility, either to printers or subscribers.

Furthermore that Dr. F. Hiller Jr., of the committee, had offered to publish a quarterly in connection with his Directory; assuming all responsibilities, provided the members of the society individually, would *assist by their curds and subscriptions*. On motion it was voted to sustain the effort in the manner proposed.

Dr. W. N. Griswold, as secretary of the state board of examiners, read a report of the proceedings of the board during the past year; referring to the character of the work, the circumstances under which it was done, the expenses and income, the character of applicants for certificates and numerous examples of erudition, discovered among the aboriginal practitioners of free and easy California. The number of licenses to practice, granted on examination were twenty-four; on licenses three; on diplomas sixty-seven. Of the latter forty-seven were received from colleges of Homœopathic medicine, distributed thus: Philadelphia thirteen; Chicago nine; Cleveland nine; New York six; Missouri five; Lansing, Detroit, Pulte, Allentown and St. Louis each one. The other twenty were from institutions in America and Europe. Total number of certificates granted were ninety-four.

On motion the report, ending with some recommendations, was adopted.

Dr. E. J. Fraser read a paper on "Traumatic Diseases of the Knee-Joint."

MORBUS COXARIUS.

Dr. F. Hiller Sr. read a lengthy and exhaustive paper on "Hip-Joint Disease" (morbus coxaria) its pathology, development, treatment, etc.

Dr. E. T. M. Hurlbut gave the symptoms and history of a case which he cured with *Aurum*.

Dr. F. Hiller Jr. reported a case of "Hip-Joint Disease" of the right hip cured by *Colocynth* 30.

Dr. R. Arnold said, I would ask Dr. Hurlbut, what potency of *Aurum* he used in the case just reported.

Dr. Hurlbut — *Aurum* 3x.

Dr. A. A. Theise mentioned a case in the person of a child of Capt. R. of Boston, which had not been diagnosed in time by the attending physician.

Dr. Werder—It is not alone physicians, who are at fault in cases which come in late for successful treatment. Parents make fatal delays. I remember three cases of the kind, which have come under my observation, within the last six months. In one, no physician was called until the child was decidedly lame, and then it was first an Allopath. When I was called fistulous openings had formed, discharging quantities of pus. This case was cured by the use of *Merc. sol.*, *Bell.*, *Coloc.*, *Cal. c.*, administered according to requirement, and the application of an extension apparatus for three or four weeks. The leg was left, even then two inches shorter than normal. Were it not for the neglect of parents, we could in such cases, do better.

Dr. Fraser—The treatment of hip-joint disease should commence much earlier, even, than the first appearance of the disease. A Homœopathic physician may in early infancy, if family physician, infer the tendency of the child to hip disease, from the indications of a *scrofulous diathesis*. By early treatment he can effect the constitution, so that in after life, injuries will not produce the disease. Physicians cannot too strongly impress on the minds of patrons, the importance of having a *regular family* physician upon whom they can depend, and who recognizes his relations with the family, will feel interested to remove or modify constitutional dyscrasias.

Dr. Griswold—There are many difficulties connected with prophylactic treatment of this, or any other disease. Thousands of children are more or less affected by scrofula and kindred constitutional diseases, who in infancy or childhood exhibit no evidence of its existence. How do you expect to give prophylactic treatment, when parents

or nurses know, there is no disease to treat. If you even suggest hereditary scrofula to some families, the chances are that you will be considered a visionary and your imputation on the blood of ancestors may be indignantly resented, and a notification served, that *when they need you again*, they will send word; and your *benevolent scheme* of prophylaxis, comes to an ignominious termination. Many scrofulous children are the living pictures of health; and physicians might be excused often if they did not discover the dyscrasia, in such cases. Dr. Frasers' theory is excellent, but the application of it is not, in many cases, easily made.

Dr. Hurlbut—I think almost always when scrofula exists in children, and its signs are not manifest, its existence may be inferred by indications of it in the parents.

Dr. Fraser, speaking generally, morbus coxaria is really tuberculosis of the hip-joint; tuberculosis of the brain in parents, may develop in children to pulmonary or mesenteric tuberculosis; and an early and thorough prophylactic treatment would tend to abort all forms of tuberculosis.

The discussion being ended, Dr. Worth, treasurer of the society presented his report of receipts and expenditures for the past year, indicating a healthy balance in favor of the society.

SECOND DAY.

April 11th. The state society met according to adjournment, preliminaries having been disposed of. Dr. G. M. Dixon of Sacramento, read a paper on "Chronic Suppuration of the Middle Ear," which was listened to with especial interest.

Dr. Hurlbut reported a case of suppuration of the ear which he had cured with *Aurum 3x*.

Dr. Dixon—What were the symptoms which indicated the use of *Aurum*?

Dr. Hurlbut—I do not remember particulars, but the point which called my attention to *Aurum*, was the accompanying *necrosis*.

OUR DIETETIC RULES—STIMULANTS.

Dr. M. A. A. Wolff, read a paper entitled "Our Dietetic Rules" pointing out how the *extreme rules* of twenty years ago, now much neglected yet published in our standard family and other works, and still attributed to us by the "regulars," were doing Homœopathy much harm; also the necessity of some competent body of physicians to make a decided pronouncement of the doctrine that "the appropriate remedy

even in spite of all untoward circumstances, as to diet, will cure.”

Dr. Fraser—Dr. Wolff has struck the right chord. It is true, that what is one man's meat is another man's poison. It follows that it is impossible to prescribe a diet which will suit all cases. Dieting by routine, like medicating by routine, will not do. Homeopaths are also too liable to fall into the routine of stimulants, by prescribing wine, cogniac, alcohol etc., in typhoid and other debilitating fevers. Such prescriptions do more harm than good. A patient will live four weeks on less good food than I can hold in my hand; and it is equally useless to force food, as stimulant drinks, upon him.

Dr. Griswold—As a profession we are affected by the *charge* of curing our patients by *starvation* and as we are not properly amenable to the charge, we should make every effort to free ourselves from it. The dietetic restrictions of some of our oldest authorities, are now much neglected. My practice is to ask the patient what articles he craves. If he does so, then select from those enumerated what in my judgment, will serve him best. If he has no appetite, and maintains a fair amount of strength, let him alone. If his strength is failing and no appetite, then insist that some food be taken. Medicines, especially our high attenuations will work through, and beyond the grossest of diet, arousing dormant vitality at its fountain head; hence I generally let a patient have what he wants. We can afford to stand on our principles and proclaim that we *can, and do cure* by our remedies, and not by starvation.

Dr. Worth—Would Dr. Fraser, when paralysis of the heart is feared, not consider it necessary to give stimulants to ward off that trouble?

Dr. F. Hiller, Sr—Early Homeopathic authorities are to be excused for their restrictive care in matters of diet. They stood on new ground, were carefully experimenting a system of medicine into existence. Their doses then, were so small that they wanted the whole system prepared for *the action* of their infinitesimals that medicinal action might not be diverted nor obscured. Experience had not given them the ground of confidence we now have. These considerations probably led to the dietetic rules of the earlier masters. Those times are gone by; and we have profited by their care, and can now with respect to them, brush aside with confidence, whatever of false implication, has, by virtue of their caution been laid onto Homeopathic practitioners. In all my practice, I have not seen the

necessity of alcoholic stimulants in any case. The appropriate Homœopathic remedy accomplished what can be done.

Dr. Dixon—My experience teaches me not to use stimulants in typhoid fever before the turning point. When the fever is gone and pulse and strength low, stimulants might, if used with judgment, be of service. Judgment should be exercised, also, regarding diet, in each particular case. Arbitrary rules could not be found to suit all cases. While some liberty must be allowed, some restrictions should generally be insisted on, as for instance *coffee* and *chocolate* should be withheld during the administration of *Nux vom.* The compatibility of the diet with the drug should be a governing feature.

Dr. Hurlbut—Stimulants are useful, when the assimilating powers are in obedience, and until they have resumed.

Dr. Rice—Stimulants are useful in typhoid cases, after the fever has passed and when the patient does not rally without them. They may be given by enema; but if administered during the fever, they will certainly do harm.

Dr. Clark—In endemic typhoid fevers, Allopaths around me always used stimulants, and lost a heavy percentage of their patients. I used none and my cases all recovered. If stimulants are required, they should be given in the smallest quantities; otherwise they will prostrate rather than invigorate.

Dr. Werder—Stimulants are of great benefit just after labor.

Dr. F. Hiller Jr. — In regard to diet, it is well to prohibit all food or drink that *antidotes the remedy prescribed.*

ON DIPHTHERIA.

Dr. Sidney Worth read his paper on Diphtheria, setting forth the doctrine that the disease was of animalcular origin.

Dr. F. Hiller Sr., read a paper on the same subject; assuming that the disease resulted from blood fermentation, and denied the influence of spores in its production.

Dr. Worth—Dr. Hiller's ideas regarding its nature and cause, are not sustained by the latest authorities. I know of no remedy to cure diphtheric croup.

Dr. Griswold—The cause and nature of diphtheria are not positively known; though opinions seem to be centering around the two theories just advanced. So far, the statements on either side, are largely, but assertion and denial. Between and around these theories, is probably the field for future investigation; and to this field the attention of all

thinking and experimenting physicians should be turned. It does not follow, because spores are always found accompanying diphtheria that they are its *cause*. They may be results or incidents; as animalcular life is in many cases, incidental to, and not the cause of decomposition. Diphtheria seems to have some relation to both typhoid and scarlet fever, and its cause may lay in the direction of the causes of either of these diseases.

Dr. Fraser—People blame bad sewerage and filth with producing diphtheria, and yet we find it epidemic; not confined to San Francisco or to badly seweraged or filthy localities. We have had this condition of streets in San Francisco year after year, and yet I have seen but few well defined cases of diphtheria until this winter. The low attenuations do better in the treatment than the high. Those complicated with croup generally prove fatal. I have performed tracheotomy with temporary relief only.

Dr. Dixon—Some persons in a given neighborhood will be attacked while others escape; we must infer that the peculiar condition of the system in some constitutions, render them susceptible to the infection. Susceptible constitutions being admitted, may not the cause be found in what is commonly called bacteria floating in the air?

Dr. F. Hiller Jr.—Are they not the cause of all epidemic diseases?

Dr. Fraser—All epidemics depend on miasms of the atmosphere; some constitutions present a fertile soil to the general atmospheric miasms; others do not. We are most concerned however in the treatment. In ordinary cases I have found *Aconite*, *Bell.*, *Merc. chlor.*, and *Sulpho-Carbolate of Soda* sufficient.

Dr. Rice—I have treated two far advanced cases recently, with *Cyanuret of Mercury 3x*.

Dr. Griswold—I use *Chloride of Calcium* persistently to effect the blood condition, and other remedies to meet special symptoms. Concentrated *Liquor Calcis Chlorinatus*, enough in water to make the latter taste of it, and give a spoonful of it every five minutes or five hours according to the degree of putridity and urgency of the case; this is my sheet anchor in the worst cases, and the only thing in many.

Dr. D. A. Hiller—*Sulpho-Carbolate of Soda* acted well in some cases. The profession would do well to try it. *Acid* treatment is to be avoided. It leaves the patient with hard glands, almost as difficult to overcome as diphtheria itself. Dr. Worth's remarks concerning physicians who claim to have cured with high attenuations, and such

drugs as *Nux v.*, etc., are unjust. I have cured cases with *Lac canium* 100,000.

Dr. Worth—I do not believe *Nux v.* in any attenuation will cure any case of true diphtheria.

Dr. Worder—We cannot well doubt the word of physicians who have reported cures with 3000 or 10,000 potencies. I do not believe *Nux v.* alone, will cure a case of diphtheria.

Dr. Porter—I do not believe a word of statements that 100,000 or the 5000 potencies had cured diphtheria. It is *nonsense, worse than nonsense*. Such medicines may be taken with impunity and the patient recover, but the cause of the recovery would still remain a problem.

Dr. D. A. Hiller—I advise Dr. Porter to try it. He has no right to call it nonsense until he has tried it.

Dr. F. Hiller Sr.—Of late years I have been using high and highest attenuations, and have frequently witnessed immediate and marked effects, particularly in nervous disorders; but I would not dare to trifle with them in a form of disease like diphtheria, which runs through its stages very rapidly and requires prompt action. *Bell. 3x* often arrests the inflammation in a few hours, and should the disease progress, or in advanced or mismanaged cases, the *Mercurials 3* to 6th will give satisfactory results.

If there is much exudation I make use of a lotion of *Kali causticum* (*Caustic potassa*) sufficiently diluted so that it may be swallowed with impunity, because with smaller children, gargling is impossible, and the caustic is dangerous. Should the exudation fill the air passages that breathing becomes difficult, I have frequently cleared the fauces with my finger and found it to be superior to the probang.

Dr. J. M. Moore—Since I have adopted Homœopathy my experience does not lead me to rely upon high attenuations. The lower dilutions are more useful. The disease is caused by exhalations from defective sewerage, and other atmospheric impurities acting on persons who have weak and inactive mucus membranes. It may be due, in part to bacteria, etc., which will produce true diphtheretic symptoms on the edge of a wound. If this exudation be examined, little sporads similar to those of the yeast plant, will be found; still I do not regard them as the essence of the disease. I believe it to be a blood poison as truly as that of scarlet fever. It is infectious but not contagious. In diphtheretic croup *Bromine* seems the only drug capable of giving quick and effective relief. It should be used by

inhalation. Such cases are usually fatal. I believe the remedy of the future will be that mentioned by Dr. Rice *Cyanuret of Mercury*. The recent epidemic has had some connection with two circumstances, one the small-pox epidemic of last year, the other, the excessive *dryness* of the winter, giving rise to the production of myriads of spores from fermenting and putrifying matter.

Dr. Porter—I aim to give the remedy, just low enough and strong enough to overmatch the disease. As to the cause of the disease we are as innocent of its knowledge, as children.

Dr. F. Hiller Sr.—It is surprising to learn that as eminent a physician as Dr. von Grauvogl supports the spore and miccrococci theory; and that he strongly recommends internal and external use of Alcohol. On motion a recess was taken until 2 o'clock.

[To be Continued.]

Hospital Department.

HAHNEMANN HOSPITAL CLINICS.

ON TRAUMATISM AS A FACTOR IN THE DISEASES OF WOMEN.

A LECTURE INTRODUCTORY TO THE COURSE ON THE MEDICAL AND
SURGICAL DISEASES OF WOMEN, BY PROF. R. LUDLAM,
IN THE HAHNEMANN MEDICAL COLLEGE AND
HOSPITAL OF CHICAGO.—DELIVERED
OCTOBER 3, 1877.

As a rule, an introductory lecture should have an especial relation to the subject of study which it proposes to introduce. Instead, therefore, of treating you, to-night, to the sort of medical bric-a-brac that I brought to this desk one year ago, I shall speak of something which is less antique but more useful.

The subject that I have chosen is *Traumatism as a factor in the Dis-*

eases of Women. None but those who know everything can tell you how much this title includes. I shall not attempt it. By traumatism is meant a diseased condition which has been caused by a bruise or a wound. A traumatic fever or inflammation must date from an injury to some of the tissues. In this respect, traumatic tetanus and traumatic erysipelas resemble each other. There is a surgical and a puerperal traumatism. Traumatologie is a word proposed by M. Ampere to describe the variety of ailments which spring from this class of causes.

Not only does the susceptibility to wounds and bruises, and the power to react against them, vary in different persons and tissues, but it also varies in the same individuals, and in the same bodily textures, at different times, and under different conditions. This is a matter of daily observation.

Women are more sensitive than men to traumatic influences. If they are not, like the donkey, more thoroughly beaten, their bruises are more numerous and more harmful than are those which the men have to bear.

Some of these bruises affect the mental organization of women more especially. The cuts and wounds that come from the jagged weapons of neglect and improvidence are just as real as those which rained upon the poor man in Scripture, when he fell by the wayside.

The girl whose brother or whose lover is a vagabond; the spirited wife whose husband is lazy and shiftless; or the mother whose son is a curse instead of a blessing to his family, is certain to suffer the effects of mental injury. And these effects will implicate her health as well as her happiness.

There are tracings of disease that are due to a spiritual traumatism; conditions that come to this class especially from a tearing and contusion of the web of thought and feeling. For the mind can bleed like the body, and many a poor woman is the victim of a concealed internal hæmorrhage from wounds of this kind.

I need not pursue this line of thought. All the petty vexations, the wrinkling cares, the disappointments and sorrows, the checks to pride and ambition, to love of place and of power, of dress and of distinction, the temptations, the reproaches, and the fret and worry of a woman's life, are so many causes of a wounded spirit. Their consequences complicate most of the disorders to which these patients are subject, and constitute a kind of diathesis, or class-bias, which you will need to study very carefully.

We pass to the consideration of physical traumatism in women. And perhaps it has not occurred to you that the very first sign of the fact that a young girl has entered into her womanhood is a wound, the scar of which she will carry to the day of her death! The little egg, through whose agency one generation is linked with another, cannot escape from its dark cell through any other door. Its liberty comes with the shedding of blood.

Ovulation, or the ripening and extrusion of the ovule at the surface of the ovary, and its transmission through the generative intestine, involves and includes a species of periodical traumatism which occupies one-fourth of the time during menstrual life. If the catamenia are established at the fourteenth year and cease at forty-five, a woman will have had about seven years of suffering. But if the function of menstruation is not healthy, the duration and dangers of this martyrdom will be increased.

Think of the effect upon the general organism of a week's illness in every month for the space of thirty years. If a man happens to pinch his finger or to bruise his toe once in a lifetime, there will be no end to his howling. But a woman must suffer and be strong, or we wonder at her lack of endurance. The life-yarn of her very existence is knitted with a physiological traumatism. The blow is sure to fall upon her. She cannot escape it. She barely recovers from one wound before she receives another. And whether she becomes a mother or not, every woman under the moon must be, is, or has been the victim of this kind of a bastinado.

The questions involved in the clinical history of this function are very delicate and difficult of solution. Should she have a menstrual rest, and like the women under the Mosaic law, go into a domestic quarantine at the period? Or, may she disregard this peculiar infirmity of her sex? Will not her unremitting cares, anxiety and toil increase the risk of mischief from the ebb and flow of the pelvic circulation? May she run a sewing machine, a sewing society, or a Sunday-school, a church or a charity, without regard to the consequences at the month?

Shall we permit her to stand all the day long in a store, or all the night at a party, or a fair, when the boy with a broken leg, or a dis-jointed member, must go to bed and stay there? How will her menstrual wounds be influenced if she makes a journey at the period? Will not the jar of the railway and the stage-coach increase and pro-

long the periodical congestion of the womb? And what will be the effect of travel upon her nervous system when she is already as sensitive as an electric bell?

In brief, how shall we treat her while she is torn in body and mind by this peculiar experience? Shall the rules that we adopt be for the masses in general, or for the individual in particular? During the winter it will be my duty and pleasure to help you to settle some of these very important questions.

But if these queries in menstrual hygiene are of interest in the case of healthy women, where they have a prophylactic import, they are much more significant when they concern those who are already ill. The traumatic element of menstruation is a relapsing factor in uterine disease. Its impress is stamped upon almost every case of chronic metritis, of uterine hyperæmia, ulceration and displacement.

If to this predisposition we add the effects of surgical injury from all sorts of operations that have been carelessly made upon the unimpregnated uterus and its appendages, the traumatism becomes a very serious affair. It is the roughest possible application of the principle that *like cures like*, to cut and skewer and cauterize a set of organs that have already been injured.

I speak earnestly, because my daily experience is concerned in healing these lesions of an injudicious surgery—scars and wounds that are as eloquent of suffering and of injury as the empty sleeve of an old soldier. It would almost seem that, between the cut of their dress and the cutting of their doctors, the poor women are doomed.

Nor can we suppose that the two hundred kinds of pessaries and of *abominable* harness that our American women are wearing are harmless in this regard. For there are thousands of cases in which these props have bruised and ruined the structures they were designed to support—cases to which they were about as applicable as a crutch would be for the cure of an abscess in the arm-pit.

It is not the proper use of manual or of mechanical means that is so mischievous. But it is their abuse and their indiscriminate employment that have ruined the health and the happiness of so many women in our land. It is the putting of surgery before medicine, and not after it, as a means of cure; the fashion of treating this class of cases as one reads Hebrew—backward, and of resorting directly to operative interference before trying the effect of remedies, that has entailed the traumatism of which I speak.

In the olden times the king could change the value of the coin, and by a mere arbitrary whim, could enrich or ruin his subjects. We are apt to deify our leaders, but in the domain of legitimate medicine, there is no one who is endowed with such a royal prerogative. When we extol surgery at the expense of medicine, we are off our professional balance. We play the quack with the scalpel, the scissors, the chromic acid, and the sponge-tent, when we resort to their use for *all* the diseases to which women are liable. And so, likewise, if we laud our remedies as suited to *every case*, and to *all conditions* of uterine pathology, without exception.

For the very essence of quackery is to put forth and to practice a routine treatment indiscriminately, and to ignore the teachings of an accumulated clinical experience, and of ordinary common sense in its application. It is because so much has been claimed for the pessary that it has fallen into disrepute with many of our physicians. It is because Bennett, "the apostle of the speculum," really played the empiric, by insisting that the diseases of women are limited to the neck of the womb, and that caustics will always cure them, that some of our doctors have taken the opposite course, and can scarcely be induced to pass a speculum for any purpose. The inevitable result of this narrow and one-sided practice is to do more harm than good, and to bring the means that are used in such a way into discredit. Surgery and medicine are leaf and branch of the same tree, but we cannot cure all cases in gynæcology with either of them, or, for that matter, with both of them.

There are two reasons why surgery has lately assumed such a paramount importance, and why a premium has been placed upon its practice in this specialty. The first of these is a forced attempt to create a distinct department of surgery, as applied to gynæcology, by those who doubt the efficacy of internal remedies, and who know next to nothing of applied Homœopathy. The very separation of these special means of cure in our lectures, in our literature, and in our practice, divorces their mutual and essential relations. A medical college and a medical class is just as sure to be damaged and misled by a chair of gynæcological surgery, as it would be by one of ophthalmic or of aural surgery, if it was detached from ophthalmic and aural therapeutics. If my colleague, Dr. Vilas, should confine his teaching to the surgical side of his branch, he would give you a distorted view of the subject, and if he conducted his clinic on this plan

exclusively, skillful as he is, he would often destroy the sight and the hearing of his patients, and send them away with a host of traumatic lesions that would do him no credit, and the hospital a lasting injury.

The second reason for this curious and calamitous state of affairs is, that the people have been led to believe that, in this class of cases especially, a more heroic system of treatment is necessary than in other diseases. It has become a fashion with them, and nobody supposes that what is fashionable can possibly be harmful. Thousands of doctors have taken advantage of this prejudice, and the wounds that have been inflicted unnecessarily exceed in number those of any battle-field since the days of Hannibal.

Fortunately, there is a healthy reaction in favor of a discriminating choice in the means that are employed, and of a more conservative course of treatment, as applied to the diseases of women. One of the principal objects of my clinic will be to teach you how and when to employ either or both of them. Before the course is finished, you will learn that, while surgery is not always necessary, the exclusive use of medicine is not always sufficient.

If Pregnancy was not beset by the risks of traumatism, nature would not have furnished it with so many safeguards. So long as the rootlets of the chorion drink in the supply of nutriment designed for the germ from a placid little reservoir, she keeps the gravid uterus within the bony walls of the pelvis. Meanwhile, she builds up its parietes, and floats the little tenant in a fluid that shields and protects it from the harm that might otherwise befall it.

In due time the womb mounts above the superior strait, where it can have more space, but where it will be more exposed. Directly the embryo is fastened to the mother by ties that are as tender and delicate as the threads of affection, and the tiny little heart begins to pump its red current through a thousand channels. Its circulation is independent, but it receives its oxygen through the vascular cord to which it is attached, like a diver at the bottom of the sea.

The wonders of embryology, the mysterious evolution of the bodily organs, the curious reproduction of form and of feature, and the more curious and inexplicable transmission of personal traits and morbid tendencies, are so many topics connected with intra-uterine life that tempt me from my theme. But I must remind you that there are a great many causes, both physical and mental, which are capable of interrupting these delicate processes, and of bringing them to a pre-

mature end. By-and-by you will learn what these causes are, and how the genuine physician goes to work to protect the dearest and holiest interests of the family and of society against them.

Suffice it to say that there is not one of these causes, of any kind or description, which is capable of inducing an abortion, that in so doing is not certain to induce a genital traumatism. And when we reflect upon the frequency of this accident, upon its daily and almost hourly occurrence in a city like this, we cannot fail to recognize it as a factor in the production of such lesions as I shall often show you in my clinic.

These contingencies cluster about pregnancy, which is indeed, a perilous period. And, but for the conservative force of nature, and her power of resistance, they would be many times more harmful. It is this species of resistance that sometimes enables women to withstand the shock of fatigue, of accident, and even of severe surgical operations, without direct injury to themselves or to their offspring. Incidental or surgical traumatism is sometimes of little moment, while again, and under the same conditions, the slightest operation or injury in the person of a pregnant woman is fatal. Spencer Wells has recently performed ovariectomy successfully four times, during gestation, without interrupting it, or doing any mischief whatever. But this extraordinary immunity is quite exceptional.

Most of the causes of abortion are avoidable. If we know their nature and their tendency, and begin in season to set them aside, and to avert their consequences, we shall prevent suffering, and save human life. This is the end and object of our mission. The world, which is always ready to applaud and to reward the heroism of a miner, of a sailor, or of a day laborer, when he saves life, may never know or realize what we have done. But the result is the same. And not only do we guard the interests of the offspring, but we protect the mother from an incidental traumatism that might ruin her health in the future.

In the state from which my colleague, who has just addressed you, comes, there is an old law that remits a man's taxes to the amount of a quarter of a dollar for each maple tree that he plants by the wayside. If the beauty, and grace, and comfort, and happiness, that the skill and providence of the true physician plants in the homes of the people, were prized as they should be, his taxes would be remitted altogether, and his reputation would be marvelous.

I would to Heaven that this was all there was of it; that every doctor in the land was fully deserving in this regard; and that only those causes which are contingent and avoidable, were responsible for the traumatism of abortion and miscarriage. But it is not so. Multitudes of women are suffering to-night and will always suffer, the consequence of a mischievous interference with the function of reproduction by their medical advisers. For, while in the case of pregnant women it may sometimes be safe and expedient to cut off a limb, or to extirpate a tumor, nature is sure to resent a wilful injury to the womb or to its contents.

The mercenary fellows who hang about the medical camp, and who in a stealthy way take the life that they cannot give, leave a score of traumatic lesions that the poor women must carry, and that better men must strive to cure. If there is a crime more horrible than the deliberate murder of these unborn innocents, it is that of entailing the curse of ill health upon those who should have been mothers, and who might have been well and happy. A sanitary measure that would "whip the rascals naked through the world"; that would drive them out of our churches and into the courts; that would convict them and debar them from practice, would do a real service to the public health to the profession at large, and to the whole race of mankind.

Do not understand me to say that labor at term is devoid of risk to those whose physical welfare is directly concerned. To "bring forth in sorrow" is natural and necessary. The parturient act may be shorn of positive pain, but the best obstetrician in the world cannot always shield his patient from the traumatism of childbirth: Joulin estimates the maximum force of labor at one-hundred pounds; but Matthews Duncan puts it at eighty pounds. If this force, which is designed to empty the womb of its contents, is in the slightest degree misapplied, it may do serious harm. In many cases the pressure of the child on the maternal passages, contusing them and cutting off their circulation, is the cause of traumatic injury. The extreme distension of these tissues is often relieved by rents and lacerations, and sometimes by perforations and ruptures, which partake of the nature of flesh wounds, and are more or less deep and difficult of cure.

All the stages of a natural labor, whether of dilatation, expulsion or of delivery, are beset by conditions and contingencies that are essentially traumatic. This remark applies to those which are simple and uncomplicated, as well as to the most severe and protracted cases.

Cruveilhier compared the uterine surface to which the placenta had been attached to the condition of the stump after an amputation. But before the placenta has been torn off there is cause enough for local wounds and laceration through which the general system may be infected.

In difficult and tedious delivery the risks of these accidents are multiplied. The pounding of the fetal head, for example, against the soft parts and indirectly against the pelvis, in a delayed or impracticable labor, may devitalize the tissues and induce the most serious traumatism. If we add to this the mischief that results from "meddlesome midwifery" in forceps cases, in the use of the crotchet and the blunt hook, and from the careless performance of version, and of embryotomy, the list will be swollen immensely.

From these contaminated wounds we may have the more horrible consequences of septicæmia, pyæmia, tetanus paralysis, and mania. It is the reaction that follows their infliction that Simpson describes so eloquently and so truthfully as *surgical fever*. These lesions and others like them are carried over into the puerperal state, to modify its clinical history and multiply its diseases. So that the strain and wear of labor are not wound up and finished even when the child is born.

The accoucheur is in the presence of two beings for whose welfare he is responsible. The physical future of both of them is in his care and keeping, and it is his imperative duty to study the causes and effects of the traumatism which is incident to maternity and to puerperality.

Now, my friends, we have considered the different epochs in the life of woman from a single point of view and in a hurried and imperfect manner. But enough has been said to show the importance of the subject that I have chosen, and to incite you to the careful study of traumatism as one of the most prominent factors of disease in this class of patients. I have no desire to exalt this department of etiology unduly or extravagantly. For, although this particular thread runs through the web of so many sexual disorders, it is not present in all of them. And we should not be warranted in founding an exclusive system of uterine pathology, or of uterine therapeutics upon this single idea. There are too many half-schools of this sort among gynæcologists already. Neither should we overlook or undervalue the practical hints that are to be derived from a knowledge of the class of facts to which I have directed your attention.

More than half the popular reputation which Homœopathy has achieved has been due to the almost universal employment of *Arnica* locally and internally in the lying-in chamber. And before *Arnica* was used in this way the old wormwood, or *Artemisia vulgaris*, which belongs to the same group, was very popular. In later times there are other remedies which fill the same indication more or less completely. These are *Calendula*, *Hamamelis*, *Ruta grav.*, *Ledum pal.*, *Spigelia*, *Hypericum*, and *Ferrum mag.* And when we know how to use them more appropriately there is no doubt that we shall have still better results from these and from kindred agents.

What is true of the puerperal affections is also true of the diseases that are incident to ovariectomy and to every kind of surgical operation upon women. Our experience will enable us to give you the most practical and useful lessons in this direction.

There is one point upon which I shall insist. In chronic female complaints especially, it is sometimes very difficult to find and to affiliate the proper remedy. And when we have found it, there is often something in the way, something that hinders its action and defeats our purpose. Now, if we remember the traumatic element and complication in the case, and give a few doses of *Arnica*, or of one of its congeners, it is possible that we shall have struck at the root of the difficulty. And the symptoms will either disappear altogether, or the proper remedy will take a better hold than before. This is one way of overcoming our failures, and of obtaining the results that we desire. This expedient will help us in a larger proportion of cases than you may suppose.

A few years ago the people of Ireland planted only a single esculent for their food. The blight that struck the potato did not touch the cereals. But they had no wheat, or oats, or corn, and consequently were left to die of starvation. The famine which carried off thousands upon thousands, was the direct result of planting and of depending upon one article of food exclusively.

The object and purpose of a clinical course is to multiply your resources, and to teach you how to use them most effectively. If you depend exclusively upon one remedy, one class of indications, or one attenuation, your patients will go the way of those poor peasants who died because, when they had no potatoes, there was nothing left for them to eat.

Our duty as physicians, if not as specialists, lies in the direction of

the prevention of female disease. Virchow has said most forcibly that sanitary and not medical reform is the great question of our day and time. And surely there is no department of this great work that compares in importance with that which protects the health and the bodily welfare of our women especially.

To shield them, in all the vicissitudes of their checkered life, from shock and contusion, and from wounds that are visible and invisible : to bless and to brighten their experience, and, like the pictures and statuary with which the old Greeks surrounded their pregnant women, to exert a silent but certain and beautiful influence upon their unborn offspring ; to stop the awful waste of actual and contingent life ; to turn the tide of popular confidence away from abuses that have no more to do with the skilful application of the healing art than the self-imposed wounds of the Hindoo have with the creed of the Christian, is something apart from, and infinitely above the mere prescription of remedies.

Book Department.

CLINICAL THERAPEUTICS. PART III. T. S. Hoyne, M. D., Chicago. \$1.00.

This part contains *Conium*, *Ignatia*, *Lycopodium*, *Natrum muriaticum*, *Pulsatilla*, *Veratrum alb.*, and part of *Arsenicum*. This work illustrates the sphere of action of the remedies given, by clinical cases cured, gleaned from our literature, and from private sources. The cases reach the vast number of seven hundred and twenty-one. The indications not yet verified are clearly given. No one can study these remedies without getting a clear idea of their clinical range.

RECURRENT SARCOMA : History of a case of recurrent sarcomatous tumor of the orbit in a child, extirpated for the third time and ultimately causing the death of the patient. By THOMAS HAY, M. D., of Philadelphia. Reprinted from the Report of the Fifth International Ophthalmological Congress, held in New York, Sept., 1876. Philadelphia : Lindsay & Blakiston. 1877. 8vo. Pp. 15.

This is a most interesting case, well reported and elegantly gotten up. It is very like one reported by Dr. Campbell at the Indianapolis meeting of the Western Academy of Homœopathy, and by Dr. G. D. Beebe at a meeting of the Illinois Homœopathic Medical Association some years ago. As "the origin of sarcoma takes place most often from the common connective tissue," (Wagner) we would suggest *Calendula* or *Thuja*. In osteo-sarcoma, Grauvogl's experience with *Silicea* in enchondroma, would suggest that remedy. *Thuja* has a marked influence on the connective tissue, as evinced in its action on warts. *Calendula* has a marked influence on fibrous (connective tissue) exudation as will be discovered in examining its pathogenesis. This subject of recurrent sarcoma is a most interesting one, therefore we are thankful for every case reported.

WASTING DISEASES OF CHILDREN. By E. SMITH, M. D., London. Reprinted by H. C. Lea, Philadelphia.

The subjects of this work are: atrophy, chronic diarrhœa and vomiting, rickets, syphilis, mucous disease, worms, chronic tuberculosis, chronic pulmonary phthisis, tuberculization of glands, diet. The key-note of all this is an obstructed lymphatic glandular system, but the author does not see it. The cause may be hereditary or acquired.

ERUPTIVE FEVERS, SCARLET FEVER. MEASLES, SMALL-POX, ROSEOLA, ROTHELN, CHICKEN-POX, ERYSIPELAS, INOCULATION, AND VACCINATION. By W. V. DRURY, M. D. E. Gould & Son: London. 12 mo. pp. 279. \$2.00.

This work is the substance of a course of lectures on the exanthemata, delivered at the London Homœopathic Hospital. Dr. Drury is physician to the hospital, in charge of diseases of children, and as such, is well qualified to write on the subject chosen. Speaking of the treatment, he states that Dr. Breckenridge (*London Medical Record*), in January, 1876, "recommended the *Sulpho-Carbolate of Sodium*." Dr. D. sticks to the remedies of *Homœopathos*. He advises against alternation. "If you are tempted to alternate in any way, let it be first three or four (doses) of the one, then three or four of the other." He divides scarlet fever into the old three forms—simplex, angina, and maligna. This seems to us incorrect. All severe anginose cases we have met are malignant. Can we have scarlet fever without angina? Practically we make only two classes, i. e., mild and severe. The latter may assume a great many forms: Convulsions

with stupor, typhoid, enormous œdema of neck, eruption mottled, eruption mahogeny, gangrene, etc., etc. The complications are numerous and follow mild as well as severe cases. On the etiology of this disease no word is offered. From a somewhat careful study of this disease, I am led to view the excess of *Ammonia*, (perhaps the carbonate) as the chief factor. The *Ammonia* comes down in large quantities in stormy (snowy) weather.

Measles is a well-written chapter, then follows roseola. This disease is scarcely described and rotheln is hardly recognizable. It is without prodroma and is not followed by desquamation. It is as evanescent and as changeable as its simillimum, *Puls*. Next follows chicken-pox, then erysipelas. This latter disease seems one of debility, and it is a question if this is its proper place. In the treatment of this disease, special attention must be given to the genius epidemicus if we would be successful. Small-pox inoculation and vaccination close the interesting volume. Cow-pox and small-pox the author believes to be identical. The cow originally contracted small-pox.

This is a practical little volume and is a credit to the cause.

Medical News.

Dr. C. F. Fischer, and family, of Sydney, Australia, passed through our city recently, on their way to Europe.

The Reduction in Price is an agreeable surprise. The hearty responses (*Aurum*), proves that it is feelingly appreciated.

The Little Red Riding-Hood, for the benefit of Hahnemann Hospital, was a success, and netted about \$1,000.

Prof. H. P. Gatchell will be in Chicago till about the last of October. Address him, care of Judge Bangs, U. S. District Attorney, Chicago, Ill.

Dr. A. G. Couch, who is lecturing in Hahnemann College this year, is a practitioner of over twenty years' experience. The students are delighted with his course.

Hahnemann Medical College and Hospital opened with a class of ninety students this year. As they have always doubled the opening number, the prospect is, the class this year will run over 150 students.

Married.

In Portland, Me., Aug. 28th, 1877, Miss Ella Hay and Dr. Charles B. Gilbert, of Washington, D. C.

Dr. Cowperthwait, of Nebraska City, writes: "As my connection with the State University of Iowa will necessitate my absence from home during a portion of the winter months, I have associated with me in my business, C. H. Myers, M. D., formerly of South Bend, Indiana."

The New York Ophthalmic Hospital.—Report for the month ending September 30th, 1877: Number of prescriptions, 2987; new patients, 393; patients resident in the hospital, 36; average daily attendance, 120; largest, 160.

ALFRED WANSTALL, M. D., Resident Surgeon.

Change.—The co-partnership heretofore existing between Dr. Henry Holt and Dr. James Day is discontinued by mutual consent. Dr. Holt has removed from No. 95 Milton street to No. 105, same street (Sparrow's Block). Dr. Day will remain at the old stand, No. 95 Milton street, Brooklyn, E. D. HENRY HOLT, M. D.

G. W. Swazey, M. D., of Springfield, Mass., walked off a bridge at Deerfield, and died soon afterward. Dr. S. was one of the pioneers of Homœopathy, one of the founders of the Institute, and one of its active members. He was ever ready to aid the right. Well do we remember with what pertinacity he pushed the admission of women as members of the Institute. He was an original thinker, an earnest student, and esteemed by all who knew him.

Materia Medica Provings.—We have proved nearly all the elements of chemistry, and about one hundredth part of all that is offered by nature! This gigantic work has had to be done by a few hundred men, within fifty years. It is far more than any other natural science can boast to have accomplished in so short a time, and as our increase in number is equally satisfactory, our sons and grandsons may reach the climax.—*Hering.*

Horlick's Food.—"It was a seven and a half months child and only weighed three pounds. Every one thought it would die. I had no milk for it, and after trying various foods we found that Horlick's Food agreed best. You see what a plump baby it is now?"

The narrow-topped head was evidence of its prematurity, while its chubby cheeks were a better endorsement of Horlick's Food than his angel on another page. A food that will agree with the immature fœtus, should certainly agree with infants "no matter how young."

"London School of Homœopathy."—This is now a settled fact, as will be seen by the decided vote on the name, forty-five for and fifteen against the above name. In the students number of the *Medical Press and Circular (London)*, we find the advertisement of this school, among the others, with this addition in reference to it: "Until recently Homœopathy has had no recognized teaching-school for students; now there exists an institution in Great Ormand street, where lectures and instructions according to Homœopathic principles are given by duly qualified members of the medical profession, and where students who believe in the *similia similibus curantur* theory can be taught according to their bent. The winter session at this school opens on Oct. 2d, with an introductory address by Dr. Richard Hughes."

Homœopathy in Texas.—I wish to say to the profession, through your columns, that there are plenty of good openings for Homœopathic doctors all through the state of Texas, and especially in the southwestern portion. Judge Paschal, of the twenty-fourth judicial district, appointed the subscriber a member of the board of medical examiners for his district, and guarantees justice to all. Our board meets in Costerville, semi-annually, the first Mondays in April and October. Temporary licenses can be granted by either member of

the board to applicants who pass a satisfactory examination, until the first regular meeting thereafter, when they will have to go before the full board and receive their certificate, which is good anywhere in the state.

G. R. PARSONS.

Good Use For A Dime.— We advise all our readers to forward their address and 10 cents to Orange Judd Co., 245 Broadway, New York, who make a special offer to send for this sum (half price and postage) the number for October 1st, of the *American Agriculturist*. This splendid number, besides over 50 engravings, contains a great amount of useful, practical, reliable, seasonable information, not only for the farm and garden, but for the household, children included. Most will get from it hints and suggestions worth ten or twenty times its cost. . . . Better still, to send \$1.60 and receive the paper, post-paid, from now to the end of 1878— that is, all of volume 37, with the rest of this year *free*. (Two copies for \$1.50 each). Nowhere else can one get so much really valuable, paying information for so little money— not 3 cents a week, a sum easily saved or produced extra, which the paper will be sure to help one to do. This journal is prepared by practical men and women, who know what they talk and write about from actual experience and large observation, and they can and do greatly aid others to profitable planning and working. Many single hints and suggestions each abundantly repay a year's cost. The fearless exposure of quackery and humbugs in every number, are invaluable, and have saved its readers and the country millions of dollars. The department for the household and children are pleasing and instructive. Every number of the paper is beautifully illustrated. In short, the *American Agriculturist* is full of good things, for every man, woman, and child, in city, village, and country. Take our advice and send \$1.60 for 14 months, or at least send a dime for the half-price specimen now offered, and see it for yourselves.

Chicago Homœopathic College.— Notwithstanding the rain, the lecture room of the Chicago Homœopathic College was well filled at the opening exercises, which occurred Oct. 3. The room was handsomely decorated with flowers and foliage, and presented a very attractive appearance. Dr. J. S. Mitchell, president of the college, opened the exercises with a brief review of its history for the year past. He referred with pride to the warm endorsement and generous support given by the profession and students, with other interests in Chicago, extending their range of action, and enlarging their working forces correspondingly with development. He hoped it might never be said of the Chicago Homœopathic College that its faculty was limited.

Prof. J. W. Streeter followed with a very able introductory address, which secured hearty applause. He drew a graphic picture of the hardships and trials of the early life of a doctor, and also of the gratifying successes sure to follow earnestness and devotion to legitimate work. He dwelt upon the dignity of the profession, and the means to be used to ensure success.

Rev. Robert Collyer was present, and in response to a call, made one of his happiest speeches. He spoke of himself as the "wellest" man in Chicago. Still he occasionally had to call a physician, and valued the advice, but not the medicine. He complimented the remarks of the previous speaker, and then spoke eloquently of the dispensary work that had been carried on in connection with the college.

Prof. Woodward, father of Dr. A. W. Woodward, then followed, with interesting remarks. Prof. Mitchell then announced that the course would open the next morning with a lecture by Prof. Adams. Seventy-five students have already matriculated, and the prospects for the Chicago Homœopathic College are exceedingly flattering.

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, October 15, 1877.

NEARLY READY.

A TREATISE ON TYPHOID FEVER, AND ITS HOMOEOPATHIC TREATMENT.

By C. F. PANELLI, M. D., Naples, Italy. Translated with notes by
G. E. Shipman, M. D., Chicago.

To judge somewhat of the value of this work it should be known that Dr. Panelli was formerly assistant in the Clinic in the Hospital of Santa Maria di Loreto e della Pace, where all afflicted with fevers were received, and in great numbers.

From extensive notes made at that time, and during a subsequent ten years' practice as a Homœopathic physician, being "obliged to pursue lengthy investigations to find in the *Materia Medica* the proper remedy for each case (of Typhoid fever), differing as they do, according to the variety of symptoms, and lest I should have to repeat these studies I preserved and arranged all these minutes."

With this material he has given the profession this valuable work on Typhoid Fever. Additions have been made from American sources, rendering it more complete and up to date. It is a book in season. Only \$2.00. Order at once.

Dr. Panelli's Work on Typhoid Fever.

While President of the Western Academy of Homœopathy it was my good fortune to form the acquaintance of a considerable number of our European brothers, and among these, Dr. Francis Panelli, of Naples, Italy, author of the accompanying volume. Since that time we have been in constant communication, and I have also received several of his productions published in the Italian language, Typhoid Fever being one of them. A perusal of its pages satisfied me that it bore evidences of considerable merit, and would justify a translation and republication in English. With the hope that you may likewise view the matter, I venture to urge its speedy publication. We have, I believe, but one other work on the subject, that of Dr. Rapou, of France, now out of print, and this book will fill a vacant place in the catalogue of Homœopathic literature. A glance through its pages will readily evince the fact that it is replete with sound practical sense and useful information; that it is prepared with great care and thoroughness, every phase of the disease brought under consideration and ably discussed; the adaptability of Homœopathic remedies clearly and faithfully portrayed, and altogether just such a book as is required in every-day life. Dr. Panelli's strict adherence to the law of "similars," his scholarly attainments, his great activity of mind and body, his high social standing bring him in constant intercourse with the medical societies of Europe, with some of which he is associated as honorary member, as well as medical adviser to some of the crowned heads, and an advocate of which our school may justly take pride in acknowledging. On many subjects our school possesses no separate and complete works; and I feel you will not only be doing a great and lasting benefit to the thousands who annually fall victims to this terrible malady, but also obtain the heartfelt thanks of every Homœopathic physician in America by placing this treatise in an available form at their disposal.

S. B. PARSONS, M. D.

DUNCAN BROTHERS, Publishers.

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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

JACKSONVILLE, Fla., Oct. 5.—During the summer and fall we have had more than the usual amount of bilious fever, but generally of a mild character, and yielding readily to treatment. When intermittent, it is rarely preceded by a chill, unless, perhaps, the first paroxysm. Under Allopathic dosing, many cases assume a typhoid character. Considering the unusual amount of sickness, the mortality report is remarkably favorable for a city of 10,000 to 12,000 inhabitants. From April 1st to October 1st, the whole number of deaths was seventy-one. Of this number, sixteen were non-residents, or invalids seeking health. Only five of the deaths were from fever, and twenty-nine were among children. Infants are remarkably exempt in this climate from the diseases peculiar to that period, due, no doubt, to the slight variations in temperature. Our sister city, Fernandina, is suffering sadly from the scourge of yellow fever, which was introduced into

the city by the authorities permitting an infected vessel to land at the wharf without proper inspection. Unfortunately, there is no Homœopathic physician there, to add new laurels to the crown of Homœopathy. I am informed by Dr. Falligant, of Savannah, that in the epidemic in that city last year, he treated over 900 cases, with a loss of only thirty-two. Of these fatal cases, fifteen were beyond relief when first seen.

H. R. STOUT.

INDIANAPOLIS, Sept. 30.—Population 100,000; Latitude, 39°45'; longitude, 86°05'; altitude, 746.7-10.

SEPT.	3 P. M. Thermom- eter.			3 P. M. Barometer.			PREVAILING DISEASES.	REMEDIES.	RAIN FALL.
	Highest.	Medium.	Lowest.	Highest.	Medium.	Lowest.			
1 to	73	78 — 72		30.000	30.006 — 29.992		Chills..... Typho-mal. Fever..	<i>Pulsatilla, Ars.</i> <i>Baptista, Bryon.</i>	19
8 to 16	77	84 — 70		29.844	30.025 — 29.863		Chills..... Typho-mal. Fever..	<i>Eupt., Arsenic'm</i> <i>Bapt., Bryonia.</i>	1.69
16 to 24	74	80 — 68		29.965	30.066 — 29.906		Chills..... Typhoid Fever.....	<i>Eupt., Nat. mur.</i> <i>Bryonia, Rhus.</i>	.17
24 to 30	82	86 — 78		29.985	30.072 — 29.963		Chills..... Typhoid Fever.....	<i>Eupt., Nat. mur.</i> <i>Bapt., Bry., Rhus.</i>	.01

Number of clear days, 15; fair days, 12; cloudy days, 3; days on which rain fell, 11; highest barometer, 30.192.—7; lowest barometer, 29.662.—15th; highest temperature, 88.—29th; lowest temperature, 42.—8th; greatest number of deaths, 30th.—8; least number of deaths, 23d.—0. Comparative mean barometer, 29.997; comparative mean temperature, 66-5; comparative mean humidity, 70-4.

Deaths under one year, 38; one to five years, 18; five to ten years, 9; ten to twenty years, 4; twenty to thirty years, 11; thirty to sixty years, 16; sixty to ninety years, 4; unknown, 3; still-born, 14. Total deaths, 128. All other diseases, 16; cholera infantum, 3; consumption, 11; all other diseases of lungs, 6; diarrhœa, 2; dysentery, 3; diseases of brain, 15; pertussis, 4; typhus fever, 3; typhoid fever, 5; diphtheria, 4; diseases of liver, 1; heart disease, 2; marasmus, 15; diseases of stomach and bowels, 12; old age, 1; accidents, 4; per thousand, 15.36. Total deaths, 128.

There has been but little sickness, it having been an extremely pleasant, dry and healthy month.

J. N. HAYNES.

MINNEAPOLIS, Minn., Sept. 25.—Longitude, 93° 14'. Latitude, 44° 58'. Altitude, 856 feet. Population, 40,000.

Monthly mean temperature, 62×. Monthly mean humidity, 71.3×.

SEPT.	Mean Therm.			Mean Humidity.			PREVAILING DISEASES.
	Highest.	Medium.	Lowest.	Highest.	Medium.	Lowest.	
1 to 8	67	53.5	40	65.85	72.6	59.1	.....Diarrhœa, Typhoid Fever.
8 to 16	70	72	55	76.55	84.8	63.3	.....Typhoid Fever.
16 to 24	65	57.5	50	74.4	90.6	53.2	.....Some Colds.
24 to 30	75	66	57	76.6	92.3	60.9	.....Dysentery, Typhoid Fever.

Highest barometer, 30.171. Lowest barometer, 29.464. Highest thermometer, 91°. Lowest thermometer, 41°. Prevailing wind, southeast. Rainfall, 2.56 inches. Number of clear days, 11. Cloudy days, 1. Damp days, 11. Number of deaths, 48. Greatest number of deaths from diarrhœa diseases.

WM. H. LEONARD.

LYONS FARMS, N. J., Oct. 6.—This is, in the main, a pretty healthy section, but this season there has been an unusual amount of malarial remittents about Newark, Elizabeth, Paterson, and the surrounding country. Here (near Elizabeth) in the earlier part of the season, *Bryonia* seemed to be the epidemic remedy, chiefly for bilious disorders and cholera infantum. For the latter, I used mostly *Bryonia*, 1000, which would either control it singly, or would so change the symptoms as to indicate some other remedy. Still, being a complaint usually obstinate, a week was generally required for any considerable amelioration. *Dukamara* 30 or 200 would help along nicely after a cool change in the weather during the course of the disease. What has been of much service to me, when it could be taken, was boiled milk, into which was grated flour, which had been tied up in a little bag and had become hardened from several hours' boiling. [This will be found invaluable in cases of dysentery]. In one case of cholera morbus requiring *Jatropha curcas*, there were present severe cramps of the tibial and peroneal muscles upon the anterior and external surfaces of the legs (especially the right one). The 1st dilution was given. The remittents above referred to seem to have taken the place of intermittents

this season, beginning about midsummer, and however satisfactorily the *latter* may yield to Homœopathic remedies, these same remedies have shown themselves perfectly impotent in *any* and *every* potency (single-handed), for the *former*, though perfectly well indicated. *Bell.*, *Bryonia* and *Rhus* were those most frequently called for, and were given (low) in alternation with *Quinia*. Of the *latter*, either the *Sulphate* or *Bi-sulphate* was given, about four grains every three hours, the Homœopathic remedy being *intermediate*. The use of the thermometer in these fevers is to me indispensable. The temperature is usually found to range from 102° to 105°. When 106° or above, I have commonly resorted to the wet sheet pack (the feet being left out.) with cool cloths on the head, the rest of the body being thickly blanketed. After about two hours therein, the profuse perspiration induced greatly lowers the temperature. In two instances, from 105° to the normal standard upon the occasion of the next visit. By pursuing the above method, a more or less rapid recovery was secured, ranging all the way from one day to a week, or occasionally longer, and including cases of every degree of severity; several with "dry" tongues, and one with great gastric irritability, tympanitis, and spasmodic dyspnoea. In this variety of fever (known popularly as "malarial,") *Quinia* can seemingly be "pushed" without the disadvantages attendant upon a like indiscriminate use of it in *intermittents*. In children, there seems a greater tendency to run into a *typhoid* condition. When convulsed and delirious, with the following symptoms, *Stram.* has been of much service: *Much* talking (either to *absent* persons as though present, or about *animals*), with *spasms*, mostly exhibited in a separated *extension* and subsequent *flexion* (or *clenching* of the *fingers*), in an old lady of eighty years, was afforded quite a triumph for Homœopathy. A fever, doubtless remittent originally, was given a *typhoid* turn by a *fall*, experienced during an attack of vertigo, by which was inflicted a deep gash in the forehead, just above the left eye. On the following day she presented these symptoms: Tongue dry, with a *dark-brown* streak down the centre; temperature 104½°; said "there was nothing the matter" with her, and sat in her chair with bowed head, regardless of what was passing (except when addressed,) when she would raise her head and reply. *Arnica* 100,000 (a second graft from Jenichen's), was administered, and some of the 200th left in water, to be given occasionally through the night, should she seem to require it. To my surprise and delight I found her, eighteen hours afterward, with a *normal* temperature, and

otherwise greatly improved; this improvement continuing (with the exception of a subsequent rise of fever from suppuration of the wound) to the end. Now, let us hear more frequently from some of "the old veterans," with mention of *potency*. J. E. W.

CONSULTATION CASES.

FOR DAVIS' CASE.

It seems almost criminal to add to the twenty remedies already tried or recommended for Dr. Davis' case, p. 239. But, if I am not mistaken, *Pulsatilla* is the *Homœopathic* remedy for the patient. He "cannot urinate in bed, or in his bed-room, but has to go out-door."

J. G. MALCOLM.

ENURESIS OR FREQUENT MICTURITION.

I would like to ask Prof. Lippe if in his valuable paper on "How to Study Materia Medica," he means by the word, *enuresis*, pp. 237-8, *involuntary urination*, as defined by Dunglison, or simply increased or frequent urination. In his materia medica he gives "*frequent micturition*," not *enuresis*, article *Gelsemium*. I have never seen involuntary urination following headache, but have frequently seen increased urination.

J. G. MALCOLM.

WHAT WILL ANTIDOTE RHUS POISONING?

Is there a direct and positive antidote to *Rhus* poisoning? In all cases I have treated, nothing has been of more than temporary benefit. It will appear again and again, in nearly as bad a form as at first. Will your many readers give me their experience?

G. H. PATCHEN.

CHRONIC CYSTITIS—WHAT WILL CURE?

Aged thirty, unmarried, of temperate habits, and having very good health. Been afflicted with chronic inflammation and irritation of

the mucous membrane of the bladder for two years. There is a slight soreness in the bladder when urine is retained longer than an hour, and after urinating, a slight smarting in the foreskin of the urethra. When it is retained long, the bladder becomes irritated, the urine has a strong smell and a deeper color; also there is a flour-like sediment. To urinate often and take plenty of exercise, seems to help more than anything else. Think it was caused by too long a retention of urine, though not certain. No worse now than a year ago. Rises about three times in the night. Don't think it is any more difficult to urinate than usual. I am anxious for assistance. R. LAW.

FOR CHARLES DAVIS' CASE.

The case appears somewhat occult—obscure, rather, but from the concise, though clear, description of the symptoms, I infer the disease: *cystitis chronica-urethritis vivorum* (consensual), often connected with prostatitis; especially so in persons advanced in years. The causes are various; generally syphilitic, rheumato-arthritic, metastatic, etc.; the prognosis very precarious and difficult. In such cases, in order to alleviate the sufferings of the patient, and to save him from falling into worse treatment, I was obliged, sometimes, to force my Homœopathic ideas and experience to make, as it were, a retrograde step, to shake hands with my Allopathic reminiscences as old friends.

Forty years ago I have treated, in Philadelphia, some cases of that nature, with success, and as a hint to the younger generation, I may be permitted to state that besides *Cantharid*, *Cannabis*, *Merc.*, *Sulph.*, *Aconite*, and *Ars.*, I have found the following remedies very useful: *Parura brava*, the tincture as well as the first, second or third decimal dilution, and even the decoction of the root. In alternation with *Iodide of Potash* (*Kali hydrojodic.*) also *Thuja*, *Cubeba off.*, and *Copaiva off.*

In some cases I let the patients use Seltzer water, a mineral water imported from Germany, of which they take two or three wineglassfuls daily, and if desired, with a little sugar and milk. Barley water, thin oat-meal gruel as a beverage. If the irritation of the suffering parts is very annoying, I ordered sometimes, emollient injections *per ani*, of lukewarm milk, flax-seed tea or barley tea, etc. I also found that the

application of folded flannel, dipped or soaked in warm linseed tea, as well as a tepid sitz-bath (fifteen minutes,) will give great relief.

G. S. F. PFEIFFER.

COUNSEL WANTED.

Mr. H., aged thirty-seven. Tall, dark complexion, grey eyes, dark-brown hair, nervous temperament; weight, one hundred and sixty pounds. Has been troubled for about one year with a dragging and aching pain in the sacral and lumbar region, occasionally extending to the hip joint. A tiresome feeling in the legs, and soreness in the kidneys, mostly on the right side; sometimes a throbbing, pulsating sensation in left hypochondrium. The urinary organs seem to be in a normal condition, with the exception of a slight difficulty in starting the flow of urine, and a cutting or scalding sensation in the end of the penis at the beginning of micturition. A microscopic examination of the urine discloses nothing abnormal, except when the pains are most severe, when there is an excess of phosphatic deposit. About two years ago, the patient noticed a growing weakness in the sexual organs, but paid little or no attention to the matter until six months later, he became partially impotent. Some improvement in the tone of the sexual organs during the last three months. It takes a long time to complete the act of coition; sometimes erection partially or wholly ceases before coition is perfected, often requiring ten to fifteen minutes' copulation to perfect the act, and then but little satisfaction is afforded; there being none of that thrill of pleasure which follows the completion of the act in a healthy organism. A singular feature in the case, to me, is, that erections take place only on awakening from sleep, there being no will power to create an erection when dallying with the female. Patient has been married ten years, and has four bright, handsome children. He assures me that he has not been given to marital excesses. Pains worse when standing, and when lying on his back; no pain when lying on either side. He is extremely susceptible to change in the weather; taking cold easily. Is at times troubled with catarrh. General health and appetite good. Has been an inveterate smoker for fifteen years, but by my advice quit the habit some six months ago.

Patient has passed through a regular course of Allopathic and Eclectic treatment, including elixirs, tonics, counter irritants, and

electricity, without benefit. It now remains for Homœopathy to lend the curing hand. If any one of the many able writers for THE UNITED STATES MEDICAL INVESTIGATOR can point out the remedy, potency and dose, that will cure this case, he will have the gratitude of the sufferer, and will very much assist a STUDENT.

THERAPEUTIC HINTS.

CASE I. Miss N., a strong, athletic girl, strained her right wrist quite bad while taking down a heavy bedstead. Was treated for six months by two of our prominent professed surgeons, three months each, by bandages and local applications, without any improvement. The next six months, was using various applications, as was suggested, but with the same result. The next seven months, used no applications, but to use it with much care and caution—as best she could.

After nineteen months from the accident I examined it, found great tenderness of the carpal articulation, could not bear any shaking of the wrist from the forearm, or any pressure over these articulations of the wrist, or any sideway motions of the hand. Evidently an inflamed state of the articular surfaces of the wrist, and probably of the synovial membrane of the wrist. Gave three powders, of three pellets each, of *Rhus tox.* 30, to take one, and repeat twice per week. Reported, after two weeks, that two powders cured.

CASE II. Mr. L., aged forty, strained the middle joint of right thumb severely, eight days before. Had been quite sore and painful, and worse nights. Could not use it any without increasing the painful state. I gave five powders of four pellets of *Rhus tox.* 30, taken at eve, and repeat twice per week. Reports cured in three weeks, and can use it freely.

Also states that seven years since he strained the other thumb, same joint; though he thought not quite as badly as this one. Could use it but very little for five years, though the doctor prescribed several times for it, and now felt occasionally—some from it on using it, though with care.

CASE III. A strong, athletic, laboring man, of sanguine temperament, had been injured by the caving-in of a gravel bank upon him. It crushed him down, injuring his right hip. Had been treated three

days by a reputable Allopathic surgeon, for a bad strain of the hip and muscles connected, with *anodyne liniments* to the part, and *Morphine powders*.

I saw him on the fourth day. Had no sleep for three nights, from the constant pain and inflammation about the hip-joint. Found him lying partly on his left side and back, with the leg flexed partly, and the toes resting on the side of the other foot, unable to move or have the leg stirred, groaning under severe pain and suffering; the whole hip and thigh quite hot and inflamed; could not bear to have it touched or stirred without intense suffering.

I decided it was either a dislocation of the hip, or a fracture of the femur neck. I made a solution of ten or twelve pellets of *Rhus tox.* 30, in one-third of a cup of water, gave two teaspoonful doses, repeated in two hours, again in four hours, and again in five or six hours, if not relieved so as to sleep. Next morning, had slept quietly after the third dose, and was quite easy; could examine the thigh readily, but not bear it stirred, from the soreness of the muscles to movement. I then gave him a solution of pellets of *Arnica* 30, to be used in the same manner as the *Rhus*. Next morning, could move the limb freely, and without suffering. Found a dislocation of head of femur upward and backward, into the ischiatic notch. I then made preparation and reduced it, and with as little suffering, perhaps less than when done soon after the injury. Thus was a severe inflammation of the textures about the joint of the ligaments and muscles entirely subdued, and all tenderness, within the short space of forty hours, and with the head of the femur out of its socket for four days.

BANGOR, Me.

WM. GALLUPE.

ON CLIMATOLOGY.

BY A. VAN PATTEN, M. D. MT. CARROLL, ILL.

Read before the Illinois State Homœopathic Medical Association.

MR. PRESIDENT AND MEMBERS OF THE PROFESSION: It is too often considered of little importance in the care of the human race when in a state of apparent health, what climate is best adapted to their own particular condition of system. As for instance, individuals may remove from the place of their nativity for some object that is of less worth to themselves than to remain where they are and retain a moderate degree of health. Yet sometimes this change of

climate is the best thing they could do to maintain or improve the present condition of system. It has many times been asserted and with good effect, that a change from the chilly winds of the north, to the mild and soft breezes of the south, was very beneficial. And it has many times proved true with those who are afflicted with lung troubles, that they find great relief near the sea coast, and where the average degree of temperature is not so variable. This one great object of good health ought to be of enough importance to mankind, to each and every one, that they would investigate their own situation and condition, by the advice of a good physician, and seek that climate which best agrees with their own particular condition of system or diseased body or liability thereto. Yet the human body is the last thing thought of until smitten by disease. It has been found by close observation that those who have a bilious temperament, that they enjoy better health in districts that are elevated, dry, and not too warm.

There is no disease existing to-day of more importance to its victim than pulmonary tuberculosis. How many times might this terrible destroyer be outdone if only the right step is taken and in time. It has long been known by the native Indians that their lung difficulties were improved by moving to a district where different kinds of evergreens were common, showing by the intellect of this illiterate race that the atmosphere is a mighty destroyer of this fearful malady. It will often be found true that where a person was born and always lived, is generally the most agreeable to their peculiar condition, and which will generally take some time to change, so as not to notice a difference in the physical abilities. Yet it is too often the case that food, dress, and occupation have much to do with the good health of mankind. Climatology holds its place and will continue to do so, as regards the length of life, and the comfort enjoyed by each one of us, while we here remain.

CONCERNING ATTENUATIONS.

BY W. A. EDMONDS, M. D., ST. LOUIS.

Read before the Homœopathic Medical Society, St. Louis, Mo.

[Continued from page 306.]

It is, Mr. Chairman and gentlemen of the society, with a certain degree of reluctance I make the announcement, I am not a high dilutionist; and if my claims to professional standing and orthodoxy be

made to depend upon my sitting down in the fearful presence of algid cholera, pernicious intermittents, membranous croup, with the single dose of the single remedy of the 200th or 2000, or 100,000th attenuation, then I decide to be right rather than orthodoxy, and in the light of my judgement shall humbly endeavor to render fealty to my conscience, my reputation and those who entrust life to my professional case; and in so doing I shall concede to high dilutionists all that I claim for myself,—honesty of conduct and purity of purpose.

I say I make this announcement with reluctance, for I very well know there are certain high dilution zealots in New York, Boston, and Philadelphia whose mildest penalty for the offence will be a pitying contempt for such stupidity, which to an independent thinker is little, if at all less galling than ostracism or exclusion from the profession. In all the workings and history of our beloved profession, no greater mistake has ever been made than to make the size of the dose or the quality of the attenuation, the test of orthodoxy.

I confess it was with much regret, I heard the distinguished and much respected president of this society announce at one of its late meetings, that ten drop doses of mother tincture of *yellow Jassamine* in the treatment of "delirium tremens" was un-Homœopathic, because of the quantity. Possibly the quantity was excessive and better results might have been obtained from attenuated or a diminished quantity; but if selected in conformity with the law, the practice was Homœopathic and such mode of selection should be the standard of orthodoxy in the profession, and not any mere question of dose, quantity or attenuation. I have not the slightest doubt that Allopaths are daily, unconsciously blundering on and making Homœopathic cures. Of course quantities are crude and excessive; temporary toxic effect and aggravations result, but nevertheless cures and even Homœopathic cures are made in a fair unconscious conformity with a law of which they have heard little, and know or care less.

A few weeks ago in prescribing for a case of acute catarrh, I gave an adult young woman powders of *Tartar emetic* containing from the one-hundred and fiftieth to the two hundredth part of a grain to the dose. I gave her no intimation as to the quality of the prescription.

After taking the third dose she became violently nauseated and discontinued the farther use of the prescription; but in the meantime found herself perfectly and beautifully relieved of her catarrh. Now my high dilution friends will say that this was not a cure but simply a "suppression" of the symptoms. Well just so the "suppression" lasts

for the balance of my patients natural life-time. I think she will continue to be thankful and I shall plume myself on having made a first class Homœopathic cure, though with a somewhat excessive quantity which for a time set up a toxicall effect.

Several months since in prescribing for a child with dysentery I prescribed one grain of the 3d centesimal trituration of *Corrosive mercury* dissolved in half an ordinary goblet of water, to be taken in teaspoonful doses at suitable intervals. After a few hours use of the prescription I found my little patient decidedly worse. Taking one teaspoonful of the solution I placed it in a full goblet of water and directed it to be given as before with the result of almost immediate relief to the case.

In the first of these cases we have toxicall effect with perfect Homœopathic cure, and in the second medical aggravation with equally prompt and beautiful Homœopathic cure. To avoid the toxicall effects in the one case and the aggravation in the other, is precisely one of the great leading aims of attenuation. As a low dilutionist I do defend or excuse the toxicall effect in the one case, or the aggravation in the other, each was a blemish in practice, and in the light of experience to be avoided in the future

I need not remind the intelligent membership of this society that attenuation was purely an after-thought with the distinguished Hahnemann. That long after he discovered and proclaimed the law, he gave teaspoonful doses of bark, in the treatment of intermittents, five grains *Mercurial* in the treatment of dysentery, and teaspoonful doses of *Sulphur* in the treatment of constitutional itch.

That attenuation and attenuated medicine had never entered the horizon of his therapeutic vision until long after he had proclaimed and practiced under the law. With his astute and ever active mental vigilance, he found himself disappointed and annoyed with a certain want of uniformity in the success of his prescriptions.

Five grains of *Mercury* might make a beautiful cure of dysentery to-day but fail and make the case worse on the morrow. After much anxious thought and observation he took the hint that probably his quantities might be excessive. He reduced his dose and had more uniformity of success. Thus encouraged he made still further and further reductions, with increasing uniformity of success, until finally the beneficent and beautiful art of attenuation was revealed. But he it observed, attenuation was an after-thought to the discovery and

announcement of the law of cure; and primarily had nothing whatever to do with Homœopathy as a system.

It (attenuation) was at the time of announcement and should have continued to be to this very hour, a matter of observation, experiment and expediency in the treatment of each and every particular case under treatment. It is not a matter involving either theory, law or principle. One man will consume five pounds of mixed diet to the twenty-four hours with the greatest health and personal comfort to himself; whilst the very next man who might try the experiment would be killed outright by such a regimen. The relative quantity and quality of diet for each particular individual, with a view to healthful nutrition within certain extremes, is purely a matter of experiment and observation, and not at all a matter of law, theory or principle.

Precisely so in the art therapeutic. Each patient must have a larger or smaller dose; single or oft repeated; alone or in alternation; according to age, sex, temperament, habits of life, simplicity or complication of disease, mildness or violence of the case; and each and every one of these facts and conditions must be grasped and grouped, and provided for at the discretion of the practitioner, upon the ground at the moment when called to meet the emergency; and can never be made the subject of uniform law or rule as to size, quantity, frequency, singleness or alternation or repetition of the dose. As before stated, certain remedies from their physical conditions are therapeutically inert, and would be of very great mechanical hurt or inconvenience to the bodily organs without attenuation, such as the earthy and metallic ones. Others from their vehement and powerful qualities cannot safely be given without attenuation, otherwise aggravations and toxic effects would certainly be set up in presence of the symptoms to be cured.

That state of trituration which might make *Ipecac* or *Calcarea* both safe and effective would be entirely unsuitable for *Arsenic*, *Phosphorus* or *Corrosive mercury*. No absolute rule or law can safely or prudently be adhered to. Hence to my mind, when in the even' tide of his great and glorious life, the venerated Hahnemann laid down the dogma that no remedy should be used below the 30th attenuation, he forever tarnished and paled the glowing brilliancy of a genius, and the towering splendor of a life, which has few parallels in humanity's annals of art and science.

MATHEMATICAL DILUTIONS.

Figures give us some startling results as to high attenuations.

Allowing eight hours to the day's work and five minutes to each attenuation and it would take about three years to carry 500 remedies to the 200th. I suppose it is probable that Allen's *Materia Medica* will give us provings and therapeutics of very nearly or quite 500 articles. Should we attempt to carry 500 remedies to the 100,000, and allow two minutes to each attenuation, and eight hours for a day's work, and it would require 579 years to complete the process. In the latter task should we preserve our attenuation to the hundred and allow the vials one inch each for space, it would require a continuous line of shelving eight miles long to contain them.

Should my worthy friend, the secretary of this society, while at the *Aconite* end of the alphabetically arranged list find it desirable to use a little *Zincum* for one of his neuralgic patients, it would take him a hearty jog on the back of a good horse one and one-half hours to reach the other end of the line.

In conclusion, let each of the parties to this controversy "keep cool." Let each concede to the other an equal mode of honesty of conduct, and uprightness of purpose in a mutual effort to settle a question of the gravest import to themselves as well as their clients. Let each cultivate a spirit of modesty as to the number of cures claimed in support of their respective views, for undoubtedly many results claimed as cures, were no cures at all in any true sense of the term, but are simply recoveries under operation of the "*vis medicatrix nature*" rather than from any conformity to the law of cure, on the part of the prescriber whether the attenuation be high or low.

Then too, let us not present the unseemly spectacle to the world and our opponents of brethren in humane and scientific calling, biting and warring and disparaging each other, over a question that can only be safely settled in the light of sober judgment and matured experience.

 POISONING BY CARBOLIC ACID.

A lady took, by mistake, ten grammes of a concentrated solution of *Carbolic acid*. Immediately, slight convulsions set in, followed by unconsciousness, cold sweat, pulse hardly to be felt. Breath smells of *Carbolic acid*. Lips, gums, pharynx, coated with a white membrane. Convulsions lasted for an hour, when consciousness returned. White membranes were ejected by the mouth; stool and urine pass involuntarily; the latter gives the color of red wine. Other membranes are thrown off the next day, and on the fourth day the patient is well again.—*A. H. Z.* 2, 1877. (*Homœopathic World*, October.)

Materia Medica Department.

NATURAL AND DRUG DISEASES—THEIR PRIMARY AND SECONDARY SYMPTOMS.

BY E. R. EGGLESTON, M. D., MT. VERNON, OHIO.

We progress. The direction of our progression however, is zig-zag, although this peculiarity forms no exception to the movements of other reforms or systems. In general, the results are satisfactory; and more, they are surprising. On special heads, however, the emphasis of approbation must be laid more sparingly, and often withheld. Toward the removal or amendment of these weaknesses should our best endeavors be directed. Judging from the direction of the discussions in the current literature, it seems to be not definitely settled in what they consist, except that the unrest which invests the vital matters relating to our therapeutics, point to that subject as one which we feel most deeply, and upon which the greatest diversity of opinions exists. It brings the great heart of our system, we keenly, feel the necessity for its rythmical perfectness, its valvular integrity, its healthful force.

Granted, that Homœopathy, as a system, is perfect; that it may meet all the demands of the healer. What, then, are the reasons for dissatisfaction with it? why are there failures in the application of it? The answer to these questions is, simply, that we do not comprehend; we misapprehend, misapply, misdirect, misuse. The reply becomes more pointed in the discussion of the following proposition:

The primary und secondary symptoms of drugs, so-called, furnish unimpeachable indications, in part, for their administration, which we fail to comprehend, use, or apply; the manifest resulting a misdirection of force while, everywhere in nature we find the invariable law of the correlation of forces.

Hitherto it has been a pretty generally acknowledged fact that there are two series of symptoms in the pathogenesis of a drug, which are complementary of each other; but it is as generally acknowledged, or known, at least, that it being so, no advantages accrue because of the

almost inextricable entanglements of the recorded symptoms, they being ranged with utter disregard of conscientiousness, and again, because it is held by many, in imitation of the illustrious founder of our system, that primary effects as indications, are valueless. Issue is taken with the statement that drugs have a two-fold action, and it is hoped that in the discussion of the matter, it will appear why it having been held as true has been so devoid of benefit.

It seems at first necessary to accurately define the terms *primary* and *secondary*, as applied to this business, for although their meaning is sufficiently definite in the abstract, their specific relations are maintained in inconsistency in this,—that drug action and constitutional reaction are made synonymous. Allowing that the use, theoretically, of the terms is correct and consistent, their practical misapplication is painfully apparent, and we are forced upon one of two acknowledgements; that the distinction is visionary and useless; or that, appreciating it we fail to utilize it. It seems to me that an egregious blunder is made in the bare statement of the proposition that, “drugs have a two-fold action,” which, as stated, conveys the idea that it operates in two directions, forward and backward, exactly opposite each other; which is manifestly improbable, if not impossible.

What ground is there in this case for entering an exception to the universal law of physics which regulates the operations of the natural forces? In dealing with the pent up forces of a drug, or the devastating force of a plague, is the analogy between them and the natural forces so wide that new laws, exceptional or little understood, or not at all must be placed under contribution to supply the deficiency? It may speak well for the invention of genius—or would do so provided such discovery could be made—but the fact is, such speculation is all, at random, and beyond demonstration. Nature as constituted furnishes the key to all these operations, a key simple and infallible. No natural force can be put in operation without in its expenditure the generation of another force, or others whose sum total exactly equals the original one. Heat resolving itself into motion is a familiar example in physics; the decomposition of the animal and vegetable matter into gases and salts, is a familiar one in chemistry. Placing the matter then, on a well-defined basis which is accepted in all the collateral sciences, we find ourselves on a good foundation for the statement admitting a two-fold action in the process set forth in a proving, but that one of its elements is a manifestation of drug action and the other is a manifestation of constitutional action. A defini-

tion thus presents itself which is alike faithful to the demands of reason and science: *Primary action is drug action; secondary action is systemic reaction.*

As all perfectly understand our foundation stone is the similitude between a drug disease and a natural disease; thus if a drug fails to perfectly picture a disease, it cannot be a true simile. Now if we hold that a disease has its own individual effect upon the organism, and the organism has its characteristic reactive effect upon the disease, it would appear in the light of the foregoing, that in its treatment our remedy must meet it stage by stage, primarily and secondarily, its actions and reactions. Such we find not to be the case, nor is it scarcely possible that it can be, because there is no escape from the chaos of our symptomatology, in which we must flounder with still no hope of extrication after all these years of experimentation in which want has been continually felt and deplored. If the ideas evolved above are logical and true, as they appear to be by analogy, there is no escape from these conclusions: that the primary effects of disease must be met by the primary effects of the drug which is its simile; that the secondary manifestation, the signs of the reaction of the system against the disease, must be met by the second series of symptoms of the drug disease, the signs of reaction against it. Hempel says: "The morbid force manifests itself to us by its effects on the living organism—and these effects are our therapeutical indications, to remove which we have to operate with drugs that produce effects of *an exactly similar order* upon the tissues in health"—involving the same idea. Hahnemann was brought face to face with the same question and it was doubtless a source of perplexity to him, because the more perfectly his system became elaborated, the firmer became his belief in the minimum dose only, which necessitated the discarding of the primary symptoms altogether, and the acceptance of only those secondary. Consistently with this view his later provings were made with potentized drugs, to escape the primary effects. But in using such scrupulous care to avoid an incongruity, he failed to see that he committed the no less an error of losing the conscientiousness of the manifestations of the drug disease, which is nigh to a mortal weakness when placed in juxtaposition with a natural disease, for in the latter there are consecutive groups of symptoms, which bear the stamp of the disease or of the man, according as one or the other has the mastery.

Drugs have characteristic effects; the organism has its correspond-

ing characteristic reaction against them. The cause and the sequence being so unvarying, it would seem that the limitations of each should be traced, but no plainly drawn line of demarcation exists between the series, although it must be true that if a diseased condition predominates in a given instance, the time must come in case of recovery, when the systemic powers predominate. The position taken by some high in authority, that all apparent disease motions are reactive efforts on the part of the organism to free itself from the morbid element, is so manifestly untenable in the light of analogy, as to demand but passing notice. It is too preposterous for belief that the intoxication following the administration of alcoholic liquors, or haschish, or *Opium*, should be ranged among reactions; or that the local and general anæsthesia produced by *Chloroform* and *Ether*, should be so classed; or that the persistent effects of *Lead*, *Mercury* and gold, should be held as such; or that the almost instantaneous fatality of *Strychnin*, serpent poisons, and *Hydrocyanic acid* should be held a reactionary! The application of one principle alone from nature, demolishes the one only living side of the theory, and that is, reaction itself. It implies that there is something to react against; if all abnormal signs were only reactions, what becomes of disease itself with its often terrible results? Again, if all symptoms are reactions, it implies that the stronger force is always on the side of the organism, which nobody believes as it accords with nobody's experience,

To obviate a difficulty which makes itself felt here, against a misapplication of terms, it is imperative that the distinctive differences between *reaction* and *resistance* should be markedly stated, which, too, must drive the last nail in the coffin of the above theory.

Resistance is "that quality of not yielding to force or external impressions;" it "stands against." It is, therefore, passive. To illustrate: A ball thrown through the air is resisted; the resistance is overcome and the ball still moves on, because the force which operates upon it is greater than that which opposes it; the force in operation becomes less and less as resistance is constantly met, until an exact equilibrium is established, because passivity neutralizes activity. In the motions of disease we find an exact similitude to the above illustration, except that in the living organism, resistance is vital, not mechanical, and that out of its vitality an actual moving force is generated, *reaction*, which is in direct opposition to the force moving against it.

Reaction is counteraction; is "any action in resisting other action

or power." It is, therefore, action. The following will illustrate it: In a swiftly running stream of water set in motion a body whose motion is contrary to it. Force and resistance are in operation, as in the previous case, but resistance has added to itself motion, reaction resulting, in consequence of which, when the propelling force of the floating body is overcome, it is caused to move in a new direction, that of the reacting force. To apply: In disease, the vital resistance having found an equilibrium with the disturbing element, its continued operation results motion, which removes that which has disordered normal action.

Let us now approach the subject from the pathological side. Regarding disease, we find three leading elements in ordinary acceptance. 1. Cause. 2. Lesion. 3. Effect. In the factor *effect* we find an omnibus term, involving all manifestations except those which are strictly of the disease itself, which is misleading. To be consistent and clear, the classification should be thus: Cause, lesion, effect, resistance and reaction. So viewed, the whole process lies before us, from its inception to its termination, with no inferential distinctions. Natural law is again perfectly applicable here. It is familiar that every act involving energy implies a "moving cause, a thing moved and a method or mode of action;" and, on second thought, it is also familiar that resistance is equally constant, and reaction prompt in response to an action opposing force. The virus of variola is a cause, a very effective one; it moves the fluids and tissues of the body in a manner irresistible; its method is constant; resistance is instituted and maintained until reaction is fully established, and regeneration and health becomes possible.

Placing this process side by side with that previously discussed, and the deeper meaning of the watchword "*Similia*" becomes apparent. It is not a superficial principle, but appears in all stages and in every change in the progress of disease, whether it be natural or that of a drug. It has its place in the processes which nature institutes to rid itself of the foreign element, in its methods of regeneration, and even in those which carry the victim down to death.

The ground traversed is too broad for the mere symptomist, who treats the sign regardless of its concomitants; it is filled only when we comprehend every condition, change and results possible to the particular morbid process with which we have to deal.

Ophthalmic Department.

EYES AND EARS.—WHAT THE STUDENT MAY READ.

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

The following suggestions are made by request and submitted for the benefit of those who wish to inform themselves on matters pertaining to the eye and ear, but are not familiar with the literature. No attempt is made to exhaust the bibliography, and reference is confined to works which appear in English. Frequent inquiries are made by students as to what works they should procure, and the object of this article will have been attained if it enables such inquirers to make an intelligent choice and obtain what they are seeking without unnecessary expense.

I. OPHTHALMOLOGY.—ANATOMY AND HISTOLOGY.

Metz on the Anatomy and Histology of the Eye, is a small book and one which gives the student correct and rather complete information on the subjects of which it treats. It supplements well the few chapters devoted to these subjects in such text-books as Angell, Bader, Walton and Stellwag. In possession of the knowledge it imparts the more elaborate work of Stricker will be better comprehended and be more instructive.

PHYSIOLOGY.

The fifth volume of Flint's Physiology may be consulted with advantage for the latest views on the physiology of the eye. Angell devotes some space to the practical consideration of the subject.

DISEASES.

Angell, Williams and Dixon have given the profession small but valuable books quite similar in character, from which a general knowledge of the diseases of the eye and their treatment, Homœopathic and Allopathic may be gained. Another small work of a very practical character, and in which more attention is paid to surgical diseases and injuries of the eye is that of Lawson. A more extensive

work and one which meets the wants of the general student very fully is that of *Soelberg Wells*. His writing is plain and forcible, his descriptions clear and full, and the reader becomes familiar with the technicalities as he proceeds. This work answers the purposes of a single text-book, perhaps better than any other. After mastering this book that of *Stellwag* which is much fuller and encyclopædic in character, will be more thoroughly appreciated. The beginners would use valuable time without adequate return in attempting to grasp the many points brought out by *Stellwag* without some previous preparation. Much that he says, derives its interest and profit from its relation to facts and speculations with which the reader is supposed to be familiar. *Carter on the eye* is a very readable book designed for general use, and contains many useful things which cannot be found elsewhere. At the same time some important errors are introduced, to which attention is called by *Dr. Green* in the American edition. On this account the American edition is the preferable one to buy. At a sole guide this book would not answer so well as that of *Mr. Wells*.

The last edition of *Macnamara's* book, written since that gentleman's somewhat recent return to England from India, is a very satisfactory one, and as a single work, fills a large gap although its matter is condensed into small compass. *Haynes Walton's* third editon is a large work, comprehensive in its range and in many respects, peculiar. If used alone some ideas at least, would be inculcated which are at variance with the bulk of accepted authority, while many others of great practical value would be imparted as by no other writer.

REFRACTION AND ACCOMMODATION.

Wells on long, short and weak sight, is devoted to a more elaborate treatment of the anomalies of refraction than these receive in his general text-book, and may be studied with advantage at any time. The book is an epitome of the masterly and extensive treatise of *Donder's* on physiological dioptrics and anomalies of the accommodation and refraction. *Fenner on Optical Defects*, finds its place in this connection. As an introductory work it will be found very useful. The first and second chapters on physical and physiological optics, present in concise form an amount of information necessary to the correct understanding of anomalies of refraction and accommodation, which may be found elsewhere but in a much more diffused shape.

THERAPEUTICS.

Every Homœopathic student should possess a copy of *Angell's* work,

and on no account should he fail to procure Allen and Norton's Ophthalmic Therapeutics. This last work occupies a field peculiarly its own. It supplies what nothing else in book form can give and in a very available shape.

Peters on the eye can be used to advantage only by those who are able to discriminate between truth and error. The good to be derived from it comes frequently in an indirect way. It sometimes suggests remedies for a certain condition which they will not control, but the symptomatology accompanying the suggestions will point the reader to the true condition in which they may be used with advantage.

II. OTOLOGY.

Several of the text-books on this subject introduce the anatomy of the several part of the ear at the beginning of the chapters devoted to the diseases of the parts under consideration, and use admirable wood cuts so freely that a clear idea may be gathered readily. Where one book is to be relied upon, the choice beyond question should be given to the work of St. John Roosa. This is so thoroughly good that it leaves little to be desired. From its opening chapter on the history of the progress of otology to its closing one on deaf-mutism and hearing trumpets, it is comprehensive, directly to the point, wonderfully clear in its teaching and leaves the reader as well informed upon what is yet to be made known, as upon what is known. In drawing such distinct lines between what is known and what is yet under trial the author introduces a feature which none can fail to appreciate, and one which might be copied by others to the good of all concerned.

Von Troltsch on the ear antedates the work just mentioned, and in some respects they are similar. There is difference enough however, to warrant the outlay of the cost of the book by those who wish to round out their information.

Turnbull on the ear is an American book of about the same size as the other two and contains many and long quotations from a great number of sources. The student who has been thoroughly over the ground covered by Roosa or Troltsch, will be able to extract from this some ideas to be taken under advisement, but without the others as a ground work, would be confused by its arrangement and general treatment of subjects.

Toynbee on the ear with appendix by Hinton, will always hold its own position. It marks a period in the evolution of otology. It towers above works of a similar character in the past and serves as a foundation for the good ones which have appeared since. Toynbee's

pathological studies made it possible for others to speculate upon and perfect methods of treatment superior to his own, and these we now use, but all feel honored in paying tribute to him from whose labors they received their inspiration. Sir William Wilde is the great leader in this department, and his work will always be full of instructions to the attentive reader.

To return to comparatively recent writings, mention should be made of the lectures of Dr. Dalby at St. George's Hospital on Diseases and Injuries of the Ear. They are eleven in number and being bound make almost a pocket book. Their character is eminently practical.

Allen on Aural Catarrh and Curable Deafness is another small book which deals with the every day diseases of the ear and will well repay perusal.

Politzer on the membrane tympani in health and disease, is a scientific treatise in which much matter of the greatest interest is presented in small space. In its place the book is invaluable. It contains two dozen chromo lithographs showing the changes which occur in the drumhead, as they may be seen in life.

Hinton's questions in aural surgery is true to its title. It is full of suggestions and will serve to give a clear understanding of what is yet to be investigated, besides speaking plainly and positively on points which are clear.

Because prolonged sickness has disabled Dr. H. C. Houghton of New York, I am prevented at this time from recommending to the Homœopathic student a book which that able gentleman is engaged in writing upon Diseases of the Ear, and their Homœopathic Treatment. From his well known ability and conscientious work, we are justified in anticipating a book which will reflect credit upon the school and help us all in a department whose Homœopathic therapeutics are now to be gleaned from the general materia medica and from journals.

Since writing the above we have received a copy of a new work on the ear, by Dr. Burnett of Philadelphia. Much of its space is devoted to the anatomy and physiology of the respective parts of the ear, and gives us in a concise form, all that has been developed by the more recent labors in these fields. Our therapeutics on the ear have been so much enlightened and rendered scientific in character, by the light which a correct anatomical and physiological knowledge has shed upon them, that we cannot but greet with pleasure each new addition which may serve to suggest a remedy for a condition as yet unamenable to treatment, or yielding but partially to that already known.

In the therapeutics of chronic catarrhal inflammation, we notice that stress is laid upon the value of *Mercurius dul.*, *Iron*, *Iodide of Potassium* and *Strychnine*, well known agents to the Homœopathic aurist. The character of the book is such that we feel like commending it strongly.

Society Proceedings.

CALIFORNIA STATE MEDICAL SOCIETY.

NEW PROVINGS.

(Continued from page 419.)

Wednesday, April 11th, 2 P. M. The society having been called to order by the vice president, Dr. J. M. Moore, a paper on *Apis* was read by Mary E. Ives.

Dr. F. Hiller Jr., read a proving of *Piper methysticum* and presented to each member a small quantity of the mother tincture made from the root obtained from Samoa, also pieces of the root. The proving of *Piper methysticum* made by Dr. Griswold last year, for want of time was not read.

Dr. J. M. Moore read an interesting article on the alternation of remedies, defining the circumstances under which alternation may be adopted.

A COLLEGE.

Dr. Griswold—MR. PRESIDENT AND GENTLEMEN: The time will come sooner or later when a college of Homœopathic medicine will be considered a necessity for this state and coast. Our isolated condition, alone, separated as we are from established colleges, by time, space and expense, will render a step in that direction imperative. The tax of an overland trip, even now, debars some from breaking away from Allopathic tuition and seeking tuition in Homœopathy. My position as secretary of the board of examiners, caused me to realize that many were desirous of entering the Homœopathic fold; and the question for some months past has been, is it not time to commence action in this matter? I have consulted and corresponded with some of our most considerate members, and find an almost universal inclination

to inaugurate the movement, in the near future. Of course *some* of the difficulties of the enterprise are apparent. They do not lie in the direction however of expenses, nor in the lack of students. They are to be found more in the want of experienced teachers and especially in the divided condition of the profession in this city. But are these difficulties unsurmountable? I believe not. We may as well settle down, first of all upon one idea, viz., that however desirable perfect concord may be, in such an undertaking human nature is such, that we need *never expect* it. However if we enter upon this work, we must *seek* harmony, and then be satisfied in getting all we can. And, after all, I am not clear that the time has come for action.

It is to discuss and settle the matter that I now introduce it to the society and ask its consideration. I would suggest the appointment of a committee with discretionary powers, into whose hands the matter may be entrusted.

Dr. Fraser—There are quite a number of students on the coast anxious to pursue a course of Homœopathic medicine. Several of them are attending the lectures of the Allopaths. They regret being compelled so to do. Some have attended the Allopathic colleges here until such time as they could go east, and graduate under Homœopathic instruction. I believe the time *has come* when action should be taken. It would not be well to make it a society matter, though the society may sanction and aid the move, it should not be saddled with the burden of it. A vote of sanction, and the appointment of a committee to take the matter in charge would not be out of place.

Dr. Griswold—Such a motion would not necessitate immediate action. If the committee after consulting the profession generally, conclude that the time has not yet arrived for the movement to be made, they can act accordingly, I propose the following:

“*Resolved*, That a committee of five be appointed by the chairman, with the concurrence of the society, into whose hands the matter of establishing a college of Homœopathic medicine shall be placed, and who shall after consultation with members of the profession outside of the state society, act upon it according to their judgment.”

It will be expected of this committee, before they proceed to the organization of a college, if they should decide to do so, that they shall make all reasonable effort to secure the co-operation and support of all Homœopathic physicians possible, regardless of their society relations.

The resolution was discussed, and a vote being taken, passed unanimously. The president appointed on the committee, Drs. S. Porter, C. W. Breyfogle, W. C. F. Hempstead, E. J. Fraser, F. Hiller Jr.

ELECTION AND SPEECH.

On motion, the society proceeded to the election of officers for the ensuing year :

PRESIDENT—S. Porter of Vallejo.

FIRST VICE PRESIDENT—G. M. Dixon, of Sacramento.

Dr. J. M. Moore (vice president in the chair) " I beg to interrupt the proceedings a short time, to say a few words. I shall leave for England to-morrow. I leave you with my best wishes for the welfare of the Homœopaths of this coast, and the members of this society in particular. It may be known to some of you that I have been subjected to considerable abuse and vilification, on account of associating myself with the state society. I do not for one instant regret the step I took in uniting with this society. Wherever I may be asked, in the east or Europe, about the practioners in California I shall esteem it a pleasure, no less than a duty, to speak most highly of this society and its individual members. I know as a member of the British Homœopathic Society I shall be asked many questions regarding society and other matters in California. I wish you success in all your endeavors; especially those which will tend to assuage those personal animosities, which have sprung up in the profession on this coast.

The fact that we are a proscribed sect among physicians generally, should bind us more closely in personal friendships. In union there is strength as well as tranquility. This society has now taken a new lease of existence and bids fair to stand any strain that may be brought upon it. We have trebled our members, and if internal strife be avoided by mutual courtesy, kindness, and self-abnegation, by each member preferring another before himself, its usefulness will increase as time moves on.

The medical registration law, though defective, has given Homœopathy a place by the side of the "Regulars" and consolidated the Homœopathic practitioners of this state.

In this city we now number thirty-five, which is at least, one third more than when I arrived here two years and a half since. That shows well for Homœopathy, and the general dissemination of its principals. I hope within five years I shall hear of a college and a hospital under Homœopathic direction. Thank you all kindly for the goodwill you have shown me and for the honor you conferred on me by electing me to the office of vice-president, which I am now about to vacate.

The election being continued resulted in the following choice :

SECOND VICE PRESIDENT—E. M. T. Hurlbut of San Francisco.

RECORDING SECRETARY—W. N. Griswold of San Francisco.

CORRESPONDING SECRETARY—E. J. Fraser of San Francisco.

TREASURER—Sidney Worth of San Francisco.

CENSORS—M. J. Werder, of San Francisco; J. K. Clark, of San Francisco; A. S. Wright, of Santa Rosa.

The society appointed the following physicians to serve on the state-board of examiners for the ensuing year: Drs. John H. Floto, E. S. Breyfogle, J. K. Clark, F. Hiller Jr., M. J. Werder, W. C. F. Hempstead and W. N. Griswold. Alternates, F. E. J. Conney, Jacob Multz and Hugo Rozosas,

On motion the committee on publication with the addition of F. Hiller Sr., were authorized to publish the constitution and by-laws for distribution.

Dr. M. J. Werder was appointed delegate to the American Institute of Homœopathy and Dr. J. Murry Moore to the British Homœopathic Medical Society. On motion adjourned.

Reported by DR. W. N. GRISWOLD, Rec. Sec.

THE UTICA MEETING OF THE NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

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

The semi-annual meeting of this society was held at Utica, October 9th and 10th. The following is a synopsis of the proceedings:

Dr. Piersons of New York made an exceedingly interesting report, giving his experience with high potencies in the treatment of eczema, one of the most inveterate diseases, in the Sheltering Arms and (I think) in the convent of the Sacred Heart. Among several hundred inmates, a large number of cases were treated and cured mostly with *Mezereum* 1000 or higher. This remedy was indicated when the skin was rough and scaling with violent itching, worse in the bed. With *Psorinum* high he cured one case of eczema behind the ears, on the thighs and body. The child scratched until blood flowed. His cases were cured in from two weeks to three or four months. He gave one dose a week until a decided improvement was manifested, and then omitted med-

icine. He used no local applications. He found that soaps, oils, and even water aggravated the cases.

A report was presented by Dr. Pratt on the use of *Chloroform* in labor. He administered *Chloroform*, then with instruments dilated the os and delivered with forceps.

Dr. Hawley enquired where the Homœopathic treatment came in, any Allopath might pursue such a line of treatment.

Several members always used the bandage and *Chloroform* in eclampsia and post-partum hæmorrhage. They did not have much faith in Homœopathic remedies for such conditions. A few cases were reported in which Homœopathic remedies controlled these conditions.

Some always applied the bandages after parturition, and some had for years ceased using it after having had long experience with its use.

In the bureau of materia medica among other papers was presented an able paper on remedies acting upon the cerebro-spinal nervous system, by Dr. McGeorge, of New Jersey, with clinical verifications. The doctor analyzed these remedies in a masterly manner, showing which nerves and which root of nerves were specially affected by each remedy. His remarks on *Nux vom.*, *Sulph.*, and *Zincum* with cases, were particularly practical and interesting.

Dr. Frank Biglow of Syracuse presented the history of a case of croupous bronchitis of rare occurrence, with specimens of bronchial casts discharged. His patient was a little girl eleven years old, who had coughed up these casts more than a year. These casts were whitish, tough, fibrous, and shaped like the branches of a tree. They were discharged mostly at night or in the morning. When the casts were extensive, they caused some dyspnœa. She had received *Ipecac.*, *Tartar emet.*, *Kali bich.*, and various other remedies without benefit. Dr. Gray had been consulted and Dr. Hering had prescribed *Kaolin* which was given over a month without benefit.

Dr. Miller stated that croupous bronchitis was, according to Allen's *Encyclopædia*, pathogenetic of *Ipecac.*, and that the casts were discharged in the morning.

Dr. Squire of Syracuse reported several interesting surgical cases, and several successful cataract operations. The doctor is earning an enviable reputation, both as surgeon and oculist.

Supt. Talcott reported on the prosperous condition of the Middletown Asylum, which was now self-sustaining.

Dr. Brown of Binghamton in his forcibly and unique style, read a capital paper entitled "The Ethics of Mongrelism in Medicine,"

severely castigating the parties implicated. The convention was convulsed with laughter.

Dr. Paine of Albany offered a resolution in favor of erasing from Dr. McGeoge's report, the potency of high remedies where high potencies were given. This was declared an insult to the doctor, after his paper had been accepted with thanks. Motion tabled.

Paine then offered a similar resolution to expunge all mention of high potencies in all the reports. Resolution tabled.

He next offered his notorious resolution on transcendentalism in medicine. These resolution were sustained by one of his followers in a very sonorous speech, which was replied to by Dr. Brown in one of felicitous efforts. It was shown that these resolutions were adopted by the Albany county Homœopathic faculty, when only three members were present. The transcendental resolutions were tabled.

Paine then offered a resolution to appoint a committee to engineer a bill through the legislature, relative to the appointment of trustees to fill vacancies in the Middletown board. Tabled, the society having had enough of such engineering.

Dr. Paine then offered a resolution declaring that Homœopaths are entitled to at least one-third of the offices of the board of health. Tabled.

Dr. Paine claimed that Dr. Dunham in his report to the American Institute of Homœopathy, proposed to expunge the law of *similia* from the constitution of that society, and hence that it was erased from that document. He stated that this law was not mentioned in the constitution of the New York State Society since its re-organization. And he had just had this law erased from the constitution of the Albany County Homœopathic Society. He seemed to hold a grudge against the great Homœopathic law. He pretended to be liberal, and yet was too intolerant to hear of cures by high potencies. And he wished to remove the distinctive character of Homœopathic societies.

Dr. Brown stated on the authority of Dr. Jones of Albany, that only three members were present in the Albany county society meeting when this trick was accomplished, but that at a subsequent meeting the law of *similia* was restored by a vote of eleven to three.

Dr. Wells stated that on Dr. Jones' authority that the latter had visited Dr. Dunham a short time before his death, and conversed with him about the intent of his speech before the American Institute. Dr. Dunham distinctly denied any intention of hauling down the Homœopathic colors.

Drs. Brown and Wells administered a severe castigation to the great Albany intreguer, and the faithful few who followed in his wake. This was heartily enjoyed by the members present.

In medical societies, wit and humor seldom abound. But this meeting was one of the most thoroughly enjoyable that it was ever our good fortune to attend, and not the least enjoyable feature of the occasion was the severe castigation received by the mischief-makers whose number "grows smaller by degrees, and beautifully less."

Children's Diseases.

FOOD FOR INFANTS.

EXPERIENCE IN HAND-RAISING AND FOODS.

On page 82, Vol. V, you invite opinions concerning food, etc., for infants. I also saw on page 253, Vol. V, a communication from A. M. Pierson which is very good indeed, especially in regard to nourishment for mothers and the non-use of stimulants, and he truly says, "custom allows everything" in the world for food, good or bad. I will give you my way of treating this class of cases, I make it a point for the mother always to nurse her babe if possible, even if she does not have enough to support the child, and make up the loss by some properly prepared food of one kind or the other, either "Horlick's food" or "Ridge's food," or cow's milk, oat-meal gruel with the meal strained out of it. In case of death of the mother I prefer "hand-raising" to the general hap-hazard run of wet nurses, (there are exceptions of course). If a good healthy wet nurse can be found that can be relied on, all right.

IN REGARD TO FOOD IN GENERAL.

It has been my experience that wherever the child was raised on cow's milk alone, it was sure to have milk crust (*crusta lactea*). I do not remember of a single case where it failed to have it, but whenever I have had occasion to use cow's milk of late, I have had it prepared one part milk to two parts water, and used it in that way until

the child is over six months old, with a little of "Ridge's food" prepared in it, and the child will grow and be as healthy as possible. After six months then it will do to increase the quantity of milk a little, and the Ridge's food also, and in this way I have no trouble with milk crust or with the child's bowels getting out of order. The great trouble in using cow's milk and the prepared foods is, that they get them too strong, that is, nurses prepare them according to the directions on the packages which makes them too hearty for the child, consequently we get deranged stomachs and bowels. The child belches wind and vomits, is troubled with colic, constipation or diarrhœa, and all this train of difficulties that perplex both nurse and physician, that can be avoided in a great measure by preparing the food a little weaker. I cannot lay down any specific rule to prepare these foods, only do not get them too strong or hearty. No two children can have them prepared alike, but by a little experimenting the nurse will soon learn how to prepare them the right strength to agree with the child. After the child gets all of its teeth I have always thought that it was now ready for more solid food, and have always allowed them to have anything reasonable and in a suitable quantity, plain food, well cooked and no highly seasoned trash or pastry, and ripe fruit is allowable, and I have never seen any bad effects from it in reasonable quantities. I try to follow simple nature guided by reason and a thoughtful discrimination between the good and the bad, and I have no reason to complain of my success in the treatment of children so far, at least, although I make no pretensions at all.

BURLINGTON, Vt.

A. COLVIN.

AUTUMN DIARRHŒA OF CHILDREN.

Which is the prevailing remedy? is the anxious inquiry just now, among all careful prescribers. Every season presents new phases of disease, unusual symptoms are met, and we are driven to our books (if we would be promptly successful). Said an old physician, "When the summer diarrhœas commence, I do not try to prescribe by memory of the diarrhœa symptoms of last year, but I study Bell on Diarrhœa and Dysentery, and freshen up my memory on the peculiar diarrhœas of each remedy." This is an excellent plan, and those bothered with diarrhœas should spend much time in posting up. Get a copy of Bell, and let us compare notes.

One physician reports *Pod.*, *Ars.*, and if teething, *Cham.*, as the chief remedies in children's diarrhoeas. Another *Ars.*, *Merc. dulc.*, etc. Another *Bell.*, *Ars.*, *Merc. sol.* Another *Nux.*, *Cham.*, *Apis.* It is evident that there are cases that need *Nux.*, *Merc.*, or *Pod.*; another class calls for *Bell.*, *Cham.*, or *Apis.* The sharply indicated remedy needs no help, and very few doses. We may just miss the remedy, and blunder along with several, and perhaps help, and perhaps not. Let us study the remedies, and report confirmations and unusual symptoms. Many have noticed profuse and frequent urination. *Merc.* has relieved it. Is it characteristic, Dr. Bell? D.

TIMELY HINTS ON DISEASES OF CHILDREN.

Allow me to suggest that if you notify us through THE UNITED STATES MEDICAL INVESTIGATOR from issue to issue of the particular topics in hand in your book, we shall be stimulated each time to give our mite for that particular topic, if we have any.

J. C. MORGAN.

[Hints on diseases of the umbilicus, "sore mouth" (thrush aphthæ stomatitis) will be timely and acceptable. Then go down to stomach and bowel troubles, and do not forget liver disorders.

T. C. D.]

BIOLOGICAL ROLE OF CHLORIDE OF SODIUM.

BY M. BERGERET.

"Few persons can conceive the profound modifications which the constitution of the body may undergo after an unusual supply of common salt. In fact, this substance plays an extremely important part in the economy; dissolved in the fluid of the humors, it dissolves the organic substances which they contain. Without the presence of salt in the blood-plasma, fibrin, albumen, musculin, ostein, etc., becomes solid, and the blood corpuscles are dissolved. The blood corpuscles are dissolved in a solution of pure albumen and in pure water, whilst they retain their proper form, and remain unchanged in an albuminous fluid containing one per cent. of common salt.

"If *Chloride of Sodium* (*Natrum mur.*) be removed from the food of man, symptoms of chlorosis make their appearance; the subject becomes pale, languid and œdematous. On the other hand, when added to the food in small quantities, salt excites the appetite and determines a more abundant secretion of the saliva and gastric juice,

and thus facilitates the digestive dissolution of the aliment, especially the albuminoids. It increases the proportion of the blood corpuscles, and diminishes the quantity of water. An excess of salt provokes renal secretion, and the expulsion from those organs and the skin and lungs of the nitrogenous products of histological waste. But if these effects be continued for some time, common salt becomes injurious. In fact, when introduced into the stomach in large quantities, it passes into the blood, and remains there for some time. The saline blood absorbs more oxygen, and this stimulates the physico-chemical action of histological nutrition. This increased trophic activity consumes a considerable amount of assimilable material. The functions of the stomach and intestines are necessarily increased in activity. But it soon happens that these organs, by elaborating without cessation reparative material, cannot suffice for nutritive activity. From eight to ten grammes of common salt are daily expelled by the kidneys, the skin, the intestines, the nose, and mouth."—(*Echo Medical et Pharmaceutique Belge* and *Half-Yearly Abstract.*)

[It excites appetite, ptyalism, profuse urination, activity of the skin and lungs. This outline filled up with the more complete coloring of our provings, (see materia medica), presents an interesting picture in which we see hunger, vomiting, spitting, colicky diarrhoea, profuse and frequent urinating, children cross, restless and sleepless. Where curds are passed or vomited, a little salt may be added to advantage, especially if the ejecta is sour. Those who live near the sea will not need as much salt as those inland. Salt prevents butter from becoming rancid, and it will no doubt, work the same with the infant, especially if the ejecta is composed of any of the buturic acids. *Natrum mur.* must be an antipote to *Lactic acid*, as it is to *Argentum* and *Apis*. If so it will prevent the development of hydrocephalus, and rachitis—bone softening as does its near ally—*Cal. c.* As a diet select according to *contraria*; as a remedy, according to *similia*.]

HINTS ON STOMATITIS.—We are now on the transition line between summer and winter diseases, as evinced by the sequelæ to the many cases of follicular stomatitis met among children. In the fleshy subjects (alkaline,) it is followed by dysentery—follicular inflammation of the rectum. In the more spare, active (acid) children, it is followed by follicular tonsillitis, which in some cases, terminates in supuration. In a few cases, the trachea becomes involved, giving us follicular tracheitis (croup,) or follicular bronchitis, with asthmatic symptoms. The latter form is more frequently met in adults. Spasm seems to be an undercurrent in all forms of disease, therefore inflammatory, spasmodic *Aconite* has been and will be a prominent remedy.

T. C. D.

Surgical Department.

ELECTRICITY IN HYDROCELE.

CASE I. Last year a boy aged six and one-half years was suffering from hydrocele for years. The mother had tried many doctors who gave him medicines, some tried the incision, and some injections with *Iodine* but without relief. I took two long needles (not oiled) very sharp, connected them with the conducting cords of Gaiffe's battery, one needle I introduced into the upper, the other into the lower part of the tumor about three inches deep so that the needle came into the fluid. The operation was continued fifteen minutes, he had but little pain. I let him stay in bed two days during which time the fluid had disappeared. After five months the mother reported the boy perfectly cured. I used the battery but once.

CASE II. A young man, aged nineteen, suffered with hydrocele for seven years (right side). I used the electro-puncture again like in the first case, the tunica vaginalis was so compact that it gave me a good deal of trouble to get the needle through; the fluid disappeared very slowly but in twenty-four days he was entirely cured. I used the battery three times. It is now over nine months and no relapse has taken place.

FT. MASON, Texas.

L. A. KÖRPFEN.

SHORTENING OF THE LEFT LEG.

Mr. S. K., a young man, received a blow from a horse on his left knee. He consulted me four months after the accident. In its appearance the diseased knee differed but little from the sound one. Patient complains that walking caused a sensation of grating and severe pain in the joint. He had resolved to follow some sedentary occupation. After a number of useless prescriptions, he directed my attention to the important fact that the leg was too short. In walking he limped as though the shortening amounted to at least one inch. I regret that I neglected to ascertain by measuring whether the shortening was apparent or real. If the leg was really shorter, we might account for

it on the ground of arrested growth ; but here the question would arise how could the limb regain its proper length in so short a time after the remedy was given ?

I remembered that I had read of a remedy having this symptom but although I searched my books most diligently, I could not find it. On a visit to Luytie's Homœopathic Pharmacy, I bought Raue's Record for 1874 and here I found on page 255 a case, reported by Dr. C. Wes-selhæft, with apparent shortening of left leg, relieved by *Caut.* O how I rejoiced ! The remedy not only relieved, b t entirely cured my case in about two weeks. In conclusion let me express my great sorrow, that the publication of Raue's was ever abandoned.

C. BERNREUTER.

CASE OF INDOLENT ULCER CURED BY STRAPPING

BY H. C. ROYER M. D., MASSILLON, OHIO.

CASE I. Mrs. H. aged twenty-seven, dark complexion, short, rather stout in build, mother of two children, wife of a miner, general health fair ; had a sore come on her left leg midway between the ankle and knee, about one year ago ; it soon developed into a foul indolent ulcer, raised edges, no granulations, a discharge of serous fluid very fetid. The surrounding integument swollen and discolored ; the ulcer was three inches in diameter, white and without sensation, but she had pain about the ulcer, not in it. She was under treatment ten months by two of our best Allopathic physicians, and the ulcer she says, was worse when she left than when she commenced. The above was a description of the condition when I first saw the case. I commenced by having her use good diet, gave her *Ars.* 3rd trit. I used stimulants on the ulcer to get up a healthy action. *Carbolic acid* was used but was not strong enough, had no effect. *Sulph. of Zinc* and *Nitrate of Silver* were used ; they would destroy the surface and I could take it away, but it would not show the slightest sign of granulating. In fact the ulcer looked worse than when I commenced to treat it. I made up my mind to try strapping. I cut the strips a quarter of an inch wide and long enough to pass nearly around the leg ; placing these directly on the ulcer and drawing them firmly. I directed her to mop out the discharge that might work through between the straps, twice a day and left them on four days when I removed them, and found to my surprise

fully one-half of the ulcer converted into a healthy granulating surface. The parts were washed and the straps returned and again removed the fourth day when the whole surface was *perfectly* healthy; at this time, four weeks from the first application of the straps, the ulcer is almost entirely closed. I used Ellis adhesive plaster and gave *Ars. 3*. The pressure in this case seemed to do more to get up a healthy action than any or all of the stimulants used.

ON THE TREATMENT OF SPINAL CURVATURE.

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

In the July 15th number of *THE MEDICAL INVESTIGATOR*, Dr. E. Stevenson of Chico, Cal., under the caption of "Council Wanted," solicits information of "some of your surgical readers" respecting a "posterior spinal curvature" effecting a scrofulous child two years of age. After giving a description of the curvature with some characteristics of the disease etc., Dr. Stevenson ordered the removal of "all apparatus" for supporting the body, etc., and gave very intelligently and very properly, *internal remedies* for restoring the general health of the child. This is just what a scientific and educated practitioner of Homœopathy should do, but when he asks, "can the Homœopathic remedies be relied on to *cure such cases without postural or other support*," I unhesitatingly answer, *no*, if the disease has progressed so far as to produce actual spinal curvature. It is true, and even yet it is not sufficiently impressed upon our medical brethren that our remedies can and do produce the most brilliant results in overcoming the diseased action at the point of curvature, in strengthening and invigorating the physical system, but, they have not been able *unaided* to straighten up the spinal curve and restore it to its pristine strength and contour.

My advice to Dr. Stevenson, after considerable experience in the treatment of this disease, and having made some remarkable *cures* in children who had previously defied all medical and surgical skill, is to combine internal treatment with retentive and extending apparatus, and my improvement on Dr. Sayres' mechanical support, has given me the most satisfactory evidence of its adaptability to the end required. This consists first in placing upon the patient to be "*put up*" a closely fitting knit woolen undershirt; second, suspending the patient by the

head or shoulders in order to relieve all pressure from the spinal column; third, while the patient is still in the suspensory apparatus, carrying around the crests of the ilia a roller saturated with either *Dextrine* or Plaster of Paris, and closely adapting it to the contour of this part of the body as many times as will make a strong and immovable support for the upper dressings to rest upon. This I denominate *my artificial sacrum*. After it becomes perfectly hard and dry, a roller is to be carried around the trunk as high up as the axillæ, and down again to the artificial sacrum. Upon this foundation structure a series of perforated, roughened tin strips are laid, resting upon the artificial sacrum and extending around the parieties of the abdomen and thorax, so that they well perfectly enclose this portion of the body. The roller is now to be carried upward and downward over these artificial ribs, (these are about three or four inches apart) until they are completely and strongly encased, which, when it becomes *dry*, forms the completed foundation for the artificial spine. After the dressings are perfectly dry and hard, the artificial spine is to be adapted to the bony column, and extention made either by plaster strips attached to the upper portion of the thorax and back, or by the occipito-mental apparatus suspended from a cross-bar reaching over the head. This artificial spine is to be secured, of course, in the same manner as the foundation was prepared in the first instance. When the apparatus is properly applied, extension, gently and continuously kept up, is the result, and, of course, the pressure is taken off the diseased spine, giving it an opportunity for its gradual restoration to power and contour.

During the reparative treatment, I conceive it to be of the greatest importance to give those Homœopathic remedies that are demanded by the systemic condition. I have succeeded with these means, in curing a number of cases that have been pronounced *hopeless*, and in one instance, I relieved a child to such an extent in *six weeks*, that, from being almost perfectly helpless, and only able to hobble about the room by means of crutches for three years, she became able to walk from her residence to my office, over half a mile distant, without crutches or other mechanical support save my reparative apparatus.

In conclusion I will state to the profession that I am about to establish an "Asylum for Deformities" in this city, and I will gladly accept for curative treatment such cases that have resisted the best directed efforts of other practitioners to cure.

**RADICAL CURE OF A CASE OF INVETERATE ORGANIC
MULTIPLE URETHRAL STRICTURE.**

BY PROF. C. H. VON TAGEN M. D., CHICAGO, ILL.

Mr. S. aged forty-one, medium stature, dark complexion, nervous sanguine temperament and married. Applied for relief relating the following as a history of his condition :

At the age of seventeen he contracted an acute and severe attack of gonorrhœa, for which he underwent a smart heroic course of treatment, at the hands of a "Regular." This consisted of the free use of *Nitrate of Silver* injections together with *Copavia* and *Cubebs* administered in massive doses. This treatment was continued until the stomach refused to retain even cold water, and the organ itself was so inflamed throughout the entire urethral tract that he passed pure blood succeeding each flow of urine for several days, accompanied with agonizing pains. He likewise suffered severely with chordee. The time embraced in this course of treatment extended over a period of nearly three weeks. He then betook himself to a Homœopathic physician and after a much more gentle treatment of seven weeks duration was cured (?) apparently. At least all inflammatory action had ceased at the time mentioned, and the discharge was relieved but not entirely arrested.

Upon questioning him closely, at this stage of the history, he admits that he never, since the time mentioned, (twenty-four years prior to the present), remembers to have passed water without some *twist* in it, this deviation appeared to increase from year to year.

Some twelve years ago and about two years after his marriage, he contracted a second attack; he was treated on this occasion with mild injections of *Sulphate of Zinc* and some internal remedies, by another Homœopathist. While convalescing from this spell, he had sexual intercourse, accompanying or immediately following the ejaculatory act was seized with a sudden, severe, tearing pain near the scrotum, and pointing to the spot, placed his finger upon the *bulb* of the corpus spongiosum.

On withdrawing, as he states "almost immediately" blood was flowing freely from the meatus urinarius (or external opening as he described it). Becoming alarmed, he sought the assistance of a surgeon, on his return home, compressing the organ, meantime with his hand to suppress the hæmorrhage which by this time had saturated some of his undergarments. The surgeon on his arrival introduced

with *some difficulty*, a gum tube which he states was about the size of a goose quill — this would represent about a No. 9 bougie, American scale of measurement. This instrument was allowed to remain in (and was secured) for some eight or nine hours and then removed, when the hæmorrhage had ceased. Following this occurrence, as he continues he always noticed an uneasy feeling with some pain in the “*cut off*” when the flow of urine was about to cease, and this was invariably followed by more or less dribbling or “*after flow*.” This he was obliged to press out with his finger, even when there was but a small amount of urine in the bladder. This same sensation he experienced frequently after seminal acts following coition, and at such times he would experience an intolerable aching pain at the base of the scrotum. At times he had been exceedingly costive, requiring much urging to effect stool, after which he would also suffer a severe paroxysm of aching pain in the same region, that would sometimes excite “*groans*.” These would subside in from ten to fifteen minutes.

About seven or eight years ago he underwent a course of treatment with bougie's at the hands of another Homœopathic surgeon, followed, he states, with considerable benefit and he was cured as they both thought. Still there was some crook in the stream when passing urine, and this he never failed to notice. Furthermore he remembers never having been entirely free from a slight gleet discharge in the morning, since the primary attack. The patient applied to me for treatment in early November 1875.

I found upon examination a slight agglutination of the lips of the meatus externus, the margin of which looked slightly pouting and red; deeper in color than other parts of the glans penis. The orifice itself was abnormally small and constricted. Making moderate tension of the organ and then passing the finger along the dorsal surface and route of the urethral tract, a knotty, hard or ridgy feeling was perceptible as far back as the bulb; this condition was much more apparent afterwards upon the gum bougie. The glans penis was more or less irritated by a mild attack of balanitis accompanied with herpes preputialis. This condition, he states, he has been annoyed with on several former occasions, caused, he thinks, from lack of proper care.

I passed through the meatus a No. 4 bougie (American scale) with considerable urging, occasioning some pain. The second point of obstruction was found within the fossa navicularis, about one inch from the meatus externus, and here the resistance was obstinate. Removing this instrument I applied a smaller size, (one number

less) passed it, and on reaching a point one-third the distance of the spongy portion, I encountered a *third* stricture not quite so dense nor prominent as the second. Scarcely an inch further on, a *fourth* was discovered. Midway of the last named section I encountered a *fifth*. At a distance of an inch anterior to the bulbous portion of the urethra a *sixth* followed and finally, one at the junction of the membranes and spongy portion making the *seventh*, which appeared to the sense of touch to be the firmest and most prominent of the series. Each of these strictures could be distinctly located by sense of touch especially while the bougie was *in situ*, conveying to the feeling, when the finger was gently passed along the lower surface like so many ridges on a stick of bamboo. The regions here embraced in this strictured condition are known as numbers two and three of "Thompson's sub-division or stricture regions." The patient complained of aching pains up and down the loins, particularly noticeable during early morning hours which would disappear on rising and after moving about. For weeks and months he would be thus troubled. Of late years he has complained of distress in the stomach after eating, followed with belching, also with flatulency of the bowels. He was also more or less drowsy and desired to sleep a great deal. He awoke unrefreshed in the morning, even if he slept ever so well. He was frequently startled in his sleep by sudden jerks of one of his limbs, and sometimes of the entire frame; very much in force and character like a severe electric shock. He could scarcely sit down to read without dosing over his book. He was very costive at times. During the bougie treatment referred to, he had occasional chills that would seize upon him shortly after and following a treatment. Again these attacks would occur during the night while asleep, or on getting into bed during cold weather.

[To be Continued.]

NEW DRESSING FOR ULCERS.

Powdered *Gum arabic* is used in Germany as a dressing for all wounds which do not heal readily, burns, ulcers, etc. The affected surface is covered with the dry powder, a compress saturated with warm water, a dry compress, and then a bandage, is applied. It is bland and soothing, absorbs the secretions, comes off easily, and is claimed to be a preventive of septicæmia.—*Medical News*.

Book Department.

A SYSTEM OF OBSTETRICS ON HOMŒOPATHIC PRINCIPLES. By W. C. RICHARDSON, M. D., Professor of Obstetrics, etc. St. Louis. 8 vo. pp. 458. \$5.00.

Without stumbling over the inaccurate title-page, this is really a condensed work on obstetrics, with a chapter on diseases of the newborn, although one would suppose it more pretentious. The descriptions and diseased conditions are briefly and hurriedly discussed. The therapeutics of the various disorders were prepared by Prof. Uhlemeyer, the hygiene by Prof. Cummings, and functional dystocia by Prof. Hale. The work is profusely illustrated (by some execrable plates,) and everywhere bears the marks of haste. The typographical execution could scarcely be worse. The author is certainly capable of better things, and we shall look for a model work in his next edition.

We do not wish to convey the impression that it is valueless, for it contains much that is practical, and hints may be found that will well repay the purchase. As a manual of obstetrics, it fills an important niche in our literature, and will be very popular with students.

DIABETES MELLITUS: ITS HISTORY, CHEMISTRY, ANATOMY, PATHOLOGY, PHYSIOLOGY AND TREATMENT. By WM. MORGAN, M. D., etc. London: Homœopathic Publishing Company. Pp. 184.

When but a student of medicine, the writer was familiar with the name of Dr. Wm. Morgan, whose work on "*Indigestion*," etc., was a pioneer monograph in our school. That book has reached the sixth edition, and is deservedly popular. This monograph which the author has just given us through the Publishing Company, organized by the late lamented Dr. Ruddock, is one of a series of small but valuable brochures, which Dr. Morgan has lately written.

Chapter I contains a valuable, condensed, and elaborate history of diabetes, and the various theories from Wills' down to Cyon. The modern student will be interested in comparing these theories. The conclusion seems to be that the origin of diabetes mellitus is neither

in the kidneys, stomach, liver, or lungs, but the result of cerebral irritation.

Chapter II gives the anatomy of the disease.

Chapter III gives the chemistry of normal urine, contrasting it with the chemical quantities of glycosuria. He gives the latest improved tests for the detection of sugar, in a manner clear, and readily understood.

Chapter V contains the *symptoms* of *diabetes* opening with the fundamental symptoms pointed out by Dr. Jaccoud, of Paris, namely, (1) A saccharine impregnation of urine. (2) An excess of urine. (3) An excess of thirst. (4) An inordinate appetite. (5) General emaciation. Besides these, Dr. Morgan gives an excellent description of the various stages of the malady, its various symptoms and complications. I can confirm his statement, that eczema of the genitals generally indicates the presence of sugar in the urine. He records fifteen cases occurring in his own practice. I have seen nearly as many.

Chapter VI gives the physiology of the production of sugar in the system, normally and abnormally. Vegetables contain *cane* and *grape* sugar; animals, *milk sugar* and *glycogen*, or liver sugar.

Chapter VII is one of the most interesting in the book, and one cannot rise from its perusal without being convinced that the origin of the pathological process which causes glycosuria, is in the *brain*. He quotes *Fisher*. (*Arch. Gen. de Méd.*) who gives many undoubted instances where diabetes mellitus are caused by traumatic injuries of the brain. Also innumerable instances where it resulted from disorders of the cerebro-spinal system, and even from *mental shocks*.

Chapter VIII, giving the *treatment* is not as satisfactory as we could wish for while the dietetic and hygienic treatment is fully given, it does not seem that the list of medicinal agents is as large as it should be. Among the fifty or more remedies mentioned—not more than a dozen have any real Homœopathic relation to the disease—the rest cause some of the non-essential symptoms. The actual Homœopathic remedies he mentions, are few, namely: *Phosphoric acid*, *Arsenicum*, *Helonin*, *Salicylic acid*, *Uranium*, *Chloral* and *Kreasote*. To these I would add *Carbolic acid*, *Amyl nitrite*, *Bromide of Potassa*, and *Lycopodium*. All these have cured diabetes. I once cured three undoubted cases with *Kali brom.* in the brief space of a few weeks. These cases were of undoubted cerebral origin, and were attended by the eczema of the genitals mentioned by various authors. I found mention of it in Braithwaite, 1875.

Dr. Morgan does not give sufficient credit to *Uranium*. Although the English process and experimenters did not cause glycosuria with it — it is one of the most trustworthy remedies we have in that disease. I would suggest that the *Bromide of Uranium* may prove far more efficacious. *Lycopus vir.* has cured many cases of diabetes, but we have no means of knowing if they were mellitic. I would strongly advise it when there is much cardiac irritability. A new remedy which bids fair to attain some notoriety in diabetes is *Jaborandi*. It is alleged by the Allopathic school that it is an excellent palliation, and greatly aids other medicines in their curative effect. It acts so powerfully on the skin that it relieves other oppressed organs. *Helonias* is one of the most prominent remedies in this affection and should never be neglected.

In chapter thirty-one is given the hydropathic treatment, and the dietetic. Doubtless the vapor bath — Russian or Turkish — greatly aids the efforts of the physician. The “skim-milk diet” has doubtless saved hundreds of cases. Dr. Morgan’s monograph should be in the library of every physician.

E. M. H.

CRANIAL NERVE CARDS. By DR. H. P. MOWRY, M. D., Bronson, Mich. Price 25 cents.

They are especially adapted to students of anatomy, physiology, dentistry, and surgery. The names, pairs, function, origin, foramina of exit, distribution, are all given in a short space.

CLINICAL STUDIES OF DISEASE IN CHILDREN. By E. SMITH, M. D., London.

This includes diseases of the lungs, and acute tuberculosis.

Medical News.

Michigan University, Homœopathic Department.—“Our class numbers seventy, and more to come.”

T. F. P.

A District Medical Society has been formed by the Homœopathic physicians of Cuyuga, Seneca, Yates, Wayne and Ontario counties, of New York. C. D. Clawson, M. D., Cauoga, Secretary. “Forsake not the assembling of yourselves together, as the manner of some is but so much the more as ye see the day approaching” — day of triumph.

A Materia Medica Union.—We have suggested to several materia medica men the desirableness of a fraternal union of all those

especially interested in the study of this extensive science. There are many verifications, new symptoms, etc., all are meeting, that should and could be passed around to mutual benefit. We suggest Dr. C. B. Knerr, of Philadelphia, (with C. Hering,) for secretary of this union. Those interested, please send him their names, with any verifications, clinical symptoms, queries, etc.

The Homœopathic Medical Department of the State University of Iowa opened "with sixteen students, and prospects of more." Drs. Cowperthwait and Dickinson are able men, and with the co-operation of the Homœopathic profession of Iowa, will make this new department a grand success. There should be two more chairs, e. g., Surgical Therapeutics, and Diseases of Women *and Children*. For the latter, we know of no one better fitted than our whilom Prof., A. E. Guilbert, M. D., of Dubuque.

Transactions of the Thirtieth Session of the American Institute of Homœopathy Now Ready.—The *Transactions* of the Thirtieth Session of the American Institute of Homœopathy, held at Lake Chautauqua, are now ready for delivery to such members as stand clear on the treasurer's books. Members who have not paid will therefore forward their dues to Dr. Kellogg, treasurer, who will then notify the secretary to send the volume by mail. It is a handsome work, of nearly 700 pages, and contains a number of very valuable papers. The *Transactions* of the World's Homœopathic Convention, of 1876, are making rapid progress, and will soon be ready for delivery.

ROBT. J. McCLATCHLEY, General Secretary.

Albany Homœopathic Medical Society.—A meeting of the Homœopathic medical society was recently held with reference to certain proposed amendments to the constitution. At a meeting of the society on the 14th of August, the Homœopathic maxim. "*similia similibus curantur*" was stricken from the constitution, on motion of Dr. Paine. At the last meeting, on motion of Dr. C. E. Jones, it was declared that the amendment referred to was unconstitutional, and that the society adhere to its belief in the Homœopathic maxim. This motion was adopted by the following vote: Ayes, Drs. W. Cox, E. D. Jones, L. M. Pratt, S. H. Carroll, W. E. Milbank, J. F. McKown, G. A. Cox, N. Hunting, E. B. Granam, C. E. Jones, and H. L. Waldo. Nays, Drs. H. M. Paine, Taylor, and W. H. Vanderzee. E. B. G.

A Treatise on Typhoid Fever.—I have had the pleasure of consulting some of the advance sheets of the forthcoming work on typhoid fever, and I cannot too earnestly commend it. Fascinating as a novel, I really enjoyed it, while it furnished invaluable information, which was very apropos, having at the time some practice in that line. The portion I read is handled in such a masterly manner, and the various points are described so clearly, minutely, and with such exactness, that the reader cannot fail to be interested and instructed by its perusal. It will prove a valuable addition to our literature, and fill a niche that nothing else does.

E. A. BALLARD.

THE
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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

BEDFORD, Iowa, Nov. 2.—Health rather good in this field at present. Only a few cases of chills and diphtheria, which are controlled by usual remedies. J. P. RHODES.

STURGEON BAY, Wis., Oct. 29.—Business good. Complaints mostly pneumonias, bronchitis and bowel troubles. I value THE UNITED STATES MEDICAL INVESTIGATOR highly, and I hold it as one of the indispensables. E. E. HUTCHINSON.

CHICAGO, Nov. 14.—The transition from a carbo-nitrogenoid to an oxygenoid epidemic constitution, has produced inflammatory, catarrhal, spasmodic affections of the most confusing types. *Kali carb.* follows *Aconite*, and seems the coming remedy. T. C. D.

CINCINNATI, Ohio, Nov. 5.—A considerable portion of the diseases here I find to be catarrhal and renal. The gynecological field is large, and I have entered the work with good success. Homœopathy is certainly gaining in favor in this city.

M. M. EATON.

LINCOLN, Neb., Nov. 5.—We have but little sickness in this vicinity at present. Just before our heavy frosts, bilious fevers prevailed, with a typhoid character, and a few cases of true typhoid fever, the latter attributable to the character of water drunk, in cases under my care. Remedies most effective in typhoid were *Rhus*, *Arsen. alb.*, and *Hyos*.

L. J. BUMSTEAD.

WALLA WALLA, Oregon, Oct. 20.—Diphtheria has been and still is raging. Death rate is fearful. People are not awake to the importance of painstaking in preventing the spread of it, and it goes untrammelled, in disregard of all advice. Frosty, clear weather.

Mrs. N. J. A. SIMONS.

LASALLE, Ill., Nov. 1.—Rain for a month. *Rhus* is the chief remedy. Whooping cough very prevalent. *Kali carb.* cures most cases. Occasionally *Cuprum met.* is needed. Had many cases of walking typhoid; no fever to be detected. Last winter the remedy for scarlet fever was *Verat. vir.*, followed by *Arum tryph.*, to complete the cure.

G. F. COUTANT.

GARDNER, Mass., Oct. 23.—It has been "alarmingly" healthy throughout western Massachusetts the past season. A few cases of typhoid and bilious remittent fevers, with dysentery and whooping cough, comprise the list of acute affections since June. We are now encountering a few cases of tonsillitis, with a tendency to diphtheria. The remedies chiefly indicated are, typhoid, *Gels.*, *Ars.*, *Nit. acid.*; bilious remittent, *Nux vomica*, *Baptisia*, *Gels.*; dysentery, *Merc. c.*, *Verat.*; pertussis, *Cuprum*. For the tonsillitis I am using *Kali bich.*, *Aconite* and *Merc.*

W. W. GLEASON.

SHELBYVILLE, Ill., Nov. 5.—This has been a remarkably healthy season here, and it still continues, although the weather has been very changeable of late. We have had some little of intermittent fever, which yielded readily to *Ars.*, *Apis*, *Cedron*, *Nat. mur.*, *Nux*, given according to known indications. A few cases of cholera morbus were readily controlled by *Ars.*, *Verat.*, or *Pod.*, all when indicated given in the 200th. Have had two cases of diphtheria. *Apis* 30 cured promptly. A few cases of typhoid fever. *Ars.*, *Bry.*, *Muriatic acid*, and *Phosphorus*. *Apis* was the epidemic remedy.

D. WINTER.

Necrology of St. Louis for four weeks ending October 27th, 1877 :
 Malarial fever, 51 ; diarrhoeal diseases, 30 ; respiratory diseases, 32 ;
 circulatory diseases, 13 ; brain and nervous diseases, 59 ; phthisis, 39 ;
 marasmus, 22 ; diphtheria, 24 ; old age, 18 ; all other diseases, 139 ;
 children under five years, 198. Total, 427. G. S. WALKER.

ABINGDON, Ill., Oct. 31.—

OCT.	Weather.	Prevailing Diseases.	Remedies.	REMARKS.
1 to 8	Clear, warm. 3, rain. 4 to 7 clear, warm.	Intermittent.	<i>Nux vomica</i> , <i>Natrum mur.</i> , <i>Ipecac.</i>	Wind East and South- east until 15th, changing to West and Northwest.
8 to 16	Rain, with inter- vals of cloudy weather Warm.	Intermittent. Diarrhoea.	<i>Ipecac</i> , <i>Cina.</i>	Very little sickness.
16 to 24	16 to 20, Rain. 20 to 24, Fine.	Intermittent. Infant Diarrhoea	<i>Ipecac</i> , <i>Nux v.</i> , <i>Dulc.</i> , <i>Gum gut.</i>	Wind East, Northeast and Northwest.
24 to 30	A few days fair, then rain.	Little Sickness.		Wind about as above.

J. HARTS MILLER.

DETROIT, Mich., Nov. 1.—Detroit never has, nor has had for years past, prevailing diseases. My practice of late has brought me in contact with scarlet fever, one case, followed immediately upon appearance of the desquamatory process, by whooping cough, diphtheria, and diphtheritic angina. *Bell.* and *Lach. x*, followed by *Coralia rub.* x, for that case of scarlet fever, and *Merc. protoid.*, about 3x, attenuation, for the diphtheritic cases of sore throat. One case of persistent cough, after a small portion of the materia medica had been exhausted upon it, yielded quite promptly to *Rumex crispus* 200. followed by *Carbo. veg.* x, one prescription. The cough was hard, and for the most part, very violent, spasmodic and continued, very harassing to the patient and family, and ire-provoking to "the doctor." Worst in morning, on getting up and about, and during the day easily excited, and then incessant, till the spell was over ; but it might be correctly termed a "continuous cough," excepting at night, or rather during sleep, when it was *non est*. I have a very interesting chronic case, that I may at some future time report. Have had a case of extra-uterine pregnancy, fallopian. Death followed internal hæmorrhage within ten hours, and an autopsy revealed the abnormal condition.

T. F. POMEROY.

CONSULTATION CASES.

CASE FOR COUNSEL.

The sixth of last April was called to see a lady whom I found suffering with what I called gastralgia, which was promptly relieved by *Nux.* 3x. Learning that the patient was subject to these attacks *Nux.* 3x was left with orders to be taken three times daily. I saw my patient nearly every day during the next four weeks, she all the time being quite well with the exception of occasionally complaining of a heavy load in the pit of the stomach, which would always yield to a hourly dose of *Nux.* At the beginning of the fifth week was hastily summoned about twelve at night to see my patient, when I gleaned the following symptoms: About 3 A. M. suddenly taken with a heavy beating or throbbing directly in pit of stomach with sharp cutting pains gradually increasing until the patient was nearly frantic. *Nux.* did no good; *Colocy.* 6x gave speedy relief. The patient was obliged to remain in bed one week from prostration. I now gave *Nux.* 6x in globules every three hours during the day as a preventive measure. Did not see my patient again for two weeks when I was again summoned, and found patient as before; gave *Nux.*, *Colocy.*, *Verat alb.*, etc., with no marked benefit. I then gave *Iperac* which caused her to vomit, which seemed to give relief. In about fourteen days after this attack was called to find my patient suffering with numbness of the entire body, patient unable to speak; *Aconite* 3x soon gave relief; patient then complained of headache with feeling of tight band around it; this and several other attacks of which she had been relieved by urinating. *Gels.* removed headache and has had only slight attacks since.

Four weeks ago patient had another attack of being numb, and complained of a terrible beating and pounding in pit of stomach. *Aconite* again gave speedy relief. Since then patient has had heavy dragging pains in right side, beating and throbbing in stomach, with loss of sleep and appetite. Oct. 25th had another attack of being numb. *Aconite* again gave prompt relief. To-day patient complains of much beating in stomach with a trembling (internally) throughout the entire body. The trembling was relieved with exception of stomach, with one powder of *Mer. cor.* 3x. Patient complains of much soreness in pelvic region, and says stomach feels as though its contents were rolling over and over. Patient gets very nervous about the beating and throbbing in the stomach. Patient is forty-nine years

old, ceased menstruating at the age of forty-five; has never had any trouble with menstruation or other uterine difficulties. I now have my patient on *Bell*.

Will some one tell me what the matter is and what will cure the woman? There is no lesion of spine, and aside from attacks, functions normal.

J. S. DANIELS.

COUNSEL WANTED.

Mrs. C. aged twenty-eight, dark hair and eyes. At the age of fourteen felt pain in left hip-joint, especially when running or walking. This condition lasted about five years. The pain would continue from fifteen to twenty minutes. When about nineteen years of age was attacked very suddenly with pain of same nature, (pronounced sciatic rheumatism by an Allopathic M. D., who treated her by blisters, etc.) which lasted two or three weeks, during which time she was confined to her bed. Only difference in pain being, that during the three weeks it extended down to the heel. When able to go around, the pain same as first felt continued without relief; once or twice a year she would be laid up from two to three weeks. When convalescing, was obliged to use crutches in walking. This condition lasted six years without any material change. During the entire period of time she was under treatment of various sorts, from a genuine Allopath to "blue glass." Two years ago was treated by a Homœopathic physician, but more particularly for a female weakness, than for the rheumatic trouble. Has been under Allopathic treatment most of the time during the past two years. When about twenty-five years of age the pain changed, affecting left side, this pain characterized as a steady aching pain. Has not been free from pain since that time, but the pain has grown more severe and extended over more surface, until now the entire body, excepting right leg, is more or less affected.

PRESENT SYMPTOMS.

Rheumatic pains over entire system, affecting breathing or any movement. Soreness to touch or motion of chest and as far down as the waist. At times has sticking pains which almost deprive patient of her breath. These are noticed at night, coming on at evening and growing more as the night proceeds, until midnight, then gradually improves. Is unable to lie down and has been for about a year. If she assumes a partial recumbent position, must have help to turn

over or get up. After sitting in one position any length of time, it is almost an impossibility for her to move, but motion is easier after once making the effort.

Two years ago first noticed an aggravation of pain which almost deprived her of breath, it lasted from 7 to 11 P. M. The pain was entirely in *left* side. Had two of these attacks in one week, then escaped for about six months. Since that time has had them quite frequently, but they are not as severe as the first attack was. During all these years the catamenia has been regular except during the time of one period of nine months, at the end of which time she gave birth to a healthy child. Immediately after its birth the pains grew worse.

Appetite has been good, bowels regular most of the time; is in fact healthy in every other respect. Has found but one thing that affords relief, i. e., *sea air*. When near salt water is almost free from pain. Has been south and west, but neither affords the relief found near the shore. Have treated this patient for nearly eight months and with no degree of satisfaction. At times she would seem some better, only to be worse the next visit. Have given everything that seemed indicated from the tincture to 81,000, giving some remedies every hour, others once a week.

Any suggestions that may prove of benefit will be thankfully received. Coming into my hands as she did from a "regular," who declared there was no help for her, I am doubly anxious to restore her to health.

A. M. WOODRUFF.

WILL IPECAC CHANGE TIME OF CHILL?

On page 352 R. B. J. advises Dr. Watson to give "*Ipecac* 200 to change the time of chill, then follow with the remedy indicated." Will R. B. J. inform a benighted reader in what pathogenesis of *Ipecac* 200, it has ascribed to it the wonderful power of changing the time of the chill in an ague paroxysm. None of the *chilly* sensations ascribed to *Ipecac* in Allen's *Materia Medica* were produced by any potency of the drug, higher than the 3rd, and in that case they occurred only after its use, for seven or eight days. It would certainly be interesting for R. B. J. to give us a history of those cases wherein *Ipecac* 200 has *indubitably* manifested itself as he claims it will. I have in many cases and under many remedies and various potencies seen the time of an ague chill change; have frequently also seen it change when *Quinine* in massive doses was given, and often when no medicine had

been taken. If *Ipecac* is the *similimum* of Dr. Watson's case it will cure; if not, I venture to say it will have no effect upon the case whatever, especially in the 200 potency.

TO DR. DAVIS,

I hope Dr. Davis will inform us which of the *six different* remedies (by as many M. D's,) proves to be the curative.

FOR W. C'S CASE.

I would advise *Baryta carb. low*, 3d dec. I had a case very similar which recovered rapidly under the 3d dec., after the 30th and 200th had failed.

KALI CARB. IN CONSUMPTION.

In two cases of decided consumptive tendency, *Kali carb.* has served me most efficiently. Both cases were females between the ages of twenty and thirty years; both inherited the tubercular diathesis. In both cases the cough had existed for several months, and latterly profuse night sweats had occurred.

CASE I. This case presented two peculiar symptoms, viz., *expectoration of firm white globular masses of the size of a pea*. These would fly from the mouth with considerable force when the patient coughed. Also an *eruption of minute vesicles upon the soles of the feet accompanied with excessive itching*. *Kali carb.* 200 did no good. *Kali carb.* 3 was very promptly followed by improvement. A complete recovery was the result.

CASE II. This case presented a more complete variety of symptoms: Cough worse from any exertion and worse when lying down; green scabs are sometimes coughed up, and frequently *hard, white, round masses fly from the mouth when coughing or hawking*. Burning in the top of the head and soles of feet; sweaty paleness; circumscribed red spot on one cheek; has attacks of gastric disorder which begin with belching of putrid gas tasting like rotten eggs, and ending with watery diarrhœa, which is worse in the morning; gets hungry and faint about 10 A. M.; contraction of the heel cords; canker sores in mouth; gums bleed easily; trembling sensation through the entire body, worse through the pelvic region; menses scanty and late;

weeps very easily while stating her symptoms. *Puls.*, *Sang.*, *Sulph.* were given in various potencies also *Kali carb.* 200 without avail. *Kali carb.* 3 was as promptly curative in this case as in the former.

SANGUINARIA HEADACHE.

Sang. 2x (after the 200th had failed) I found to cure a headache where the patient wanted to lie with the nape of the neck on something hard. Hering says "severe headache, only relieved by pressing back up against something hard." I presume the *back of the neck* is meant.

O. W. SMITH.

ON DIPHTHERIA.

I wish some of your able contributors would give us a good article on the treatment of diphtheria, with the indications for remedies. A few miles from here they are having it in its most malignant form, and I am dreading a nearer approach.

O. P. BARDEN.

GRAPHITES IN RHUS POISONING.

Graphites is almost specific in *Rhus* poisoning. I have used it for about five years, and never had to give anything else but once. I think I learned this from Carroll Dunham, but cannot turn to it. I have always used the 200th potency. I doubt not that higher or lower would do. No external application should be employed, as the only benefit they can do is to suppress, and then it may return a year after the poisoning, on the very day. I have seen several cases. One, the lady told me that it had broken out every fourth of July for several years. Gave the *Graphites* about the first, and it did not break out.

A. McNEIL.

WHAT CAUSED IT?

The following case has some peculiarities: In May last I attended a case of childbirth. The labor was very brief and easy, the mother very natural in all respects; the wife of a banker, having more than ordinary good care. Examining the cord, immediately after expulsion, I found it four times around the neck of the child. This was twice as many times as I ever found a cord in such condition, but not the strangest part of the case. Finding the circulation very feeble, I followed the cord, with my hand, toward the mother, when I found a complete knot in it, not a loop, but a distinct knot. The cord was

much longer than usual. The respiration began readily, but during the first twenty-four hours was slightly interrupted. This passed away, and all is well since.

I hear many popular notions as to causes for such conditions of the cord, but do not remember of hearing from a scientific source. If deemed of sufficient importance by those more familiar with the subject, I would like to hear from them on the causes.

L. J. BUMSTEAD.

FOR STUDENT'S CASE.

Prohibit all attempts at sexual congress for two months at least, and do not even allow him to sleep in the same room with his wife oftener than once in two weeks. Give *Agnus cast.*, 6 cent., or higher, once a day, for a week, then wait for developments. *Lycopodium* may follow well, i. e., be indicated.

His wife may require *Helonias*. I throw this out as a hint, that *he* may not be entirely to blame for his condition. F.

IS SENSIBILITY INCREASED OR DIMINISHED BY DISEASE ?

Does disease *always* increase the sensitiveness of the system, or is the system sometimes blunted by disease? It seems to me that this question underlies that of the dose. Old School works on pathology, years ago taught that the system was frequently blunted by disease.

D. C. THOMAS.

QUESTION.

What is an effective, and the best treatment, for poisoning of face and neck and hands, by swamp dogwood, and poison elder, and poison ivy? G.

GIVE THE DOSE AND POTENCY.

I am much pleased with the clinical department of THE UNITED STATES MEDICAL INVESTIGATOR, a "medical museum," for we find practical *huts* and *hints*, and the magnetism of mirth for the long indurated facial muscles, in sarcasm, joke and blunder. If each would give the dose as well as attenuation, it would be more interesting. Some small majority is wanted in the *family* contention for dose.

When a brilliant cure is made, would like to know what cured. Come, brothers, give the *modus operandi*; one pill 50,000th, or drops by the quart.

A. CHANDLER.

“CHRONIC HYPERTROPHY OF TONSILS.”

I cured a case of ten years' standing, in a young man, with the 3x of *Iodide of Lead*, one dose, three grains, three times a week.

F. F. TABER.

FOR R. ZAWADSKY'S CASE.

For the case of Dr. R. Zawadsky, I would say that I have had excellent success in the treatment of enlarged spleens with *Polymnia uvelal*, mother tincture. For the irregular chill and long continued fever, I would suggest *Nux* 10, morning, *Ars. alb.* 10, noon and night.

S. J. QUIMBY.

EXPERIENCE WITH BAPTISIA.

Was called, on the 21st, to see Mrs. M., fair complexion, light hair and eyes. Lives in a low, marshy district, near small body of water. Patient complained of a diarrhoea, mucus in character, mixed with blood; discharges were nearly every half hour; were very distressing, causing burning and tenesmus of anus. Also complains of pain in head, extending down whole length of spine; also pain in bowels and lower extremities; for a few days previous, was troubled with a general malaise and dizziness. On examination, found pulse 92. Temperature 100. Tongue clean; tenderness in right iliac region, with characteristic gurgling; soreness in region of spleen or of dullness in splenic region increased. Pronounced it a typical case of typhoid fever, and according to Professor Hale, immediately resorted to *Baptisia*, ten drops tincture in one-half glass of water, to be given in teaspoonful doses, every hour. Called next day, and found a slight amelioration of all acute symptoms, and continued remedy. Next day, to my surprise, found all symptoms of typhoid gone, but a slight diarrhoea still existed, with burning. I then gave *Merc. cor.* 3x, and in two days patient was perfectly free from all trouble, but some weakness. I would like to ask of some of the *older* readers of this journal if they bear me out in my diagnosis. Any information through this journal will be most thankfully received.

E. E. HUTCHINSON.

A CASE FOR COUNSEL.

Mrs. S., aged thirty-nine, sanguine nervous temperament, was taken sick last spring. Got wet during her menses. Was treated by an Allopath for liver complaint, but getting worse constantly under his treatment. The case was progressing under *Baptisia*, *Ars.*, *Chelid.*, *Hyos.*, *Cimic.*, etc., given according to indication, but rainy and stormy weather makes the case worse. The following symptoms are present now: Fearful and weeping mood; vertigo when rising from a seat; headache in the left side, from occiput to temple; conjunctiva slightly yellow; sallow complexion; tongue coated white in morning, during the day it is clean; appetite lost; bad taste in the mouth; sweetened food causes nausea; soreness and burning pain in the epigastric region, with a sense of fullness; continued, sharp pain in the cardiac region, about the apex of the heart, extending through to the back, down the left arm, and pain in *left knee*; numbness of left arm; moving the same increases pain in left side, in cardiac region; profuse perspiration; (throbbing, commencing in the left thigh, going up along the spine to nape of neck, was a prominent symptom for weeks, is now relieved by *Ars.* and *Baptisia*.) Pulse 94, small and wiry. A sense of fullness and tension in the right hypochondriac region, when lying on back, otherwise, no pain in that region. Liver somewhat enlarged; soreness in the epigastric and left hypochondriac region, sensitive to pressure, cannot bear the weight of her clothes; relieved after eructation of flatulence. Severe pain below the left shoulder-blade; cannot well bend forward; cannot lie on the left side; habitual constipation, stool every other day, brown and hard, with tenesmus; urine cloudy (no bile or albumen); cold, clammy sweat, beginning about 12 A. M., till next morning; dry skin in forenoon; slight shivering by uncovering arm or any part of the body; short, dry cough, with expectoration of a little white, glairy mucous each morning; temperature 99°. More bronchial breathing in left lung than right; also pain in the same. Her menses are regular, but scanty, and vesicular eruption over the body at the time of menses.

What is the matter? and what shall I give? Will any one tell? I will receive all information, and publish result in this journal.

J. G. ACHENBACH.

P. S. The following has been given: *Merc.*, *Phos.*, *Iris*, *Nux vom.*, *Rhus tox.*, *Cact. g.*, *Hyos.*, *Tart. em.*, *Cheliod.*, *Baptisia*, *Ars.*, *Cimic.*
The patient takes now *Cheliod.* 3x, and *Pod.* 3x.

J. G. A.

HAHNEMANN AND HOMŒOPATHY.

It is really amusing to read such a string of cunningly twisted slanders and eristic tricks as J. C. Peters published under the title of "Hahnemann and Homœopathy" in the August number of Sell's and Gisborne's *Physician and Pharmacist*.

We are reminded of the old proverb "he twists like satan in holy water" once illustrated to us boys by putting a live eel in a marble basin and sprinkling salt upon it. A small black snake in a wide mouthed glass jar set in motion by a few drops of alcohol would afford an equally good illustration. The more they squirm the sooner they will die; of course the eel and the snake are meant. And we? we go on following our old but golden rule which teaches us how to *heal the sick*; that is, we make as many cures as possible. It is what Hahnemann did when the murderous war typhus broke out in Leipsic in 1813 and again in 1830 when the cholera came from Russia, and he advised his followers to give *Camphor* and *Cuprum*. We can afford to wait since our numbers and influence have been on the increase for more than half an age.

C. HERING.

DILUTION VS. POTENTIZATION.

We are all familiar with the Allopathic argument against Homœopathy in any potency, viz., "Put a drop of medicine in the Atlantic, and give a patient a teaspoonful of the ocean." Does any Homœopathist admit the simile? It is simply a dilution, and as we cannot expect our bigoted and unscientific neighbors will ever understand the full meaning of potentization, we will let them enjoy their harmless laugh. Some there are, who do not understand that a frequent talk about science does not make a scientific talk. But I did not expect that a Homœopathist would fall into such a line of argument. On page 397, October 15th number of *THE UNITED STATES MEDICAL INVESTIGATOR*, fourth line from bottom, Dr. Edmonds says: "If this doctrine be true, then the nearer we get to a pig-sty, etc., the better."

Will the argument stand? Is the air 1000 feet distant from the pig-sty *potentized* more than that in its immediate presence? It is diluted certainly; so is the drop of medicine in the Atlantic. Putting a drop of *Aconite* tincture in a tumbler of water will dilute the *Aconite*. Putting it in a quart of water will dilute it more. The

aroma of a pig-sty is more diluted, the farther it is wafted. But what has this to do with potentization, as taught by Hahnemann? Dilution and attenuation are synonymous terms, but are not applicable to Homœopathic literature. Dynamization and potentization are also synonymous terms, and are the only Homœopathic expressions for the preparations above the mother tincture.

The doctor asks, (sixth line from bottom,) "Is the power of these poisons to produce disease at any time directly increased by diminished quantity and any process of extreme attenuation or dilution?" Certainly not. The power to produce a disease lies in the toxicological substance of the drug. The power to cure a disease, according to the law of *similia*, lies in the potentized molecular substance. We give crude *Arsenic* to produce disease—death. The province of the physician is to produce the opposite, health—life. Hence, he gives *Arsenic* minus its death-producing property. Fifty years of ridicule from our opponents has not hurt Homœopathy. Let us hope that any amount of ridicule in the shape of pig-sty argument from one of our own number, will have the same effect.

A. M. PIERSONS.

"THE SECESSION MOVEMENT IN MEDICINE."

BY DR. AD. LIPPE, PHILADELPHIA.

A paper with the above heading was published in this journal, October 1st number, page 359, by a gentleman called S. J. Bumstead, M. D., Decatur, Ill. This gentleman presents to the medical profession Drs. Berridge, of England, and Lippe, of this country. We suppose he means Ad. Lippe, or Lippe senior, as there is a son of the father, also a Homœopathician, Constantine Lippe, living, and practicing the healing art, as taught by Hahnemann, in the city of New York. Dr. B. introduces B. and L. as "two eminent medical secessionists." We take it for granted that Dr. B. speaks, as he claims, as the representative of a majority of men who call themselves Homœopathists, and following the good old law that a man must be considered innocent till he is proved guilty, we address ourselves to the representative man, and shall say a few words to him, as our accuser of being a medical secessionist. What is Dr. B's proof? He considers it as an act of secession to republish in THE UNITED STATES MEDICAL INVESTIGATOR of May 15th, part of a lecture defining a

Homœopathician and non-Homœopathician. According to Dr. B's verdict, we have been a medical secessionist since the 17th of February, 1865, and of course this great logician will with his peculiar inductive reasoning, include all such unfortunate men who have endorsed our definition of a Homœopathician and non-Homœopath. Singular that so many years have gone by, till at last the great discovery is made, in Decatur, Illinois, that the lecturer, in February 1865, was guilty of medical secession. There are natural laws which explain almost any of the strange events of the day, and so can this very apparently late discovery also be explained. When that lecture (in 1865,) was delivered, the Homœopathicians were in a great majority, and by calling the attention of non-Homœopaths to their shortcomings, it was supposed that they would see a better way, and become consistent practitioners of the Homœopathic healing art. On the 8th of June, 1870, the American Institute was addressed by the late Dr. Carroll Dunham, and among other things, he uttered the following sentences in his address :

“And there are among those who call themselves Homœopathists, some who are impostors; men unworthy to be called physicians; men without knowledge and without conscience, who play upon the credulity of mankind, and pervert to their own aggrandizement every trust committed to them. That such men, professing to be of our school, should be regarded by the community as belonging to it, and should tarnish our fair name by their foul deeds, is certainly a misfortune.”

And later, as if, to correct this misfortune he proposes the best remedy at his command, he says :

“I plead for liberty; for I am sure that perfect liberty will the sooner bring knowledge of the truth, and that purity of practice which we all desire.”

And freedom of medical opinion and action was proclaimed all over the land, to all who chose to call themselves Homœopaths. There were thoughtful men with logical minds among us, who differed widely with the advocates of this universal freedom, they then predicted that in the course of time, the element among us, so well described by Dr. D., would increase rapidly, that they would claim the right to exercise that liberty which was erroneously believed would bring that purity of practice which we all desire, and insist upon various “departures,” finally pervert Homœopathy to a caricature resembling the vilest Eclecticism, and also demand the rights of a majority, and the expulsion of every consistent Homœopathician.

On the 1st of October, 1877, we find Dr. Bumstead hurling his invectives against two Homœopaths; he threatens "annihilation," and wants them covered with odium. To strengthen his position, he attempts to define a "scientific physician." The scientific physician, as defined by Dr. B., is what we defined in 1865 a non-Homœopath, but with a singular audacity and coolness, Dr. B. claims for the creature who rejects every and all of Hahnemann's teachings, the honorable name of a Homœopath. That is indeed inductive reasoning. Dr. B. has described a full-fledged Eclectic, and he is to him "perfection." The genius of Hahnemann is nowhere. Very sore he feels, and lamentations ascend that the Homœopaths prate about spiritual dynamis. Dynamic causes of disease are to him as incomprehensible as is to him the cure of them by dynamic remedies. His scientific physician wants some material disease and material remedies. And why these boastful men have never condescended to become logical, and demonstrate their failures to cure under the strict rules of Hahnemann's Homœopathy, and demonstrate a better way, how they came to find it, what it is, and how it is applied, we know not. The only logical deduction we can possibly draw from their protracted refusal to "demonstrate," is, that they have nothing to demonstrate! But to come back to dynamic disease *vs.* material disease, will Dr. Bumstead hear what the father of medicine, "Hippocrates of Cos," had to say on the subject? In his "*Liber de acre, locis et aquis*," he says:

"It is my opinion that all diseases have a divine (supernatural) origin, and there is no disease which has either a more human or divine origin than any other disease; but all diseases come from the deity, inasmuch as every disease is of its own inner kind, and as nothing happens without this *vis naturæ*."

Under human origin is impliedly to be understood he means *material origin*, or any origin to us comprehensible. But Dr. Bumstead does not accept anything he cannot see, feel or taste; to him all origins of disease must be explained. Hippocrates uttered in these few sentences what Hahnemann revealed to us in the sixteenth paragraph of his *Organon*; and in the foot-note to paragraph eleven, our very wise representative of the scientific physician will find why the so much boasted of knowledge of the *causa morbi* is unattainable, and if attainable, of no practical value.

"*The scientific physician alone is liberal*," we are told by Dr. B. Liberal indeed, if Dr. B. is a representative man of that set of doctors, we must say to him that we have never seen in any medical journal a

more illiberal, illogical and unscientific paper; never have we seen a more disgraceful paper in a medical journal than this production of Dr. Bumstead. If that is the liberality of the scientific physician, we must say, "we can't see it." And the only excuse we have for even noticing this paper, is the declaration of its author that he speaks for a majority of Homœopathists, that by not answering the paper, silence might be construed into tacit submission to the proposition of Dr. B. to pervert the Homœopathic school into Eclecticism, with a scientific pathologico-physiological livery exhibited, to cover the hideousness of the mongrel creature hiding under it. And if Dr. B. again attempts to write, let him not commit a second "libel." A libel is an ugly thing, and while liberty does not mean licentiousness, so are there certain laws restraining the freedom of the press. To sanction the holding up of a person to odium, or to accuse him of secession, come under the libel law, and no "inductive reasoning" can alter any law; nor can Dr. B. alter the fundamental principles and laws governing Homœopathy.

VALUE OF NARCEINE IN THE CURE OF THE OPIUM HABIT.

In studying the alleviation of the agonizing misery of an attempt to escape from the tyranny of the *Opium* habit, I hoped to find a drug that would allay nervous irritability, and procure sleep. In some cases (cured) of the gradual but rapid diminution of the quantity of *Opium*, *Narceine* answered the above difficulties admirably.

M. Linne, after careful researches of the physiological action of *Narceine*, arrived at the following conclusions: (1). In the majority of cases, it produces sounder and more prolonged sleep than *Morphia* or *Codeia*. (2). It causes no loss of appetite, or nausea, and produces very little perspiration. (3). Instead of producing constipation, it acts as a laxative. (4). It diminishes pain.

It has one peculiar action, he remarks, that of suppressing the flow of urine. This I have not verified, probably because I have given it in smaller doses.

With the above virtues, its great value in the cure of the *Opium* habit can readily be seen. Its efficiency is much enhanced by the fact that it can be gradually, perhaps promptly discontinued, without the *Opium* suffering, and without pain.

I do not offer in *Narceine* an *Opium* cure. Other remedies may be required to effect this. Should, for instance, that peculiar spasm of the stomach ensue, *Nux vomica* (tincture to 6th) was found specific. A judicious use of *Narceine* will enable some patients to get free without any other drug. This depends very much on the diminution of the *Opium* dose. If very gradual, *Narceine* may be sufficient, if the patient wishes to be freed, emancipated in a short time. The painful symptoms that may arise must be met by other means.

I generally have prescribed *Narceine* in one-tenth grain doses, increasing cautiously if required.

CHICAGO.

J. SWIGART.

EXPERIENCE WITH LACHESIS IN INTERMITTENT FEVER.

BY C. BERNREUTER, M. D., NASHVILLE, ILL.

Instead of speaking of *Lachesis* in general, I shall take up single symptoms of the remedy, and show their relative importance. Only those symptoms which are considered as characteristic will be considered. At the head of these stands, so say the books :

1. *Loquacity During the Heat.*— This symptom has never led me to give *Lachesis* successfully. In a few cases, where the patient was talkative during the heat, *Lachesis* was either strongly contra-indicated by other symptoms and was not given, and when I did give it, it did not cure. I think many physicians reject *Lachesis* in all cases not attended by loquacity, at least this has been my rule for many years, until I learned from extensive experience that this symptom deserves but little attention. I have given it when the patient was loquacious during the chill, and it failed also. Is it not strange that Bönninghausen gives no remedy for loquacity during chill? Here is a gap to be filled. The symptom is often met in practice.

2. *The Patient Wants to be Held.*— I accomplished nothing with *Lachesis* until I had learned to utilize this symptom. I remember a number of cases which I met during my early professional life, having this symptom, but I could not see the meaning. One old lady always wanted her daughters to lie with their full weight across her, etc. And here let me say that the patient who wants *Lachesis* does not always request to be held, because he has not learned from experience that it gives him so much relief; but if you hold him, or press him

down during a hard chill, he will want you to continue. One of my own boys requested to have a sack of flour put on him, to keep him from shaking. I ought to say here that in some *Lachesis* cases, the chill is not severe enough to develop this symptom.

3. *The Patient Wants to be Near the Fire.*—Here *Lachesis* clashes with *Ignatia*. In fact, I see, from my case-book, that *Ignatia* was given, at first, in quite a number of cases, which finally turned out to be *Lachesis* cases. The *Lachesis* subject drinks during chill, he has red spots on his cheeks, the chill predominates in the back, he sleeps during heat, uncovers during heat. How shall we differentiate? With *Ignatia*, the heat of the stove almost removes the chill. Patient says, "My chill don't amount to much; as soon as I go to a good fire I get warm." This is not the case with the *Lachesis* patient. He simply feels some better at the fire, but his chill continues there perhaps as long as it would in the bed. Moreover, we find that our *Ignatia* subject prefers to *sit* at the fire, while *Lachesis* often, though not always, prefers to *lie* there. I attach as much importance to this symptom, as to No. 2. It is found in Allen's *Materia Medica*. But I had learned to appreciate it before I found it in Allen. I cannot positively say why they will lie there, but I remember that some said their head gets too hot when they sit, and they feel dizzy (as they do when *Bryonia* is indicated) on becoming erect.

4. *Patient Cannot Bear to Have His Throat or Neck Touched.*—Of this symptom I might say that only one of my *Lachesis* patients could not bear to have his neck touched by the collar of his coat, it caused nausea and vomiting; but this was the case only during one or two paroxysms out of perhaps ten or twelve. It reminded me of *Lachesis*, but as *Ignatia*, *Capsicum*, etc., seemed to be better indicated, it was not given till they had failed. The same boy could not bear to touch even the hair on the top of his head.

In conclusion, permit me to say that several took the chill during forenoon recess at school, or at 10:45. Some take the chill at the dinner table, or soon after dinner. Much nausea and even vomiting often accompanies the paroxysms.

THE GENUS EPIDEMICUS.

BY A. W. WOODWARD, M. D., PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS IN CHICAGO HOMŒOPATHIC COLLEGE.

The peculiar train of symptoms exhibited in the various forms of disease now prevailing, deserve careful study, as they are exceptional, and call for new treatment. As I have observed them, they present the following characteristics: First, a notable tendency to venous congestions, which are relieved either by catarrhal discharges from the various mucous surfaces, or by copious hæmorrhages that are salutary.

These congestions are not attended by extreme temperatures. The thermometer shows an elevation of only 101° to 102° as a rule, while the patient frequently complains of chilliness and coldness. Quietude and indifference at first, gives place soon to extreme anxiety, restlessness, pain and prostration. Good sleep in the beginning is soon succeeded by sleeplessness. *Extreme dryness* of the mucous surfaces is followed by *very copious discharges*. Great thirst at the beginning gives way to thirstlessness after the congestive symptoms are removed. The development of rheumatism and neuralgia, affections of the muscular and nervous tissues, seem to be primary symptoms, and are attended by coldness. The catarrhal symptoms only are accompanied by fever, and are secondary.

The most common and most fatal point of attack seems to be the stomach and bowels. *Violent nausea, attended by fainting*, and severe cramping pains in the epigastric region unless arrested, finds relief finally in copious vomiting of tasteless mucous, or, in extreme cases, of black, watery blood. These conditions are attended by great restlessness, and coldness of the extremities. After vomiting occurs, great relief is experienced temporarily, and the circulation is restored.

Other cases exhibit symptoms of enteritis, the pains centre about the umbilicus, and are attended by considerable flatulence, nausea and faintness, and a diarrhœa that relieves though it weakens the patient. In these cases the fever is remittent, with exacerbations at night, and thirst only during the fever.

Another class of patients complain of extremely violent facial neuralgia, attended by faintness; the pains occupy the tract of the seventh pair of nerves, and are piercing and drawing in character; they generally begin on the right side, and soon pass to the left. The teeth soon become painful, and seem elongated and sore. These affections are somewhat paroxysmal, and are worse toward evening.

The sufferer complains of cold extremities, and has no desire for food or drink, though his lips and tongue are parched and dry; while the chief sufferings complained of are located about the face, these patients suffer greatly of general rheumatic lameness and paresis of the voluntary muscles, especially of the arms and hands.

Children exhibit an aggravating form of cancrum oris. Exquisitely sensitive ulcerated points appear on the inner surface of the lips and cheeks, and upon the margin of the tongue. These appear without engorgement of the glands, though the ulcerated points may extend to the tonsils. The peculiar features of this condition are the presence of cancrum oris, with dry and bleeding lips, and *dryness of the entire buccal cavity*, which appears glazed by the scant gluey secretion from the buccal glands. They exhibit little or no fever, and fail to respond to standard treatment.

Some adults come with violent symptoms of coryza, sneezing, and *very copious* watery discharges from the eyes and nose. These cases linger, and without the Homœopathic remedy, degenerate into an aggravated laryngo-bronchitis, with aphonia, and many complain of oppression, and sharp and tearing pains through the lungs. The cough is violent, and mostly dry, occurs in paroxysms, and is worse on reclining or from talking. A remittent form of fever attends these conditions, with great debility, and some thirst.

Unfavorable results in two cases—one of gastritis and the other of entero-colitis, both with extreme hæmorrhages, led me to review the cases, to learn the cause of my failure. It was largely due to reliance upon "*the usual remedies.*" I could not discover the true characteristics until they were apparent in other affections also. They are *extreme pains* to the point of *nausea and fainting, low temperatures; extreme dryness, or copious discharges* from mucous surface, attended by unusual suffering. From my limited observation, I am persuaded that these symptoms are largely present in all forms of disease prevailing in Chicago at the present time, and I believe others, like myself, will be disappointed when they place any dependence upon *Acon., Nux., Coloc., Diosco., Arsen., Cuprum, Verat., Nit. ac. or Mercury* in the treatment of the present forms of gastritis or enteritis, and they will find equally poor results in the management of acute coryza or bronchitis by the use of *Bryonia, Nux, Ars., Caust., Phosphor., or Rhus*; and I venture to assert that neither *Ars., Merc., Borax, Nit. ac., Apis, or Sulph.* will be of permanent service in cancrum oris at the present time. What the *true similitimum* is, I will not presume to assert, though I would suggest for careful study, *Alumen*,* which I have found to

act promptly and curatively for these conditions lately. Care must be observed not to administer this remedy too strong, for it produces extreme aggravations. As a rule, the 3x trit. in primary conditions is as strong as can be borne; in catarrhal and feverish conditions the 30th works better. As a neurotic it compares with *Acon.*, *Bell.*, *Cham.*, *Coloc.*, *Diosco.*, *Morphia*, and *Zinc*, in its influence upon the stomach and bowels; with *Ars.*, *Ipecac.*, *Nit. ac.*, *Cuprum*, and in its action on the laryngeal and bronchial mucous membranes, with *Caut.*, *Bry.*, *Phos.*

* See partial proving in Allen's Encyclopædia of Materia Medica, Vol. I.

Hospital Department.

HAHNEMANN HOSPITAL CLINICS.

A MEDICAL CLINIC.

BY W. J. HAWKES, M. D., PROFESSOR OF PHYSIOLOGY AND CLINICAL MEDICINE IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

CASE 2391. Woman aged fifty-five. Bilious temperament. She is afflicted with chronic irritability of the stomach. From the history of this case we learn that for ten or twelve years she has been unable to retain her meals in her stomach. She has had, among her other troubles, a severe headache, which has been relieved by the treatment of the Homœopathic physician who kindly sent her here.

We learn also that she has had much grief and sorrow for a number of years, so great as to wear upon her, and evidently to impair her general health. The cause of the grief existed prior to the commencement of her present condition.

Her condition at the present time would seem from the indications to be persistent and chronic irritability of the stomach; or, rather, I should say of the nerves governing the stomach, and controlling and directing its functions. The symptoms are in general, persistent vomiting. She vomits after every meal, and as often as twenty times a day besides. It is with the utmost difficulty that she can retain sufficient food of the mildest and simplest kind to keep her alive. This state of affairs has existed with varying severity for twelve years. She is now reduced to almost a skeleton. She has a severe

cough, also. She has been under Homœopathic treatment much of the time; but has, in the long time she has suffered, gone through the whole list of remedies and pathies. We hope and believe she has reserved to the last the best — “Hahnemann Hospital Clinics.”

We do not pretend to know the exact condition of the stomach. Its pathological indications are not different from other cases of the same name. We can all easily see that we have an irritable stomach to deal with. But this fact was known equally as well by the physician who first treated her for the difficulty, and also by all the many who followed him up to the present time. Therefore that is not the question to be answered here to-day. That question has been answered time and again, no doubt, in this case, but that does not satisfy the patient. It should not satisfy the physician. It will not satisfy us.

What is the great problem to be solved here? (It is always a great problem to solve — the curing of chronic disease). There being many remedies which act curatively upon the stomach in such conditions as we find here; and each remedy covering some symptoms (or, if you will, some conditions presenting externally some symptoms) peculiar to itself and possessed by no other; our evident duty is to seek for those peculiar symptoms. If we find them, and the remedy to which they belong covers the other (common) symptoms, we have the only reasonable hope of curing even this inveterate case.

Now, the only symptoms we observe in this case which we can regard as *uncommon*, or characteristic, are the cause, which seems to have been mainly grief; and the peculiar, deep, sighing breathing. All the other symptoms may be regarded as common, and are covered by the remedy possessing these two characteristics.

It may be said that the *cause* of a morbid condition should not be regarded as a *symptom*. In answer, I will say that “symptomatology” in its widest Homœopathic, curative sense, embraces, etiology, pathology, physiology, and every other ‘ology that in any way points toward the curative remedy. And the cause, grief, is as much a symptom indicating *Ignatia*, as a bruise, or any disorder originating from a bruise, is for *Arnica*; or suppressed menses from getting the feet wet is for *Pulsatilla*, etc.

The remedy for this patient is, of course, *Ignatia*.

This case and others like it may serve to illustrate what I have in previous lectures said in regard to what really is the simillimum of a remedy, and the true nature of disease. In this case grief has produced such an impression upon the particular part of the nervous system controlling respiration as causes it to produce this almost

spasmodic, deep, sighing breathing. This is a common result of deep grief. Now, we have a drug, *Ignatia*, which produces in large doses, a similar impression upon the nervous system, as evidenced by similar symptoms—the deep, sighing breathing.

The condition now is not grief, but only the expression of a morbid impression left upon the nervous system by a cause, (grief) acting years ago. The cause has ceased to be a factor in the problem. But the bad impression left by it still remains, and has so deranged the functions of those particular portions of the nervous system, that the condition known as chronic disease has resulted.

In my opinion the true name for this ailment would be “a derangement of function of that part of the nervous system governing respiration and digestion, and characterized by symptoms indicating *Ignatia* as the curative remedy.” The name of a “disease” is of no therapeutic use unless it indicates the curative agent.

The advanced age of the patient, and the length of time she has suffered with the disorder, together with her present weak and emaciated condition, render the case rather unpromising. Still many more unpromising cases have responded to the well selected remedy, and cures have resulted. We will give *Ignatia* 30.

NOTE.—The patient steadily improved from the first week of treatment, until now at the end of about eight months, she has gained in health, weight, and strength, and vomits not more than once a week, and is still steadily improving. She has had no other medicine whatever.

CASE 2774. Man, aged thirty-nine. Has had chronic diarrhœa for six years. He has now as many as twenty stools in twenty-four hours. He took cold at that time while at work in a lumber yard, which resulted in diarrhœa, which lasted four or five weeks and then changed into bloody flux, or dysentery. Has had diarrhœa ever since which occasionally runs into dysentery. Sometimes for a few days the stools, while very frequent, would have a natural color. The appearance of the stool changes often, sometimes bloody, then look like a mixture of white of egg, oysters, lumps of jelly, etc. (I have had patients describe this kind of stool as looking like “frog-spawn.”

When the stools are bloody or as described, he suffers greatly with intense pain in the lower part of the bowels for ten minutes before stool, and until the stool has been completed, after which the pain ceases. After the stool he is extremely weak, especially about the knees and elbows. After the stool he has the sensation as if some were yet to come.

He must go to stool very quickly after eating and drinking, especially after breakfast. Must *hurry* early in the morning. As soon as he awakes he must run. The stools are often windy and accompanied with much water. Drinking cold water causes an increase of the diarrhœa.

This case like the previous one has been through various and sundry hands during the six years of his sufferings. He has been in hospitals for months. He has never so far been relieved. As in the first case it was plain to all what the "disease" was. But diagnosis did not help them out of the difficulty. Both this case and the other are interesting to an unusual degree. First, because they are of so long standing, and not in the least improving with time; and consequently can not, with the least shadow of reason, be said to have gotten well spontaneously should we cure them. And second, because they have been through the best Old School hands in hospitals and elsewhere, and will consequently be large feathers in Homœopathy's cap should we be successful.

The remedy which is to me clearly indicated in this case is too much neglected; and is a most valuable remedy in morbid conditions showing themselves in the large intestines. The symptoms which are characteristic in this case are the appearance of the stool, "lumpy and jelly-like"; "like oysters, white of egg, etc., mixed." Second, from the "intense pain in the lower part of the abdomen before and during the stool, but ceasing immediately after the stool has been completed," and "followed by extreme weakness." (The patient for whose condition this remedy is adopted will often tell you that the weakness after the stool, is often accompanied by "a profuse, cold, clammy, and debilitating sweat.") And, third, he "must go at once after eating or drinking." This patient says he could not drink water "because it made him have the diarrhœa."

I ask you to prescribe the remedy; and some suggest *Mercurius* and others *Arsenicum*.

The patient says there is no straining, no tenesmus; nor can we find any other characteristic for *Mercurius*. The symptoms more resemble the picture of *Arsenicum*. As, for instance, the aggravation from cold drinks, etc. But still we do not find a satisfactory picture of *Arsenicum*. *Sulphur* has also been suggested, on account of the symptom "must hurry to stool as soon as he awakes," and the "cold feet."

But neither of these three veteran remedies is so clearly indicated as

is *Aloes*, the remedy, *par excellence*, for this case. It covers all the symptoms which suggested the other remedies; it has the bloody stools of *Mercurius*; the aggravation from food and drink, and especially cold drinks, of *Arsenicum*; and the "hurry-to-stool-in-the-early-morning" of *Sulphur*. Besides, none of the others has the peculiar and severe pain before and during stool, with sudden cessation of the pain, followed by the great weakness after the stool. Nor have any or all of the others the peculiar "frog-spawn" stool.

Aloes, therefore is undoubtedly the remedy; and we will prescribe the 30th attenuation, for the very sufficient reason that it has been repeatedly and charmingly efficacious in my hands in that attenuation, when indicated. I am asked by one of the class why I do not alternate either *Mercurius* or *Arsenicum* with the *Aloes*, as so many think either of those two remedies are better indicated than the *Aloes*. I answer emphatically: I do not advise alternation for several good reasons. First, the clinics are for the purpose, primarily, of teaching the student how to prescribe the indicated remedy according to the law, and secondary, of curing the patients. But if we prescribe two or three remedies in alternation or mixed, and the patient recovers, what have we learned? We may *guess* from the result that some one of them has cured in spite of the others, or that all have combined their forces together and have wrought the cure. We have, in a scientific sense, learned nothing. We have guessed at the remedies and we may guess how they cured.

In the second place it is *unscientific*. To be scientific is to "produce certain knowledge." Any fact elicited or substantiated under the direction of a law, is scientific knowledge. Facts never contradict each other. The art of Homœopathic medicine is under the direction of a natural law. We learn how to apply our remedies through that law, by ascertaining the sphere of action of a drug as shown by the morbid symptoms it produces on the healthy. But we have no proving of two or more drugs in alternation nor mixed. And when we prescribe medicines in that way we step outside of the teachings of the law, and depend upon empiricism, chance, guesswork. If we are guided in our art by a law, as I have full faith we are, then the closer we adhere to it the more successful we must be. But the exposition of the Homœopathic law of cure does not contemplate the administration of two or more remedies mixed or in alternation. It has no knowledge of their action when administered in those ways. Consequently we have no rule telling us when to prescribe remedies thus. Therefore, I say it is unscientific to alternate or mix remedies.

The only occasion when such practice is warrantable is when the patient is dangerously ill, and we are uncertain as to which of two remedies would best fit the condition, and precious time might be lost if we should perchance prescribe the wrong one. And even then the giving of two drugs in alternation, would be an acknowledgement of ignorance on our part. But that is not the case here. This is a chronic case, and nothing will be lost by being bold and scientific.

NOTE.—In two weeks this man reported that he had improved steadily from the third day after commencing the remedy; and that now he feels very much better in every way; the pain being almost all gone; he can eat without having to run to stool, and has not more than four stools in twenty-four hours.

CASE 2793. Man aged thirty-eight. Complains of pains in the head, back, shoulders and limbs. The arms are sometimes numb and powerless, especially the right arm. The right arm has frequently been utterly powerless, so that he could not raise it at all.

He overworked in the haying last summer, and “sprained his back”; and his arms also “gave out.” He has been getting worse ever since. He also complains of pains in the cheek bones, beginning in one cheek and passing to the other, then goes all over the head.

He does not rest well at night on account of the pains, and a restlessness which keeps him continually changing his position; cannot seem to find an easy place, but turns, twists, and changes his position, but finds only a few moments relief. Feet and legs become cold. He gets stiff and sore, and is relieved by moderate movement, but much exercise makes him feel worse. He says that he is an excellent barometer, as he can tell to a certainty when a storm is coming by the aggravation of all his symptoms. But what seems to disgust him with this part of it is, that although “the pains make such a fuss about the bad weather coming, they seemed to be relieved as soon as the storm is fairly under way.” He is always affected unpleasantly by such changes in the weather. He also complains that his mind seems duller than usual, so that he fears that he is losing his faculties.

We see by a card handed out through mistake, that he has been to another Homœopathic dispensary in the city. The prescription noted on the margin of the card is, *Phosphoric acid*, 1st decimal, and *Nux vom.* 3rd decimal, two ounces of each, to be taken alternately. The patient says this prescription did not help his distress. We can readily believe him.

How is it possible for a *Homœopathic* physician to examine this

patient, and then prescribe those two drugs, or either of them, is a mystery. I will venture the opinion that there is not a student on the benches before me who cannot name the *appropriate* remedy for this case, as developed before you. You all, as with one voice, cry "*Rhus tox.*" Certainly; that is the remedy clearly and unmistakably indicated at present.

As you all seem to know the remedy, I need hardly mention the particular symptoms designating it, viz. The cause, a strain; the aggravating nightly restlessness—he "can't find an easy position" except for a few moments at a time; "worse before a storm"—markedly worse—"but relieved when the storm comes"; (*Rhus* is the only remedy in the materia medica having that symptom in a marked degree); "worse at rest, and better by moderate exercise." It is Homœopathically impossible to prescribe any other remedy for this case.

We will consequently give him *Rhus tox.* 3 and 30, to be used on alternate days. I may briefly mention my reasons for giving two different attenuations: We have no rule to guide us in the selection of the potency, and my experience teaches me that sometimes the lower attenuations work when the higher fail; and, *vice versa*, the higher sometimes do the work when the lower have failed. I could give several unquestionable examples in proof; but our time can be more profitably employed.

NOTE.—This case reported in *one week* that all his pains had disappeared, excepting those between his shoulder blades, which seemed to be intensified. The improvement in his condition was remarkable.

INTRODUCTORY ADDRESS.

BY A. E. SMALL, M. D., PRESIDENT OF HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

It is presumed that you have all seen the Eighteenth Annual Announcement of Hahnemann Medical College and Homœopathic Hospital; and in accordance with which we have assembled, we trust, full of life and vigor, to inaugurate another course of didactic and clinical instructions in the various branches of medicine. There is no rest and no pause while the world rolls round, and new need brings new demand. The work which has already been done must give way for that which is to be accomplished. The lips which but yesterday

bade good-bye to a noble class of graduates, who have gone forth to test the value of our labors, are called upon to express a cheerful welcome to those who have come to fill their places—not only on the benches, but in our hearts. We are glad to see you and greet you with a most cordial welcome.

We rejoice to see familiar faces who have been with us before, because your presence makes us feel that our past labors receive your confirmation and sanction. Your approving countenances inspire your teachers with new vigor, for the labors of the ensuing season, and new energies refreshed by your smiles. Therefore to you who have been a part of our happy little family before, we again extend a cheerful welcome; and you also, who for the first time are disposed to trust yourselves to our care, we confidently believe that in the future you will have no occasion to consider your trust ill-founded, but that when your immediate predecessors, from this narrow stage of action, have passed to wider and more glorious triumphs, you may again cheer us by your presence, and demand from us the evidence of your proficiency in the honors of the doctorate.

You have come here in the pursuit of medical science, and may your sojourn with us for the next five months, make you living witnesses of facilities and advantages for conducting you beyond the threshold, into the mysteries of every science deemed indispensable in completing your education in medicine and surgery.

Since the great fire of 1871, our college and hospital have been borne along by the tide of prosperity. Every year has witnessed the earnestness of the trustees and faculty in making improvements upon the past, and such as must afford the greatest interest to students. The course of instruction has been so systematised as to render it in all respects more efficient than ever. The various departments are so arranged that the most thorough and competent instruction can be had didactically and clinically, or by illustration and demonstration, in every branch of medicine.

The prophetic signs of the future prosperity of our college and hospital were never more flattering than at present. They have no floating debts, which is confessedly a blessing in times like these. Our treasury has been ample and sufficient to maintain its dignity and honor. Our anatomical and surgical departments have been greatly improved.

Our museum has been receiving fresh and valuable additions of rare and interesting specimens, delineative of morbid growths, mal-

formations, and curious, if not miraculous deviations produced by disease. Its collection of dry bones and their muscular and nervous appendages, their cartilages and ligamentous articulations, will all be spread out before you to study and to shape into ideal life. Your enthusiasm in the study of anatomy will cause a rattling among those dry bones, and even if you do not view them as *living* curiosities, you will have an opportunity of becoming so familiar with the shape and position of each, that you will know at once where it fills its place in the skeleton and even the noble use it performs in moulding the shape of the human form.

In the gynæcological collection, you will find many recent additions illustrative of morbid growths and the nature of diseases incident to woman. This department is receiving additions almost daily. More has been accomplished during the last year than ever before. The same is true of the surgical and obstetrical cabinets. These in connection with manikins, plates and drawings, models and casts render the museum as a whole, a source of inexhaustible interest and instruction.

You will have an opportunity of studying the analysis of human structure, as well as the skilful handling of the scalpel upon the recent subject. No pains will be spared in the anatomical rooms in making you familiar with the intricacies and mechanism of the tenement which the soul inhabits.

From year to year, an effort has been made to remedy the defects and multiply the clinical facilities of the dispensary and hospital. Comparative order has been brought out of chaos, and it is confidently believed that you will find in the present system, and ocular demonstration of what physicians, surgeons, obstetricians, and gynæcologists, as well as oculists and aurists may find in any field of practice. Here you may learn in an exemplary manner, how to examine patients in order to determine the characteristics of disease, how to affiliate remedies, how and when to administer them. In the surgical and obstetrical clinic especially, you may be shown how and when to use the knife; how to dress wounds and sores; how to reduce fractures and dislocations; how to prescribe internal remedies and external appliances; and how to proceed in the art of bandaging; you may be conducted into the sanctuary of parturition, and be taught how to approach your patients, and how to delicately assist parturient women in the throes of labor. You may also receive instruction in the medical and surgical treatment of diseases of women. And also in

the art of treating the delicate and sensitive structures of the eye and ear, and what is better, you will have opportunities under the direction of your teachers, to practice individually in these departments, and thus be ready when you take your final leave of these institutions, to enter immediately upon a career of usefulness. You will receive your commission in accordance with the laws of the state, and the requirements of its "Board of Health," and then it will be your indisputable right to assume supreme command over your little army of vials, your cabinet of medicaments, plasters, bandages, dressings, knives, scissors, etc., and to march forth to meet the grand enemy of health, and we trust like Julius Cæsar, each of you will exclaim in ecstasy, *veni, vidi, vici*.

You have left your homes for a season in the pursuit of knowledge. A thorough knowledge of all the sciences embraced in, and necessary for your qualification to practice medicine and surgery, and in addition to the demonstrative and clinical teaching, it will be your privilege to listen to didactic instruction in all the branches, from a far more able and efficient board than ever before.

But to make the season profitable as well as interesting to yourselves your cordial co-operation is necessary, while it will be the duty of your teachers to proceed with exemplary promptness, in filling the hours attached to each; it will be your duty to come into their lectures with equal promptness. It is expected that you will come as earnest listeners. The fulfilment of this mutual obligation between teachers and pupils, is not only essential for the maintenance of order, but absolutely essential to your advancement in the right direction.

To become good and well educated physicians and surgeons, you must be earnest in forming studious habits while in attendance upon the college courses, for the study of medicine does not consist merely in the perusal of your text-books, and a lazy indifferent listening to any number of lectures, but in forming studious habits which will command your individual energies to the end of life. The lecture room cannot be over-estimated as a place of the greatest importance in which you can be conducted to a measurable insight of the studies which are before you; and to suppose that you can finish them in a few months or years is a capital error, and one if not corrected, may doom you to a helpless twaddling mediocrity or to self complacent ignorance, nevertheless your present opportunities are designed to so discipline the mind that it can rise to the comprehension of broad and far reaching general principles, and we feel assured you will not

neglect them, or render them otherwise than prophetic of a future thirst for knowledge which never can be satiated.

Text-books and lectures lay the foundation upon which you can build up a life of usefulness.—of fame and of fortunes,—without which you may find it difficult to understand how the thousand fold influences and matter, can modify the vital forces of the human organism, either in favor of health or disease, and with which you will be able to take a comprehensive view of structure and function, and be able in some measure to comprehend how the manifold influences of fire, air, earth, and water may derange them.

Every thing in nature ministers to the wants of man, or operates his destruction. This opens before you a wide field for researches and observation. May you enter it with delight, seeking the best method which presents itself as the mother of success. "First be sure you are right and then go ahead."

The lecture rooms have been renovated and neatly fitted with reference to physical ease and comfort for the class, and yet the only guaranty we can offer that you will not find the bench hard, and the lectures dry and tedious, will be your uncompromising earnestness and interest in the subjects which your teachers will deem essential to be laid before you.

It is always necessary to observe certain conditions, in order to make our sessions in all respects profitable and advantageous to the class, and we feel assured of your adherence to these conditions. One of the most important is that which relates to correct deportment. Self respect is a cardinal virtue, and one which must lead ladies and gentlemen to observe the strictest propriety, both in and out of the lecture room. It requires you to be cheerful without being frivolous and serious without being sad. It leads you to respect and feel a deep interest in the promotion of union and harmony, among the members of the class. It should inspire you with carefulness, to be slow in giving and taking offense. In short, it should lead you to aim continually at the highest social refinement, as well as fraternal culture.

When teachers and pupils cordially patronize in carrying out the purposes and intentions of this institution, there will be a harmonious blending of all the elements of success. Day after day will add to your acquirements, and still open the way for further advancement. We humbly trust that our mutual efforts, will secure the advantages of industrious habits, and that the session will terminate with grateful sentiments, both on the part of the teachers and pupils, for the superior quality of the work that will have been accomplished.

INTRODUCTORY LECTURE.

BY H. P. COLE, M. D., PROFESSOR OF GENERAL AND SURGICAL ANATOMY AND MINOR SURGERY IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

LADIES AND GENTLEMEN: More than twenty years ago, two or three of the Homœopathic physicians then living in Chicago, held a consultation. The question to be decided was, what shall we do with the sick poor that we see on every hand, who cannot have proper treatment, because they cannot pay a physician? The decision was that a Homœopathic dispensary must be opened, to which all could come for treatment. The prescription was a good one, but it was another thing to carry it out. The public sympathy for Homœopathy was then very weak, and could not be depended on.

The expense of the undertaking would have to be borne by those who had it in charge, but they were not to be baffled by that; they had come to Chicago to make Homœopathy succeed, and they went to work with a will.

They soon had their dispensary in running order, and full of patients. This furnished a field for study, and before long, practitioners and students came to witness the effect of Homœopathic remedies in the different forms of disease.

The success of this undertaking led those who were interested in it to hold another consultation about two years after the first; the subject under consideration this time being a much more important one. They now proposed to establish a school, where those who had come to the dispensary to study could listen to lectures on the different branches of medicine. In fact, they proposed to have a medical college.

This subject was not by any means a new one to these gentlemen, for they had already received a charter, by a special act of the state legislature, but until now, had been unable to take any farther action in the matter. The dispensary opened the way, having already attracted students enough to make a very respectable class, and a few physicians; who, added to those already in the harness, completed the list of lecturers.

In a short time, the Hahnemann Medical College was fully established, with a large and growing dispensary close at hand, under the control of its *limited faculty*, and having a reliable charter, which would command respect and recognition from all.

The only thing now to be done was good work.

The first course of lectures was a very successful one, and from that time until a few years ago, with the exception of some interruptions during the war, all seemed to go well. The number of students increased, and so did the number of professors. It was thought that in many teachers there would be much strength, but it was found that as the faculty increased in number, the different topics had to be divided, subdivided, and re-arranged so frequently that nobody knew just what he was to talk about, and spent most of his time in explaining some pet theory he had discovered, advertising some specialty, or describing remarkable cases he had cured; to say nothing of the three or four professors, who, while attempting to cover the same ground, could not agree in a single particular.

The natural result of all this commotion and friction, was the exfoliation which occurred just before the last session; giving an opportunity for some outsiders, who had witnessed the condition of things from a distance, to suggest an amendment to the constitution, providing that the number of regular professors be limited to eight, and an auxiliary corps of lecturers be appointed to assist the regular faculty. This amendment was at once adopted, and again a course of instruction was commenced in the Hahnemann Medical College, under the supervision of a *limited faculty*, with the determination, this time, to do *better teaching*. The result was what might have been expected, a larger class, better attention, and much better satisfaction to teacher and student.

We soon discovered that we were following the example of the oldest and best colleges in this country and Europe; all having found that a large faculty was unwieldy, and necessitated a division of *responsibility* as well as a division of labor.

In addition to the dispensary, which was in charge of the college when organized, a hospital had been opened on the college grounds, and was placed in charge of the faculty as *re-organized*. Here the lectures on the practical branches, that had previously been didactic, could be illustrated by appropriate cases, and made clinical; surgical operations could be performed, and students could have practical experience in handling patients.

STUDENTS OF THE CLASS OF 1877: We are assembled this evening to bid you welcome to Hahnemann Medical College and Hospital. The sketch I have given of its history will show you that we are on the right road, and propose to have an institution that shall do credit to the cause. We have no quarrels to settle, nor different opinions to

argue in the lecture-room, but each teacher has a department, over which he has absolute control, and for the proper disposition of which he is individually responsible.

The unprecedented success of our last winter's course was well shown by the satisfaction which was experienced by every member of the class, and by the decided increase in the number attending the following spring session.

It is thought by many that with a longer course of instruction and a larger faculty, we could make better doctors. Let us see. We are physicians, surgeons and obstetricians; these are three of the subjects to be taught, practice, surgery and obstetrics. We must thoroughly understand the structure of this machine we are handling, and the uses of its different parts; we therefore study anatomy and physiology. In the treatment of disease we use medicines derived from the three kingdoms—animal, vegetable and mineral. A careful description of these medicines, and a thorough knowledge of their effects upon the body is necessary; so we add to our list chemistry and *materia medica*:

We all know well that we have five special senses, seeing, hearing, smelling, tasting, and feeling. Some one has added a sixth, common sense, but as all are not endowed with the last one, we will not consider that here.

One of these senses, that of touch or feeling, is general, involving the whole body, though perhaps more acute at some points than at others, and would be treated in general practice. Two others, smelling and tasting, although local, and dependent each on a single nerve for its functions, is under control of the brain, and would be treated through that organ, or through the membrane to which its nerve is supplied.

The remaining two, however, are of much more importance—each being so complicated in its function, and having such an elaborate house to contain it—and are, of necessity, a special and exclusive study. This we recognize, and have among us an oculist and aurist.

To enumerate them now, as described, we have professors of practice, surgery, obstetrics, anatomy, physiology, chemistry, *materia medica*, and ophthalmology and otology. Under these heads may be brought all the specialties that will be of service to the general practitioner. Before the end of the term, it will be found that almost every professor has a specialty, to which he has given extra time and study, and which, at odd moments, either in the lecture room or dis-

pensary, will be used for the benefit of the class ; but rest assured, the time will be well occupied in giving thorough and careful instruction in the regular departments.

These that I have enumerated, are the natural and necessary divisions of the study of medicine. The old saying, "Too many cooks spoil the broth," is a homely one, but a good one. If we can do the work with our present force, what shall we profit by adding to our number.

With a large faculty, as I have said, there is a division of responsibility, as well as of subjects, which tends to slackness, and shifting of responsibility. In order that each professor may have sufficient time for proper instruction in his department, a greater number of lectures must be given each day than can be properly followed by any student, or if the course be lengthened, and fewer lectures delivered in a day, the student will have forgotten the subject of the last lecture, if not the face of the lecturer, before he returns.

As far as the length of the term is concerned, I never saw a class, in six years of student life, that was not ready and anxious to go home as soon as the 1st of March, satisfied that they had done a good winter's work.

At the close of the term which commences to-morrow morning, one of these gentlemen sitting behind me, whose duty it becomes to bid you farewell for Alma Mater, will tell you, you have not yet finished your studies; that you have not yet learned all there is to be known about disease and its treatment, and I have thought perhaps it might be well to tell you all this now, and possibly save you some bad feelings. "Blessed is he that expects nothing, for he will never be disappointed." As you enter your field of labor, it will be well to look it over carefully, that you may make the best use of your time, and accomplish as much as possible.

You have come here to begin a new life. You enter a medical college an ordinary person; you leave it, an extraordinary one. Not necessarily a better one, but different.

There is no study which reveals so much in the first six months as medicine. Every one has instruction in theology twice each week, the year round; all read law every day in the papers; machinery is constantly exposed to the view of those who care to examine it; but it is only in the medical college that we can study this most wonderful of God's creations, the human body.

It is, of necessity, an exclusive study. By many, a physician is looked upon as almost a supernatural being; one who can, by laying on of hands, perform miracles, or at a glance tell a patient the nature and location of his disease. So students sometimes think that their teacher or teachers are walking encyclopædias of medical knowledge; that their opinion is final; that they have learned all there is to be known, and are capable of transferring a good share of that knowledge to them, in six or twelve months, so that, because they have studied under Professor So-and-So, they are prepared to meet and conquer all forms of disease.

This is an error of judgment that requires but a few months of practice for correction. As the people are rapidly learning that physicians are human, so the student must consider his teacher as a physician who, from disposition or association, or some unexpected circumstance, has been led to make a special study of a certain department of medicine, and is therefore called to teach it.

This is at least true of this faculty. Many colleges are organized by a number of men who are supposed to have a large general practice, though many of them may never have given any special thought or study to the branches they are called to teach until they are appointed.

You are not to enter high school when you commence the study of medicine. You must begin at the bottom. You must learn what medicine is, what disease is, and what this body is in which disease makes its ravishes. Do not, therefore, with a wise face and a large note-book, make a careful record of the frequency and severity of small-pox epidemics. You must first learn what small-pox is, how the poison is carried about in the system, and what carries it about. It may be well to know how many times the carotid artery has been ligated, or amputation at the hip joint performed. It may excite admiration and wonder to tell you that doctor so-and-so has four or five hundred times actually opened the abdomen and removed an ovarian tumor, but when brought face to face with our cases, it is of much more importance to know where the carotid artery is located; what are its relations to other organs in the same region; what instruments are used in finding and securing it; what composes the hip-joint, and how it is most readily approached. Your wonder and admiration may be all right, but I think it would be better to learn what we are liable to find in the abdomen beside ovarian tumors, and to be able to answer the question that I understand has actually been

asked by a practicing physician, whether these tumors are most frequently found in men or women.

As you begin the study of medicine, then, get facts and principles; lay, with them, a broad and firm foundation, on which you can build theories and speculations. Study carefully the body in health, and you will at least know when disease is present.

The study is necessarily speculative and hypothetical to a certain extent; for as man by searching cannot find out God, so we must be content with but a limited knowledge of this, His image and greatest creation; but there are facts and certainties enough to fully occupy your time, and more are constantly being added to the present list. These should be carefully noted, and firmly fastened in the mind.

I have not, thus far, made any mention of the principle which is at the foundation of this school, the principle on which Homœopathy is based. Your belief in this is shown by your coming here. I need not advocate it. Its rapidly increasing favor with the enlightened portion of the community is sufficient evidence of its superiority. I will not, then, at this time, speak further of it, except to warn you not to study Homœopathy to the exclusion of medicine.

The book and the box have been a curse to Homœopathy; a hindrance to its progress as a science, and a useful tool in the hands of those who would assist its overthrow. The prescription is but a part of the work, and can only be properly made after you have thoroughly investigated the condition of your patient, his temperament, and the stage and severity of his disease.

As we have stated in our announcement, we do not propose to teach any branch to the exclusion of the others. We are not a number of competing persons, straining for individual popularity or reputation, but a band of earnest and united workers, all having the same desire and aim, that is, to make better doctors. This is our policy and plan, and with your assistance as students, we shall endeavor, guided by past experience, to so conduct our course of instruction that you will not be ashamed to exhibit in your office a diploma from the Hahnemann Medical College and Hospital of Chicago.

Obituary.

DR. A. J. HAYNEL.

Dr. A. J. Haynel, the oldest disciple of Hahnemann, died at Dresden, Aug. 28. He reached the age of four score years and one. He was an inmate of Hahnemann's family for more than ten years, and proved a number of remedies for him. About the year 1835, he came to America, and resided first at Reading, Pa., then at Philadelphia. In 1845 he lived in New York, and still later, in Baltimore, from whence he returned to Europe several years ago.

The remedies which he proved for Hahnemann's *materia medica* are: *Argentum metallicum*, *Cocculus*, *Mangan. aceticum*, *Menyanthes*, *Muriatic acid*, *Spongia*, *Stannum*, *Staphisagria*, and *Thuja*.

PHILADELPHIA, Pa.

CONSTANTINE HERING.

DR. RUFUS BACKUS.

Dr. Rufus Backus, who died at his residence in Racine, Wis., of cerebro-spinal meningitis, on the 11th of September, was a graduate of Hahnemann Medical College, of Chicago, in the class of 1865. His father, Dr. Wm. P. T. Backus, graduated from Castleton Medical College, of Vermont, and was practicing in Kingsbury, La Porte Co., Ind., where Dr. Rufus was born, on the 3d of June, 1838.

At the age of eighteen he developed a strong tendency for the profession he adopted, and at once started out in life with that objective point alone in view. At the age of twenty-three, by means of the emoluments of public trusts and school teaching, he is prepared pecuniarily, and especially in point of a good classical education, and enters upon the study of medicine.

After receiving his diploma, he opened an office at Harvard, Ill., the residence of his father since 1854. Here, during the only two years allotted to him, in the providence of God, free from a severe spinal difficulty, he acquired a large and profitable business.

Partially relieved from his complaint in 1872, he removed to this city and opened his office, but very soon thereafter, the spinal trouble returned, and he was prostrated and very sick. In the course of a

year he began to recover, and continued to improve for the three years, until he apparently reached a normal state. He stated to the writer, just previous to the last attack, that he felt better than he had during the eight years last past. Fourteen weeks previous to his demise, he was again stricken down for the last time, and on the 11th of September last, death relieved him of his sufferings.

The doctor was a member of the First Baptist Church, of this city, where he was respected and beloved by all who knew him, and his death is felt as a great loss. In attainments, in deep and thorough earnestness, in most conscientious and hearty consecration to the profession of his choice and love, he was an example to all, and had he lived in health, the usual time allotted to man, would have become eminent in his profession, and a blessing to mankind.

RACINE, Wis.

S. J. MARTIN.

Book Department.

ENCYCLOPÆDIA OF PURE MATERIA MEDICA. Vol. VI. *Lycopodium*,—*Niccolum*. Bœricke & Tafel. pp. 647.

Another volume of this materia medica treasury, which gives us all of the known positive effects of drugs. We find colicky *Lycopodium*, with 3115 symptoms (a polycrest truly;) palpitating *Lycopus*, with significant sphygmographic tracings; *Macrotinum* from *Cimicifuga*, still like it; *Magnesia carbonica*, with menses worse at night; *Magnesia muriaticum*, with stools like sheep's dung (spinal weakness;) *Magnesia sulphurica*, eructations tasting like bad eggs (*Sulphur* predominates;) *Magnolia*, with a depression of cardiac plexus, a strong tendency to faint; *Mancinella*, singular; *Mandragora*, new; *Manganum*, with its constrictions; *Manganum muriaticum* (one doubtful proving;) *Manganum oxydatum nativum*, new; *Marum verum* (nasal polypi); *Mate*, with sphygmographic pulse, accelerated waves, a stimulus; *Meconium*, (new,) from *Opium*, and like it; *Medusa* (new,) mammary activity; *Mclastoma*, from *Merc.*; *Melilotus*, with its congestive headaches, akin to *Glonoine*; *Minispermum*, undeveloped; *Mentha piperita*, ("you don't use peppermint?") now study its effect — good for sleepy-heads in the morning). It is to dry cough what *Arnica* is to injuries, and *Aconite*

to inflammatory complaints. *Mentha pulegium*, with its headache, first on right side, then on both; *Menyanthes*, with its singular, pressive headache; *Mephitis*, "disinclination to work, with inclination to stretch." Go to the skunk, thou sluggard. Take a sniff, and awake "earlier than usual in the morning" for work. *Mercurialis*, with 600 symptoms, is not *Mercurius* at all, although very like it. *Mercurius vivus*, 840 symptoms, is the *Mercurius*, or quicksilver. Then follows *M. aceticus* and *M. bromatus*, with a few symptoms each. *M. corrosivus* has 1127 symptoms, prominent among which is inflammation of the mucous membranes. *Mercurius cyanatus* is a tempestuous congestive remedy. *M. Dulcis* (calomel,) slow but sure ("whole mouth filled with ulcers," is a frequent complaint just now). *M. iodatus flavus* (iodide,) has a right-side sore throat, while *Mercurius iodatus rubra* has left-side sore throat. *Mercurius methylenus* is a new but vague Allopathic contribution. *Mercurius nitrosus* is a collection of provings. *Mercurius precipitatus albus*, ditto; *Mercurius precipitatus ruber* has the largest tongue of all the mercurials. *Mercurius solubilis* is Hahnemann's own preparation, for which even Allopaths thank him. It has 1272 symptoms, with many characteristic. *M. sulfo-cyanatus*—poisonings with Pharaoh's serpents. *M. sulphuricus* is as important in hydro-thorax as *Arsenic*, says Lippe. *Methylenum bichloratum* gives anæsthetic effects. *Methylenether*, ditto. *Merzereum*, a royal remedy, with 1567 symptoms—skin symptoms unique. *Millefolium* (nose-bleed) *Mimosa* (Mure,) and *Mitchella* are indefinite additions. *Momordica*, new; *Morphia*, 675 symptoms; *Moschus*, "cramp in lung;" *Murex purpurea*, "congestion of womb, with pains to the left mammæ;" *Muriaticum acidum*; *Murure*, (Mure;) *Musa*, new; *Mygale*, (new;) *Myrica*, with 340 symptoms; *Myristica*, (new;) *Nabalus*, (new;) *Naja*, well developed, with 540 symptoms; *Narceinum*, from opium; *Narcissus*, new; *Narcotinum*, from opium; *Narzan*, a mineral spring; *Natrum arsenicum*, with 533 valuable symptoms; *N. bromatum*, with a few symptoms; *Natrum carbonicum*, with 1179 singular symptoms. *Natrum muriaticum* is a royal remedy, with a retinue of 2902 symptoms. Then comes *Natrum nitricum*, with 58 symptoms; *Natrum phosphoricum*, with 389 symptoms; *Natrum salicylicum*, *Natrum sulfuranicum*, *Natrum sulfuratum*, each with a few symptoms. *Natrum sulfuricum* is better developed. *Niccolum*, with 445 valuable symptoms, and Lippe's verifications, close this valuable volume.

Medical News.

New York Homœopathic Medical College.—We have 150 matriculates to date.

J. W. DOWLING, Dean.

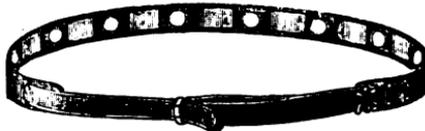
The Hahnemann Medical College of Philadelphia.—Our college is flourishing. Nearly 150 students in attendance.

A. R. THOMAS, Dean.

The Military Tract Medical Society meets at Galesburg, Dec. 11. As the State Board of Health meets at the same time and place, a full attendance of our physicians in that section is desired.

The State Board of Illinois is composed of seven men, of whom, one retires every year. Newton Bateman, of Galesburg, will retire in January. An effort will doubtless be made to have his place filled by an Allopath. Bateman should be re-appointed.

Voltaic Belt.—The Chicago Voltaic and Truss Co's belt is the neatest we have seen. It consists of single and compound magnets



attached to felt, which absorbs the acids. It is therefore always in order, giving a steady, continuous, intensified galvanic current, and is a convenient apparatus.

"Holman's Fever and Ague Pad" is composed of black spruce gum (*Abies nigra*) and *Camphor*. So Dr. Lindsay reports to Dr. Allen.

The New York Ophthalmic Hospital.—Report for the month ending October 31, 1877: Number of prescriptions, 3376; number of new patients, 405; patients resident in the hospital, 46; average daily attendance, 125; largest, 177.

ALFRED WANSTALL, M. D.,

Resident Surgeon.

The State Board of Health.—The first regular meeting of this board for the examination of physicians, non-graduates, who come within the province of the Act Regulating the Practice of Medicine in Illinois, was held in the Grand Pacific Hotel, in this city, Nov. 1 and 2. The examinations were written, and if not quite satisfactory, were continued orally. The time actually occupied in the examination of the class of *fourteen* applicants was thirteen hours. Seven of the candidates were passed. Dr. Chambers examined on the Theory and Practice; Dr. Wardner on Anatomy and Surgery; Dr. Clark on Obstetrics and Chemistry; Dr. Gregory, Physiology; Dr. Rauch, *Materia Medica*, Medical Jurisprudence and Hygiene; and Dr. Ludlam on the Diseases of Women.

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Materia Medica Department.

HOW TO STUDY THE MATERIA MEDICA.

BY LUCIUS D. MORSE, M. D., MEMPHIS, TENN.

Read before the joint convention of the Indiana Institute and Western Academy of Homœopathy.

We take it for granted, at the outstart, that a certain definite knowledge of the leading drugs in the *materia medica* is to the physician a most desirable, if not an absolutely necessary acquisition. The more accurate and comprehensive this knowledge the better. It is hardly to be supposed that the busy practitioner is to thumb the pages of a repertory at the bedside of his patient, and mechanically hunt up and compare symptoms. Some inventive geniuses have proposed the "key-note" system, as a sort of royal road to a knowledge of our *materia medica*. Now, we do not wish unduly to depreciate "key-notes." They are good enough, in their way, but the man who thinks that he is familiar with the therapeutic action of a drug after he has memorized a few so-called key-notes, is laboring under a sad

mistake. If he attempt to practice medicine on such a capital, his success will very likely be anything but satisfactory. Something more than this is required. A critical, differential knowledge of those mighty remedies which sweep the human organism, from its lowest to its highest note, is the very least that any Homœopathic physician should aspire to. If he extend his field, so as to embrace those remedies which are less powerful and less frequently indicated, so much the better.

That any one brain should hold all the multitudinous symptoms that are contained within the covers of even a moderate sized text-book of *materia medica*, is simply out of the question. Nor is such knowledge by any means vitally necessary to enable the practitioner to handle drugs with precision, and to become a successful prescriber. But it is essential that he should have a clear idea of the range of action of the leading remedies, as displayed in their physiological effects.

HOW IS THIS TO BE OBTAINED ?

Unfortunately, most of our text-books on *materia medica*, with symptoms carefully marshaled under different organs of the body, are the most puzzling and bewildering mazes that could well be invented. The pathogenesis of drugs under this arrangement resembles disjointed Chinese puzzles of infinite intricacy. It would be a miracle if the student managed to get a correct picture of any remedy from such a hodge-podge, where all relationships and sequences are utterly discarded.

A correct and available knowledge of drugs cannot, then, be obtained from this source.

WHERE SHALL WE FIND IT ?

In toxicology, in records of original provings, and in clinical experience. From cases of poisoning we learn the great outlines of drug action, drawn with a bold, free hand ; from sustained and repeated provings we are enabled to fill in the details, while the whole is vivified by records of use at the bedside.

We remarked that the common text-books of our *materia medica* are mazes of incoherency to those seeking their first knowledge regarding the action of drugs. To the veteran in practice they may do very well—for simple reference. Many students have never, perhaps, realized this fact. Let us enquire a moment.

WHAT IS THE RECORD OF A PROVING ?

A history of the action which a drug sets up in a healthy human

organism—an orderly account of the symptoms produced. From it we learn the primary and the secondary action of a drug; we ascertain what symptoms came first, what came last. The sequence is unbroken, and we are enabled to follow the physiological action intelligently, from beginning to end. If vomiting, or purging, or sweating; if over action, or depression, etc., were produced, we are informed exactly at what stage they occurred, and with this information is coupled all the attendant symptoms.

Dissect and disjoint this rehearsal, and then make an arbitrary and fanciful arrangement of its component parts, and you have the monstrosity to which we are introduced in the symptomatologies. Take a chapter of Macaulay's History of England, break it up into sentences and disjointed phrases, arrange these fragments arbitrarily, according to some purely fanciful classification, alphabetically if you choose, and you have a parallel case. From careful study of this chaos, a person might get an inkling of the subject matter of the original chapter, but certainly very little more. We should have slight respect for the sort of knowledge which might be extracted from such a source.

But without further digression, let us come at once to the brief mention of a plan for acquiring a practical knowledge of drugs; a plan which we have found of great advantage in our own case, and which will recommend itself, we are confident, to those who have not already elaborated a system of their own.

First, then, in taking up the study of any drug, learn the parts of the body, the organs, tissues, and fluids upon which it acts prominently, both primarily and secondarily. This knowledge is best gained by the study of provings made both with heroic doses and attenuated preparations. Where such original provings cannot be obtained, toxicology may aid on the careful study of the pathogenesis found in the text-books, with records of clinical use, will answer the purpose.

This groundwork well laid, follow the symptoms, objective and subjective, in orderly sequence, and you will often find that what was before enigmatical has become clear and easily explicable. The chaotic mass of disjointed symptoms, often gazed at with feelings of dismay or utter helplessness, gradually resolves itself into something intelligible from this point of approach. In this way, one is able to acquire a direct personal knowledge of drugs, whereas, from the sim-

ple consideration of isolated symptoms, no matter how characteristic, the imagination conjures up a distorted and deceiving specter.

There is one point in this connection to which I desire to direct especial attention. It is the utility of studying with the pen or pencil constantly in hand, and the making of frequent notes. These notes can be glanced over at any time, reviewed frequently, and will not fail to prove suggestive in the highest degree, at the same time aiding and refreshing the memory in a surprising manner. What outline map-drawing from memory is to the student of geography, such will prove outlining the leading characteristics, range of action, etc., of drugs to the physician. This exercise familiarizes the mind with the scope of a remedy as nothing else will, and will do more than anything else to render one's knowledge certain and available.

Finally, the study of clinical experience vivifies the entire mass of acquired facts concerning a drug, and furnishes an animated picture of the whole.

TO RECAPITULATE:

Study the materia medica in toxicology; in original provings, when such can be obtained; in records of clinical experience. Make careful notes, to be often reviewed, and, finally, test your practical knowledge by frequently sketching off-hand, their range of action and prominent characteristics.

HOW TO STUDY MATERIA MEDICA.

BY AD. LIPPE, M. D., PHILADELPHIA, PA.

[Continued from page 330.]

Under *Aconite* we find eruptions like milaria purpurea, rubeolæ, morbilli, and the rash of children, but we must forever be guided by the mental symptoms, they must be similar if we expect good results from the administration of *Aconite*.

The general sensations caused by *Aconite* are, fainting, especially when rising, with paleness of the cheeks, which were red when lying. *Veratrum* has redness of the cheeks when rising, while they were pale when lying.

Under *Aconite* we find painful sensitiveness of the body to contact, (he does not wish to be touched); similar symptoms are found under *Bell.*, *Bryonia*, *Nux mosh.*, *Chamomilla*, *Colchicum*, *Hepar*, *Sepia*, *Staph.*, *Spigelia* and *Sulphur*.

Under *Aconite* is great and sudden sinking of strength, similar to

Carbo veg. which is often called for when this symptom occurs after a protracted disorder, while under *Aconite*, *Ipecac* and *Verat.*, this sudden great weakness often ushers in the disease. *Arsenic* has a similar great weakness both at the beginning and during the progress of an illness. *Aconite* has congestions to different parts of the body similar to *Belladonna*, *China*, *Ferrum Glonoine*, *Pulsatilla*, and *Sulphur*. The *Aconite* congestions are mostly to the head, chest and heart.

Aconite will be indicated in apoplexia sanguinea, when the characteristic mental symptoms are present in this disease; it is similar to *Belladonna*, *Glonoine*, *Lachesis*, *Lycopod*, and *Opium*, each of these remedies so differing in their mental symptoms from *Aconite*, that the choice is not difficult. *Belladonna*, when the characteristic drowsiness with open eyes and a congested face are present. *Glonoine* is most similar to *Belladonna*, and principally indicated if the attack has been caused by exposure to the sun or has been preceded by a profuse discharge of albuminous urine. *Lachesis* will often be the proper remedy if quiet sleep has preceded the attack. *Lycopodium* will be the proper remedy if the sick lay perfectly unconscious with involuntary discharge of urine, eyes wide open and immovable, the lower jaw hanging down. *Opium* has the same unconsciousness with closed eyes and loud stertorous breathing and snoring.

Aconite has cured catalepsy when there were present: rigor of the body, loud lamentations and grinding of the teeth; in similar affections are also indicated, *Cham.*, *Ipecac*, *Plat.*, *Stramonium*, *Bell.*, *Cicuta*, *Hyos.*, *Verat.*, etc.

Aconite has paralysis of the left side, similar to *Anacard.*, *Lachesis*, *Lyc.*, *Nitric acid* and *Sulph.* while the same affection on the right side will often indicate *Bell.*, *Calc. c. Causticum*, *Natr. carb.*, *Phosphor*, and *Sihcea*.

Aconite has tingling, especially in the œsophagus, cheeks, back and in the fingers, similar to *Secale cor.* (in the fingers), *Ignatia* and *Petroleum* in the œsophagus; *Arnica* and *Nux vom.* on the cheeks; *Causticum*, *Natrum carb.*, and *Secale cor.*, on the back. *Aconite* has stinging pains in the internal organs, especially similar are *Bryonia*, *Phosphor*, and *Spigelia*.

Aconite has also burning pains in internal organs, especially similar to *Bell.*, *Bryonia*, *Cantharides*, *Mercurius*, *Phosphor*, and *Sulphur*. *Aconite* has inflammations, especially of the serous membranes and there are similar symptoms under *Apis*, *Cantharides*, *Mercurius* and *Phosphor*. *Aconite* has tearing in external parts and has therefore been found curative in acute rheumatism when there were pains (tear-

ing) in the joints day and night, worse from the least motion, (similar to *Bryonia*), with swelling, and exceedingly sensitive to the touch, (similar to *Colchicum* and *Ranunc. bulb.*) *Aconite* pains are generally accompanied by thirst and redness of the face, the opposite to *Pulsatilla*, which has paleness of the face and thirstlessness.

Aconite has sleeplessness especially after midnight, with constant tossing about, and the eyes wide open. Insomnolency is under many remedies but each remedy has its own characteristics. *Belladonna* has sleeplessness with great sleepiness. *Bryonia* has sleeplessness with great heat and restlessness especially before midnight; *Calcarea* has sleeplessness on account of a great flow of thoughts, the same subject comes up all the time. *Chamomilla* has sleeplessness with conscious slumbering and attacks of great anxiety; *Coffea* has sleeplessness from over excitability of body and mind, perfectly wide awake, sensation of dry heat, especially indicated in laying-in cases where this condition predominates; *Mercurius vivus* has sleeplessness at night, with great sleepiness during the day, or sleepless because the pains are aggravated as soon as he goes to sleep; *Arsenic* has sleeplessness with great restlessness and inability to remain in any position, tossing about especially after midnight. *Nux vom.* has sleeplessness especially after early sleep, awakens at 3 A. M., and cannot again go to sleep till daybreak, and then falls into a restless; unrefreshing slumber; *Opium* has sleeplessness very similar to that of *Belladonna* feels very sleepy but does not fall asleep, or when falling asleep it is a dull stupor. *Phosphor.* has sleeplessness with great restlessness, which returns after awaking from a short sleep. *Pulsatilla* has sleeplessness from ideas crowding themselves upon him all the time, and feels very sleepy on the following day; *Sepia* has sleeplessness if not retiring very early, similar to *Pulsatilla*, but feels well the following day, not sleepy or sleeplessness every other night; *Silicea* has sleeplessness with constant deliriousness instead, crowding of fantastic ideas and congestions; *Sulphur* has sleeplessness with restlessness, cannot go to sleep, is inclined to perspire, he remains as much awake as during the day, or with congestions to the head.

Under the fever of *Aconite* we find: Pulse full and frequent and hard, similar to *Bell.* and *Bryonia*; sometimes intermitting, similar to *Natrum mur.*; when slow, almost imperceptible (thread like); *Carbo. veg.* and *Arsenic* have a rapid and almost imperceptible pulse. *Aconite* has sensation of coldness in the blood vessels, while *Arsenic* has burning in them.

Aconite has chilliness from being uncovered similar to *Agaricus*. *Ammon. mur.*, *Arnica*, *Chamomilla*, *Clematis*, *Hepar sulph.*, or *Nux mosh.*, *Nux vom.*, *Pulsatilla*, *Scilla*, *Silicea*, *Thuja*, etc. *Aconite* has also chilliness from being touched, similar to *China*, *Lyc.*, *Nux vom.*, *Spigelia*, etc. *Aconite* chilliness is accompanied by thirst. *Aconite* has chill, with internal heat, anxiety and red cheeks. The red cheeks during the chill are also under *Arnica*, *Chamomilla*, *Bryonia China*, *Ferrum*, *Nux vom.*, *Rhus tox.*, *Stramonium*, *Sulphur*, etc. *Aconite* has a very characteristic symptom, heat with agonized tossing about.

Aconite has, dry, burning heat, generally extending from the head and face, with much thirst for cold drink, and drinks but little at a time. The chilliness of *Aconite* extends from the feet upward to the chest, the dry burning heat extends from the face and head downward, is inclined to uncover during the heat; this inclination to uncover is also found under *Apis*, *China*, *Fer.*, *Muriate acid*, *Nitr. acid*, *Opium*, *Pulsatilla*, *Secale cornutum*, *Staphys*, *Camphor*, etc. An aversion to be uncovered is strongly found under *Mag. carb.*, *Nux vom.*, *Samb.*, *Scilla*. *Aconite* has chilliness with heat at the same time, which is also found under *Arsenic*, *Calc. carb.*, *Coffea*, *Ignatia*, *Nitric acid*, *Nux vom.*, *Pulsatilla*, *Plumb.*, *Rhus tox.*, *Thuja*, *Veratrum alb.*, etc. *Aconite* has perspiration over the whole body, especially on the covered parts, smelling sour. Perspiration, especially of the covered parts is strongly under *Bell.*; or the uncovered parts is strongly under *Thuja*.

Aconite has perspiration on the upper lip which is also under *Coffea*, *Kali c.*, *Nux vom.*, and very strongly under *Rheum*.

Aconite has red, hot, swollen and shining skin, with violent pain; the only other discoloration of the skin is the yellow face. *Aconite* has its own characteristic conditions, they go through the provings of the remedy and have been fully established by the clinical experiment, they belong solely to *Aconite*. While at rest, he is better; but during the night, in bed the pain is insupportable. Bad effects from dry cold air, suppressed perspiration, from fright, with fear and anger.

Aggravation in the evening (chest symptoms) when lying on the (left) side; when rising, in the warm room. *Remission* during the day and before midnight.

Amelioration in the open air (nervous symptoms); when sitting still (rheumatism); when lying on the unpainful side, being uncovered, on closing the eyes, from moistening and wetting the diseased part, this symptom is also characteristic of *Fluor acid*, while an aggravation

from washing the diseased part, especially ulcerated parts, is characteristic of (*distinguishing it from Fl. ac.,—Silicea*).

Every student of the materia medica can easily prepare for himself such a picture of a remedy like this, with some comparisons, and these here given might have been much enlarged upon had we intended to give just an outline of such a study, such as every one can easily make himself by the aid of a materia medica and a repertory. The only safe guide will be to use the original provings, such for instance as Hahnemann has given us, or such perfect provings as have later been published by Dr. C. Hering, always avoiding to use books which on the very face of them are untrustworthy, and lead the student astray; as a repertory for this purpose we possess none more useful and totally reliable than Boenninghausen's Pocket Book. The most profitable mode of acquiring a reliable knowledge of the materia medica is to first master the old remedies, and now having for instance, mastered *Aconite* proceed to work out a *similar* remedy which must assist comparisons, say *Sulphur* which might profitably be followed by *Calcarea* then *Belladonna*, then *Chamomilla*, then *Pulsatilla*, then *Sepia*, then *Bryonia*, then *Rhus tox.*, then *Ars.*, then *Apis*, then *Nux vom.*, then *Zinc*, and so on, and in the selection of these similar remedies the student will be much assisted by the appendix to Boenninghausen's Pocket Book, in which he gives a very laboriously composed statement of the concordance of the remedies. After a knowledge of the pure Homœopathic materia medica has been acquired, comes the next question, how to apply it practically for the use of the sick; and as we went for our first instruction to our master's great work, so we again return to him, to his master-work the Organon of the Healing Art, and there find full advice how to apply the law of cure, and how to use our knowledge of the materia medica. And in our day, many efforts have been made to introduce various departures, to set aside Hahnemann's teachings and introduce labor saving methods in the so-called practice of Homœopathy, it will now be in place to call the attention of the student of Homœopathy to some of the modern attempts to supercede Hahnemann's teachings; and how can we now, or at any later period expect to obtain the same results in practice, which the master and his earlier and later pupils obtained with him, if we do not follow his advice implicitly?

And that we may illustrate modern attempts to caricature our healing art we will return to *Aconite* and the dose question of this remedy. Hahnemann tells us in his preface to *Aconite* that in certain forms of

diseases, (provided the characteristic *Aconite* symptoms are present) the healing powers of it are like a miracle, if, the patient is kept somewhat cool, if it is administered singly and alone, avoiding the use of all other medicinal substances even the use of vegetable acids, if it is administered in a thousandth part of a drop of decillionth potency, for one dose, very seldom will it be necessary to administer a second dose after the lapse of thirty-six or forty-eight hours. There are many willing witnesses to testify that this advice of Hahnemann's has invariably been followed by the most miraculous results.

We now quote from the *Manual of Pharmacodynamics* by Dr. R. Hughes, page 47. "And now as to the dose. I cannot deny that Hahnemann's immediate successors seem to have found success from the plan recommended (more or less theoretically) by him, of administering in fever a single dose of a high dilution of *Aconite* (18th to 30th), and allowing it to act. But it is no less certain that the Homœopathic practice of the present day in all countries is to give frequently repeated doses of a low dilution until the fever departs in perspiration. I have myself never adopted any other practice than this, so that I have no other to recommend to you. The dilution I use is the 1st, 3rd, and 6th of the decimal scale. The first in high fever, in acute rheumatism, and rheumatic or other inflammations, in cholera, croup, laryngismus stridulus, cardiac spasms or angina, and tetanus. The third in less violent febrile conditions, in whooping-cough, and asthma and when the symptoms requiring the drug occur in young children. The 6th in the febrile chill, in subacute circulatory disturbance connected with menstruation, in chronic heart disease, and generally where the medicine has to be taken continuously for some time."

As we promised to state our ideas "How to study materia medica" it becomes also our very unpleasant task to show the Homœopathic student what erroneous, perverse teachings he must avoid.

We shall now make our "Comments" on Dr. Hughes' teachings. Dr. H. does *not deny* that Hahnemann's successors *seem* to have found success from the plan recommended (more or less theoretically) by him, of administering in fever a single dose of a high dilution of *Aconite* (18th to 30th), and allowing it to act.

We take exception to the whole sentence from the beginning to the end. Dr. H. does not deny that H.'s successors seemed to have found success from Hahnemann's plan, nay they really and truly did (not seem to) find success. Hahnemann's plan was more or less theoretic-

cal! Here we find one of these bold and malicious accusations, which have no foundation in fact. Before Hahnemann wrote the lines by us quoted above in his materia medica, he no doubt had hundreds of times subdued *Aconite* symptoms with a few pellets of the 30th dilution, else this cautious observer would not given publicity to it. What he stated was the result of a practical experiment, not of a more or less theoretical speculation. Hahnemann nowhere made "fever" an indication for *Aconite*, in his very preface he deprecates just such lax practice; he gives us the characteristic symptoms of *Aconite*, and when they are present, he tells us that a single dose of *Aconite* will best remove them when given singly and in the 30th potency. Again, we flatly contradict Dr. Hughes when he erroneously (but perverting the truth intentionally), states that now at the present day the Homœopaths in all countries give frequently repeated doses of a low dilution until the fever departs in perspiration. There are hundreds of Homœopaths who never so violated and never will violate Hahnemann's teachings. The first error smuggled into Dr. Hughes' teachings is that of *Aconite* as the specific for fever; as if *Aconite* could cure any febrile condition when the characteristic symptoms of *Aconite* are not present. But when Dr. Hughes states that he himself has never adopted any other practice than the frequent repeated doses of a low dilution until the fever departs in perspiration, his testimony, as *versus* the plan recommended by Hahnemann becomes absurd in fact it is no evidence whatever. Dr. Hughes acknowledges that he has *a priori* rejected Hahnemann's teachings, and why? he says they are more or less theoretical, well, if he had tried Hahnemann's advice as others did, he would have found it "good advice." But he takes it upon himself to reject it, we suppose under the plea of "Freedom of medical opinion and action" which know of no law. The pretending Homœopaths who favor all sorts of "departures" were compelled to resort to frequently repeated doses of low dilutions of *Aconite* to produce a perspiration which they believed would "break the fever," because they neglected to take the pains to make a proper examination of the patient, neglected to find whether the sick really had besides fever, also the characteristic *Aconite* symptoms as Hahnemann gave them to us, but which Dr. Hughes has not condescended to repeat, in his perversion of our materia medica now by him very properly called Pharmacodynamics, a work full of more or less theory, but bereft of the old landmarks, the observations of the master, rudely stripped of his characteristic symptoms.

The fact of the case is this, that notwithstanding Dr. Hughes' bold assertions, there are now a goodly number of healers who have read and taken in the Organon, have given up the 30th potency of *Aconite*, and who have progressively administered much smaller doses than the master recommended; these men of progress forward have found that a single dose of the highest known potency of *Aconite* will act more prompt and longer than did the 30th; that in the chronic diseases in which *Aconite* is so much oftener indicated than in acute disorders, the action of such a single dose of *Aconite* lasts many weeks.

Dr. Hughes is at liberty to deny this without proof; a proof can only be given by showing a failure after a careful experiment has been made; while he treats Hahnemann in this style others cannot claim better usage by his hands. It is Dr. Hughes' style, as he has confessed in this very sentence above quoted. Now I do most politely say to the student of Homœopathy—Hahnemann and Dr. Hughes cannot both be right, they teach such entirely opposite experiences on many points, but here especially about *Aconite*, that if Hahnemann, the father of Homœopathy can be relied on, then the man who teaches the opposite can surely not claim the confidence which has been placed in the teachings of the master, and which has always been retained by those who followed him and avoided false teachers, or any teaching not in harmony with the teachings of the master. Therefore follow the master!

ABOUT ACONITE INDICATIONS.

It was a curious coincidence that in your September numbers you should have printed my paper, bringing out those very points about *Aconite* which, in October, Lippe has accused me of ignoring. His attack, moreover, is made upon the first edition of my Pharmacodynamics, published in 1867; whereas he ought to have known that I have published a third edition since, at whose 58th page I have dwelt on the symptomatic indications for *Aconite* in fever and inflammation as largely as any one could desire.

LONDON, Nov. 7.

RICHARD HUGHES.

Hygiene Department.

SCIENTIFIC CLIMATOLOGY.

In your issue of September 1st, I notice you name as a region of country for a heart disease case to resort to, "a dry sandy one, not too elevated, somewhere in Minnesota, Wisconsin, Nebraska or Kansas."

Dr. G. S. Walker's case being a very anæmic young lady, and having valvular disease of the heart from rheumatism, I should think a special situation or some definite localities in these states, ought to be known and have been mentioned as particularly adapted for such a case. If I may be allowed a suggestion on heart disease health resorts, I will offer the names of two or three elsewhere.

If she were able to travel to the sea coast, I would say, let her take a relative or a guardian friend along, and migrate to, and reside for some weeks or months along the Atlantic coast of the state of New Jersey, at such a place as Atlantic City, Asbury Park or Cape May, all of which are good places for the summer, and even others could be named, but for a fall or winter residence, Atlantic City is the proper one to select, on account of the boarding for the winter being more readily obtained there, some of the houses keeping open for visitors all the year.

In regard to climates for consumptives, I notice that Dr. L. D. Coombs in *THE UNITED STATES MEDICAL INVESTIGATOR* of August 15th number, seems to have the idea that eastern physicians do not know what class of consumptives to send to Colorado. He intimates correctly that all cases in the last stage of the disease should remain at home, or those who have reached what he calls a fatal stage, the time where incurability crosses a patient is not so easily determinable in many temperaments however.

He seems desirous that all other consumptives should be sent to Colorado. I differ with him in regard to this matter, for some experience in these cases leads me to estimate the number suitable to be ordered to that state as quite limited, and if he could hear some of the imprecations which are heaped upon Coloradonians by those who have gone there with early symptoms of this dire disease, and have been

made worse by the very sudden changes of temperature, fierce winds and bleak storms, that not unfrequently come across that region of the country, he would if unbiased by his own home, state, pride, and interests, change his thoughts considerably.

Consumptives of the hardest and most wiry temperaments are the only kind that I now send there, knowing that nearly all others would be injured. The fact is, a physician whether eastern or western should understand the constitutional temperament of his patient, the full character and extent of the lesion which is producing the consumptive symptoms, and then prescribe his climate-location, as he would his Homœopathic remedy, with the greatest care and with the totality of the indications fully in his mind; and this also involves, a careful understanding of the various health resorts themselves, and their changes of climate. The fashionable ideas and popular medical customs that prevail at the present day, in recommending patients to special health resorts, are creeping into our side of the profession, and they should be headed off and checked at once, and only just and careful selections made for our friends and patients.

A case that would be killed by a residence in Colorado or Minnesota, might be cured on the Bermuda Islands or on the Barbadoes, or at Maderia, while one that would speedily die with hæmorrhage or prostration in Florida or Texas by the moist, warm, relaxing air there, might be greatly benefited in Colorado or some of the valleys of California, or might be so amenable to treatment in a climate like that of some parts of Minnesota as to be cured and remain so unless the patient return to his or her original home.

It is time that the habit of sending invalids to a place for mere fashion's sake, was broken up and a judicious selection of climate-resorts be made by those who have given the matter particular care and study, and the laity should be guarded and cautioned against taking the advice of physicians who are incompetent and unfamiliar with the subject of climatology and health-resorts.

BUSHROD W. JAMES.

[There is too much moisture and rheumatism on the Atlantic slope for such patients. The sea breezes contain much ozone and are therefore drying, but the coast is damp and foggy. We agree that the time has come for more careful discrimination, and less general laudation of health resorts. Our indications, on this subject of climate, run about as follows: For dry, acid, neuralgic subjects, send them to the sea coast. If they are the opposite, they should seek a dryer clime. Climate is only one form of diet, and we should be guided by the same law, (*contraria*) in its selection.—ED.]

Medico-Legal Department.

MEDICAL EDUCATION.

I wish to say a word or two for the purpose of relieving Dr. Bumstead's mind of a "weary weight of woe" under which it appears to be bowed down. It is a very sad thing to contemplate,—that a man should send so many letters and receive only one answer that was "not quite so good as none at all." The idea I wished to make plain in my communication was this: It is useless to always and continually cry—"raise the standard of our colleges." What we want is to bring the students up to our present standard. To graduate men upon their ability to cure, and not for the sake of fees. What I have stated in regard to the requirements of the doctor's "dear people" still remains unaltered. What is required of a physician is, that he shall cure his patients by the shortest, safest, and most certain means. Some men do this much better than others, and yet those who fail have greater literary qualifications, but are not practical. They know well enough what to do in theory, but when in the sick chamber the application fails them. I am not trying to lessen the necessity of study, of hard well directed study, for I need all I can digest and presume others do to, but simply endeavoring to show that what is required of medical colleges is, to fit the student to conquer the enemy, disease, and the plan as laid down by Dr. Bumstead, I apprehend to be anything but an effort tending to that end. I would also assure Dr. B. that what was said, was spoken by myself as an individual and not as a member of any college faculty and the writer is solely to be held responsible for any statement therein contained.

SOUTH ST. LOUIS.

W. JOHN HARRIS.

IS SYPHILIS AMENABLE TO LEGISLATION?

A REPLY TO DR. BRAUN OF CHICAGO.

Discussion is profitable upon all subjects, and the liberty of the press an undoubted blessing. But I am sorry to see an article in the best medical journal of our school, from an M. D., advocating the legal-

izing of prostitution, especially upon the plan there-in suggested. In spite of what the writer says about "opponents of the *hypocritical stamp*," "*Pharisees and saints*," I shall venture a few remarks on the other side of the question, with all due deference, however, to Dr. Braun's opinions which he has the supreme right to entertain.

The suggestions of the writer in THE UNITED STATES MEDICAL INVESTIGATOR of April 1, 1877, page 344, is that this country should follow the example of the several states of Germany, and adopt "some short and practically useful plan of preventing and restricting that *sneaking and destructive fiend to the human race*, called *syphilis*." And this is the "practically useful" plan. "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 law* to visit such physicians in his office for inspection *per vaginum*, 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 do not receive any fees from the city or county authorities for their services, (*mirabile dictu!*) but these women * * * * * have to pay a remuneration of about one dollar apiece for each examination to the attending physician." This plan implies that these unfortunate women are the only venders of this poison, the only keepers of this "sneaking and destructive fiend to the human race." What protection have they, when they return to their "business," against this poison as communicated to *them* by those men to whose necessities (!) they minister?

It seems to me to be a shamefully selfish and one-sided arrangement. The women alone are the ones who must be made public — sent to the public hospital and pay all the charges. Besides this they "must state their private circumstances, where they live, their names, and whether married or single. If married the consent of the husband is required." Now if, as Dr. Braun pre-supposes, man's animal passions are such that he *must* and *will* have these gratifications of sensual appetite, why not make such men share the burden of his "practically useful plan of preventing and restricting that sneaking and destructive fiend to the human race called *syphilis*," by compelling *them* before visiting such houses, to apply first to the police magistrate for a kind of gratuitous license, which should be granted upon their presentation of a fresh certificate, each time, from the examining physician showing that *they* are free from this disease; and upon making a full

registry of their "names, places of business, married or single," and if married the consent of their wives should be required. I can conceive of the salutary influence of an arrangement like this.

Again, if the necessities of the race demand the existence of the infamous business of prostitution, nay, if even the happiness of mankind require its existence, let us not scorn it, nor throw about it the mantle of oblivion and the curtain of secrecy. If our sons need and must have these gratifications, then let us teach our wives and daughters that it is a necessity of their manly natures, and let us look no more with contempt upon these women who minister to such wants, any more than we would the prima donna, or the fine pianist, who is able to give them pleasure of another order; let us, rather, invite them into our household and regard them as ministering angels to man's imperative necessities. Otherwise, let us rise in utter denunciation of their entire iniquitous business, both for men and women.

Any man bearing the title of M. D., ought to know that this wholesale gratification of lust does not find its only evil in the terrible diseases which it entails upon mankind. The utter ruin of man's manliness, aborted manhood, the destruction of his best mental faculties, and moral degradation, are among its train of evils. And when by such legislation as is proposed, such places of prostitution are freed from the danger of incurring disease, the last restricting influence will be removed and lust will have full sway.

Fully recognizing the awful ravages of syphilis, not alone upon those who go down into these dens of pollution, but upon the innocent wives and children, and the doom that overhangs the unborn offspring of young men who have been (Allopathically) cured (?) of this terrible disease. I would yet be more willing to see all its train of evils multiplied a hundred-fold, than that our country, by the enactment of such a law should make the shameless confession to the world that we are a wicked and adulterous nation to whose people *licentiousness is a necessity*.

If the profession would cease to cover up the real evils of venereal diseases, and to make the people at large more enlightened regarding the fearful consequences both to present and future generations, it would have a greater tendency toward the suppression of sensuality and its consequent ravages of disease, than the enactment of such laws to restrain the evil. The "sneaking and destructive fiend" is kept in ambush. Ignorant young men walk blindly into its jaws, and with still greater ignorance transmit the poison, of which they fancy

they have rid their systems, to future offspring, who in a few months or few years, die from some disease directly traceable to inherited syphilitic origin, concerning which the doctor's lips are sealed, even at the risk of his professional reputation, and the charge of not knowing what ailed the child. Truth, for truth's sake, always makes the world better; and loathsome as this disease is, I would be glad to have its fullest details freely discussed and fully known by every person, professional and non-professional, men and women.

L. G. BEDELL.

Ophthalmic Department.

ARGENTUM AND LILIUM—THEIR ACTION UPON THE CILIARY MUSCLE.

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

EXPLANATION :

+ = Plus, stands for convex before a glass.

— = Minus, stands for concave before a glass.

⊖ or ⊕ = Combined with.

72^s = 72 Spherical glass.

72^c = 72 Cylindrical glass.

The pendulum-like working of the mind, which is to be observed in every department of thought; the swinging from one extreme to the other, with a marked disposition to overlook the middle ground, is no where more manifest than it is in the suggestions on treatment for certain diseased conditions, especially those which have been to a large extent relegated to specialists. The time was, when many of the diseases referred to, were treated entirely by internal medication, and the time is, when these same diseases are supposed to be treated in an orthodox manner, only by the application of mechanical agents or appliances. Opportunity, disposition, and ability to investigate in certain special channels, have been used in a way that has supplied us with much new and accurate information concerning the construc-

tion and relation of parts, the functions performed by them, and the changes wrought in them by disease; and the light thus diffused has brought into view many original and valuable mechanical appliances. So much that is novel and fascinating has been brought to our knowledge in this way; so much that appears to be scientific in use and certain in results, that a marked tendency has been developed to overlook previous methods of cure, and what may justly be regarded as their legitimate results. Even when the memory of internal remedies given in good faith has been cherished, and the apparent cures following their use have been recalled, the endeavor has not been made to ascertain the rationale of the drug action, as it might be determined, since the acquirement of so many new facts; nor has a systematic effort been made to determine in what way, and to what extent these remedies may be used to supplement, or supplant, the equally useful, but not universally applicable, usurper. There is not, necessarily, any antagonism between mechanical agencies and internal medicaments; neither should receive undue prominence, and neither be ignored. Each has its sphere of action, and their combined use will unquestionably enable us to accomplish ends unattainable by either alone. This much by way of preface to the introduction of a few cases, to which an internal remedy was given for a condition which, at least, suggested the propriety of using spectacles as a correcting agent. It is not intended to convey the impression that *all* cases, presenting identical symptoms, it may be, can be cured by internal remedies, those named or others, but it will be apparent that certain drugs bear a relation to these conditions, and that if these drugs are carefully studied, and their action properly understood, our therapia will be enlarged to that extent, and new light may be thrown back again upon the anatomy or pathology which suggested their use.

ASTIGMATISM — HYPERMETROPIA — PRESBYOPIA.

Attention is directed to the action of *Lilium tigrinum* and *Argentum nitricum* upon a weakened ciliary muscle, as it may appear in and complicate astigmatism, hypermetropia, and presbyopia; or last may give rise to asthenopic symptoms when no anomaly of refraction exists, and when the weakness is recognized only as a diminished potential energy. It must be borne in mind that the remedies are not given for the purpose of restoring symmetry to the meridians of the cornea in the first instance, nor to alter the shape of the shortened eyeball in the second, nor to overcome senile changes in the lens in

the third. Such an expectation is unwarranted, and would be as great an error in one extreme, as it is an error in an opposite extreme to rely exclusively upon glasses for the correction of all difficulties, but chiefly asthenopia, that occur in eyes in which a refractive anomaly may be found. If the truth will be more readily recognized, or more clearly comprehended, or more generally accepted, by stating that these remedies are useful, in restoring power to the weakened ciliary muscle, in whatever condition such weakness occurs, then let it be so understood.

It is thought, however, that by identifying the remedies with the refractive conditions, in which this weakness has appeared, others may be led to look for its occurrence when it might be overlooked, if only the broader statement was made. Considerable stress has of late been laid upon the advantages to be derived by the use of glasses, in a variety of conditions: such as neuralgia, facial, intercostal, and sciatic, as well as ocular; such as headache, vertigo, insomnia, and chorea; such as blepharitis, recurring conjunctivitis, etc., and with much reason. These diseased states have disappeared when the refractive anomaly was corrected, and in some instances the anomaly was so slight, that credulity is taxed to believe that it could be the exciting cause. Many other persons have exhibited decidedly greater deviations from the normal standard, and yet escaped the maladies referred to. Consequently their presence has been attributed to idiosyncrasy, which defies classification. The question in which we are interested, as a school, and as defenders of the middle ground, is, to what extent can similar good results be obtained by remedies? To what extent can distant or peripheric effects, if I may use the term, be removed by restoring power to the centrally impaired organ? Although the subjoined cases are few in number, they are full of promise, and will indicate much more than they positively demonstrate.

ASTHENOPIA—HYPERMETROPIA. ARGENTUM NITRICUM.

CASE I. Miss C., aged twenty-three. Works steadily over a set of books, and has recently suffered much inconvenience on account of her eyes. Continued use makes them feel hot and dry, with a disposition to rub them, followed very shortly by blurring of the figures, which is relieved by looking away for a moment or two. Latterly, has had to quit work early in the afternoon, because she could not see clearly. Vision was found to be 20-20(?), and the nearest point at which she could read, Snellen 1½, was 12', her range of accommoda-

tion extending to 17". There was a hypermetropia of 1-30, which, being corrected by a +30 glass, made vision 20-20, and accommodation 8" to 18". There was here an evident loss of power in the ciliary muscle, for even after the adjustment of the glass, which corrected all of the manifest hypermetropia, her near point was only 8"

Because of this weakened condition of the ciliary muscle, *Argent. nit.*, 6x, was given four times daily. In nine days the record reads, vision 20-20 clearly. Near point without glasses, 7", (a clear gain of 5".) With a +30 glass, near point 6". Her eyes could now be used all day, and with much less trouble. The remedy was continued a week longer, and with the effect of enabling her to work without glasses, except at occasional times of unusual strain. The hypermetropia remained, of course, and eventually will have to be recognised and overcome with glasses, but for the present she is freed from the inconvenience of spectacles, and is able to continue her work without pain. The reason why all hypermetropes do not have to wear glasses constantly, is because the ciliary muscle is powerful enough to keep up the convexity of the lens necessary for clear vision. Not a few oversighted people, (hypermetropes,) only become aware of the refractive condition of the eye after a protracted illness. Under the influence of the disease, whatever it may be, the ciliary muscle has lost suddenly both its potential and actual energy, and is not able to do what is necessary to render even distant objects distinct. The first impression is, that the disease has caused the impairment of sight directly, but a closer study shows that it is due to the faulty refraction, and may be corrected either by a convex lens or by restoring the ciliary muscle to its original tone. The latter plan is the better whenever it can be carried out. In not a few cases of presbyopia, or old sight, we observe that inconvenience is felt in using the eyes, only when a general depressed state of the system is present, exercising a weakening influence on the ciliary muscle. Glasses have not yet been worn, and it is only at these times that their help is required. In such cases, the internal remedy may do all that is wanted.

HYPERMETROPIA—ASTHENOPIA. ARGENTUM NITRICUM.

CASE II. Mrs. W., aged twenty eight, says that her eyes have troubled her more or less, for four or five years, preventing her working beyond a certain point without pain. Recently she had tried to force them to do duty, and has suffered severely in consequence. Receiving no benefit from a treatment which was aimed at "conges-

tion of the retina," she was led to seek other advice; and the diagnosis is referred to here only to introduce a word concerning this very favorite form of trouble in the estimation of some diagnosticians. The condition thus designated, is more strictly a hyperæmia, and is almost always the effect of some very apparent cause, such as prolonged exposure to bright light, especially if the accommodation is taxed at the same time, on small objects, and is to be remedied by removing the cause, rather than by any direct medication. Her vision was emmetropic, but a manifest hypermetropia of 1-20th was present, so that through a convex 20 lens she could read number 20 type. Without a glass, her range of accommodation extended between 8" and 19", but with a +20 glass, between 6" and 19". She received *Argentum nit.*, 6x, four times a day, and in four days was so very much better, that she could read Snellen 1½ between 6" and 26", without a glass. In four days more she had a near point of 5", and felt so relieved that she did not think she would require anything more. Six months afterwards, I was informed by her husband that she had no further trouble, and did not use glasses.

ASTHENOPIA — ASTIGMATISM. *LILIUM TIGRINUM*.

CASE. III. Mrs. E., aged thirty-seven. Has sewed steadily for some time, until a gradually increasing pain in the eyes has compelled her to desist. What was at first periodic pain, has now become constant, and she is painfully conscious of her eyes all the time. All effort to see causes pain, and in talking with friends she is obliged to close the eyes frequently, and press the globes with her fingers. This movement has been necessary so much, that it now seems to be done automatically. All light is painful, so that she has darkened her rooms when occupying them, but artificial light is especially disagreeable. Much headache, both frontal and occipital, is complained of, and there is present a condition of general nervous irritation. Examination with the test-type showed, right eye vision 20-50,—72c C—42c; axis horizontal, made vision 20-20. Right eye vision 20-40—60c axis 15° made vision 20-20.

The ophthalmoscope showed only that hyperæmia of the disk which is present in almost every case of asthenopia, accompanied by refractive error. She remained in the city under my observation for ten days, and took *Lilium tig.*, 30th, four times a day. The record taken before she left reads: right eye, vision 20-40 (?),—72s makes vision 20-20. Left eye 20-20, without any glass, but vision improved by a cylindrical glass—60, axis 15°. Light not painful now. "Used them

by gas-light last night, without pain, and the evening before sat through a theatrical performance with comfort." Her general condition was very much improved.

It should not be overlooked here that besides taking the remedy, she had changed her entire surroundings, had left work and care behind, and was in charge of cheerful friends, who did all in their power to make her stay pleasant. The local treatment consisted in the alternate use of hot and cold water to the closed lids, night and morning, applied steadily for ten minutes.

ASTHENOPIA — ASTIGMATISM — BLEPHARITIS. LILIUM TIGRINUM.

CASE IV. D. L. K., aged thirty, desires to be relieved from the unpleasant external appearances which his lids present, from the discomfort experienced in using his eyes, and if possible, have his vision improved. The lid edges are red and scurfy, especially along the ciliary margin, each condition varying with the use he may give his eyes, or with exposure to wind or heat, or with loss of sleep. Much of the time the lids feel raw and sore, and the conjunctiva burns and smart. The light is frequently unpleasant, especially artificial light. His vision was found to be 20-70, in each eye, and made perfect (20-20) by the following combination of glasses: —36s J⁻ —48c., axis vertical. *Lilium tig.*, 30th, was taken four times daily for two weeks, and then no medicine at all for ten days, when the following result appeared, vision, 20-40(?). The above combination still gave vision 20-20. The remedy was again taken for a week, and omitted for a week, when vision was 20-30(?). The appearance of the lids was decidedly improved, and the burning and smarting, on use, had disappeared. The patient could only visit the city occasionally, and was not regular with the medicine. After the last test, he retired to combat hay fever, and after his return, vision was found to be 20-30(?), without a glass, but now the cylindrical glasses impaired the sight, vision 20-20 being secured by a —40 spherical glass. It should be said that after the disappearance of the hay fever, he commenced again on the *Lilium tig.*, and had taken it two weeks, when the last test was made.

The very great improvement in vision, and the disappearance of the astigmatism, are noteworthy.

ASTHENOPIA—ASTIGMATISM. LILIUM TIGRINUM.

CASE V. Miss M., aged sixteen. In attempting to keep up with her class, experiences considerable trouble with her eyes. Longer or

shorter use of them causes burning and smarting, then lachrymation, and finally photophobia, and when the work is stopped, these symptoms disappear in reverse order. The lids are heavy, inclined to droop, especially in the morning and evening. In seeking the cause of this asthenopia, the following was found to be the state of refraction, accommodation and vision: right eye. 20-20.(?), a concave 42 cylindrical, axis horizontal, made vision 20-20. Left eye, vision 20-30, a concave 36 cylindrical, axis horizontal, made vision 20-20. Accommodation 4" to 26" (that is, Snellen could be read between those points.) *Lilium tig.*, 30th, was given four times a day, and taken for two weeks, at the end of which time the record reads, vision 20-20 easily and readily without a glass. No burning, smarting, watering, or photophobia. Lids occasionally heavy. Accommodation 4" to 28". During the entire time she had continued her studies as before. (After a lapse of four months, the trouble has not reappeared.)

ASTHENOPIA—PRESBYOPIA. ARGENTUM NITRICUM.

CASE VI. Mrs. C., aged forty. Wanted to know if it was because she needed glasses that her eyes now bothered her so at night, when she tried to work. She complained that it was hard to do coarse work in the day time, and that the effort tired her eyes. An examination revealed no refractive error, distant vision was perfect, and glasses were no help there. Her near point, however was found to be 23", which seemed to be more distant than it should be at her age, so that instead of giving her the required convex glass, she received *Argentum nit.*, 6x, and took it four times a day. In four days the near point had advanced to 17", and remained at that although the remedy was continued another week. The unpleasant symptoms had disappeared, and she felt no immediate need of the glasses; they would be required if she were called upon to use her eyes upon fine work for any length of time, especially if the light was not good.

ASTHENOPIA—PRESBYOPIA.(?) ARGENTUM NITRICUM.

CASE VII. Mrs. F., aged thirty-seven. Is called upon to read a great deal to her husband, whose eyesight is impaired. Has been troubled for some weeks past with aching in the globes, blurring of the print, and burning, uncomfortable sensation in the conjunctiva, after reading for a longer or shorter time. Latterly has been obliged to give up reading.

Examination showed no refractive anomaly, but a near point of nine inches. *Argentum nit.*, 6x, was given four times a day, for twenty

days, at the end of which time all the asthenopic symptoms had disappeared, and the near point had advanced to six inches.

This case was examined three months later, and the condition found to have remained as it was when treatment was discontinued.

ASTHENOPIA—LOSS OF POTENTIAL ENERGY OF THE CILIARY MUSCLE.

ARGENTUM NITRICUM.

CASE VIII. Miss H., aged twenty-seven. Is employed in retouching negatives, but suffers intensely from pain in the eyes, and cannot continue her employment unless relieved. If use of the eyes is persisted in, as has been the case—the pain extends to the forehead, as severe frontal headache, and is accompanied by occasional attacks of dizziness. The head feels very heavy when tipped forward. Distant vision was found to be perfect. No insufficiency of the recti muscles could be made out, by a careful test with prisms. No refractive error, and she had a near point of six inches. After using *Argentum nit.*, 6x, four times a day, for two weeks, the pain was much less, and only occurred after lengthened use. The near point was found to be at four inches. The medicine was continued one week longer, by which time, all pain in the eyes and head had been relieved, and were not brought back by use. The dizziness was no longer felt, and the near point remained at four inches. She has continued at her work. I feel sure that if the trouble had recurred, I would have known it, but have not been called upon in four months.

ASTHENOPIA—PARESIS OF CILIARY MUSCLE. ARGENTUM NIT.

CASE IX. A. L., aged eight. A year ago her mother noticed that the child had to hold her book some distance from her eyes in order to see the print. Her constant effort to see, while continuing in school, has set up a general chorea-like movement of the muscles of the face and body generally, and the little one complained of her eyes hurting her. She was taken out of school, and had been receiving treatment, but had not improved. The letter test showed perfect distant vision, and the absence of refractive trouble. She was only able to decipher Snellen number two type at 20". She was placed upon *Argentum nit.*, 6x, four times a day, and continued it for one month, with the following result :

August 6,	near point	for Snellen,	number 2,	20"
" 10,	" "	" "	" 1½,	17"
" 13,	" "	" "	" "	11"
" 17,	" "	" "	" "	9"

August 20,	"	"	"	"	"	"	7"
" 24,	"	"	"	"	"	"	5"
Sept. 5,	"	"	"	"	"	"	5"

The following has been handed to me by Dr. Bristol, giving an account of trouble experienced by himself, and the result of treatment :

"C. R. B., aged twenty-nine. Was advised by Prof. Woodyatt to take *Argentum nit.*, 6x, four times a day, for weakness and blurring of my vision. After reading for a few moments, the print becomes blurred, and to see it clearly, I must either move my book away, or withdraw my head. I found by testing with Snellen's test-type, number 1½, that the nearest point at which I could see it, was 7½". Commenced taking *Argentum*, 7x, as recommended, on October 12th. On October 20th the near point was 4½". Continued the remedy.

October 29th, near point is 3". It has continued at that point since, and the symptoms occasioned by the weakness of the ciliary muscle, have entirely disappeared."

[To be Continued.]

MIDDLE EAR OF INFANTS.

BY F. H. FOSTER, M. D., CHICAGO.

In offering this article, it is mainly with the object of showing some of the points of anatomical difference between the ear of the infant and that same organ in the adult, also of noting the frequency with which aural disease occurs in these young subjects.

The anatomical observations are based upon a series of experiments or post-mortem examinations, conducted during the past year, at the Foundling's Home. Nowhere in the world have investigations in this direction been very extended. Very little also has ever been written concerning diseases of the ear in young children. Troltsch of Vienna examined forty-eight temporal bones taken from the infant, and found the middle ear healthy in but thirteen cases; in the remaining thirty-five the membrana tympani was thick, infiltrated and opaque; the mucous lining of the tympanum swollen and congested, while the cavity of the tympanum was filled with a fluid.

Later, Wreden of St. Petersburg published a record of some eighty examined cases, which threw further light on the subject. *He found*

only five cases to be normal, while thirty-six had purulent inflammation; more than one-half of these were accompanied with consecutive affections which were the direct cause of death; the remainder of the eighty cases had mucous catarrh of the middle ear. A very significant fact is that in only one of the cases of purulent inflammation was there a perforation of the membrana with external discharge. These two records constitute mainly what has been written on this subject in Europe. In this country so far as can be ascertained no special attention has been given to the subject. The cases examined during the past year, and which represent the first of any connected series here, are due to the kindness of Dr. Shipman, and right here the writer wishes to return him the warmest thanks. The condition noted in these examinations which now number fifty, corresponds very closely with the cases of Troltsch and Wreden. With but one notable exception, every tympanum was filled with a pathological inflammatory product; in most of the cases this consisted of thick yellow pus, with an offensive odor, occasionally it would be found thin, watery and slightly tinged with blood, while in a few instances it was very tenacious, stringy, greenish yellow in color and not offensive to the smell, more like a catarrhal discharge. In every subject this substance was found in all parts of the middle ear, that is the tympanic cavity, the Eustachian tube and the mastoid; in one instance it had extended into the labyrinthine chambers.

The anatomical peculiarities may be better appreciated by comparison. In the adult the external auditory canal consists of an irregular curved passage measuring in length from nine lines to an inch. It has an osseous and cartilaginous portion, the internal two thirds being osseous and forming part of the temporal bone, the external cartilaginous segment being connected with the cartilages of the auricle. The internal extremity of the canal is closed by the drum-head, which is so inclined that an angle of 50° is formed by the membrane and upper wall of the canal. The membrana tympani cannot be said to belong to either the auditory canal or tympanic cavity, but is composed of structures peculiar to both. Its external layer is a continuation of the lining of the canal; the integument as it passes inwards from the auricle, becomes thinner as it approaches the internal extremity, and when it is reflected over the anterior surface of the membrane, consists of only a delicate layer of epidermis. This dermoid layer, as it is termed, contains most of the vessels and nerves. The internal layer or the drum-head is a mucous surface, being a continuation of the

mucous lining of the tympanum. The middle or proper layer of the membrana is fibrous in its nature, and is composed of two distinct sets of fibres; an outer or radiating and an inner or circular set. The radiating fibres which are stronger and by far the more numerous, extend from the periphery of the membrane, to the handle or long process of the malleus, which is inserted between this lamina and the circular fibres; these latter are quite marked at the periphery, but become fewer and more attenuated as they approach the centre of the membrane.

In examining the ear of an infant, the first thing noticed is the relative position of the auditory canal, and the membrana tympani, the plane of the membrane corresponding very nearly to the axis of the canal, instead of being inclined to it at an angle of some 50°. This is owing to the fact of the whole temporal bone approximating the base of the skull, so that the plane of the tympanic ring consequently that of the membrane, which it encloses, and the plane of the base of the cranium, are nearly identical. At this period of life there is no bony canal, it being entirely cartilaginous. As development proceeds it becomes ossified from bony centres located on the tympanic ring; at the same time the lateral portions of the skull are pushed outwards and the membrane assumes a nearer vertical position. Any one who has ever attempted the examination of an infant's ear, must have been impressed with the fact that only the extreme superior part of the membrane can ever be seen, and very frequently not even this.

The size of the membrana tympani measures fully as much as that of the adult; its long diameter running downwards and forwards, being about eleven millimetres in length, while the shorter, which passes downwards and backwards, measures eight millimeters.

In most of the cases the membrane presented anything but the appearance of health. It is said that the drum-head indicates to a certain extent, the condition of the tympanum, and most truly could that be said of these cases. One could tell from simple inspection of it, and no further examination of the tympanic cavity, that disease was present. Instead of the usual thin, translucent and glistening membrane, it was opaque, thickened, infiltrated and devoid of any luster; this thickening was especially apparent in the dermoid layer, which could usually be removed in one complete flake. A faint line marked the position of the handle, but further than this none of the details of the tympanum could be made out. In the middle or fibrous layer, the radiating fibres could be easily discerned with the unaided eye;

they appeared plainer on account of the infiltration from the purulent contents of the tympanum.

The condition of the membrana tympani in the one normal case examined formed a marked contrast with the others. Its physical characters seemed most strikingly perfect, color, translucency, luster and all. The cone of light projected from the end of the handle was complete; posterior to the handle, the long process of the incus was seen, while with a brilliant illumination and a lens, a fine vascular and ramification could be distinguished on the surface of the promontory.

In one of these subjects only was the membrana found to be perforated; here it existed on both sides, though one was quite different from those ordinarily observed in practice. It could not properly be called a perforation since it was not complete; the middle and inner layers were ulcerated through, while the outer one was still intact; it was however completely soaked with pus, loosened and almost detached from the rest of the membrane. The opening in the other layers was large and kidney shaped, occupying the lower and posterior quadrants. On the other side the three layers of the membrane were all perforated, the opening being almost symmetrical with its opposite fellow in shape, size and position. It may be added that *both canals were filled with pus.*

The middle ear consists of the tympanum, the Eustachian tube, and the mastoid cells. The chief differences to be noted between the infant and adult, in the tympanic cavity, are the variation in the thickness of the walls and the position of the openings. The tympanum is an irregular six sided chamber containing the ossicles with their ligamentous and muscular attachments; its external wall is made up chiefly of the drum membrane, though is in part osseous; the inner or labyrinthine wall forms a boundary between the drum and internal ear; the roof shows considerable variation in thickness, being very thick in some individuals, and composed of irregular shaped bony spiculæ, in others, consisting of an extremely thin plate of bone, while in some instances it has been found wanting altogether, so that the dura mater and mucous lining of the tympanum are contiguous. The same variation of thickness is found in the floor of the tympanum. In the infant the roof always consists of a thin, translucent lamina of bone, its surface rough from many minute projecting processes; the floor is also thin and often perforated by several minute foramina; no exact dividing line can be drawn between the floor and posterior wall, they present rather one continuous concave

surface; beneath the floor runs the internal jugular. On the anterior wall is located the opening of the Eustachian tube; in the adult it being nearer the roof than the floor, and measures from two to three millimetres.

In the infant it is much larger, occupying nearly the whole of the anterior wall, and measures from five to six millimeters in diameter; in one case the dividing wall between the Eustachian tube and carotid canal was wanting. On the posterior wall directly opposite the opening of the Eustachian tube, is the opening of the mastoid; this is sometimes made up of several openings. In the infant, this opening is not directly opposite that of the Eustachian tube, but somewhat higher, it can more readily be seen if the squamous portion of the bone is removed. The tympanum measures fully as much in its various diameters in these young subjects as in the adult, and in some instances they are longer, this being due to the greater tenuity of its walls. The ossicles are developed at a very early period; at the beginning of the third month of intra-uterine life, they can be recognized, while at the end of the eight month they are fully ossified and have the same size as in adults.

In the adult, the mastoid is divided into two parts, the superior or horizontal part consisting of a single large transverse space bounded by rough, irregular walls, and is called the antrum mastoideum. The second division known as the vertical part is made up of a large number of irregular shaped cells, their dividing walls consisting of very thin laminæ of bone.

In the infant the mastoid consists of a single cavity corresponding to the horizontal portion of the adult; it extends directly backward measuring about fourteen millimetres, in this its longest diameter, while its longest vertical diameter measures about seven millimetres. In form this cavity is very much like an almond; its walls are thin but rough from minute projections of bone. The whole middle ear is lined by an extremely delicate mucous membrane; in the tympanum it is spread over every surface, reflected over the ossicles, invests the tendons, ligaments and nerves, forms the internal surface of the membrana tympani, covers the foramen rotunda, thereby forming the second drum-head. It extends into the mastoid lining every cell in this cavity and is continuous through the Eustachian tube with the gastric and pulmonary mucous tracts; in the infant it is directly connected with the dura mater by a process of that membrane which extends through petro-squamosal fissure; this is very rich in vessels.

Like every mucous membrane it secretes mucus, but in so small a quantity that it readily escapes through the Eustachian tube, but unlike most mucous membranes it also forms the periosteal coverings of the bones and they are nourished by it. Every inflammation of this membrane is therefore a periostitis.

The cavity of the tympanum in the fœtus and newly born child does not contain air, but is filled with a mucus cushion, extending from the labyrinthine wall to the *membrana tympani*. This was first discovered and pointed out by Troltsch. The absorption is complete during the first twenty-four hours after birth. Wreden found in a child two days old the tympanum perfectly free, and having a smooth normal mucous membrane, while twelve hours after birth, though the process of absorption was rapidly going on, yet considerable mucus was found adherent to the walls of the tympanum and mastoid.

Absorption is promoted by respiration, crying, suckling, etc.; air enters the tympanum through the Eustachian tube during these actions, and drives the mucus out. This much is physiological; whatever product is afterward found in the middle ear, be it pus, mucus, blood or what not, must be considered due to a pathological process. It may be that the changes which take place in these organs so soon after birth, favor an inflammatory action, but certain it is the post-mortem condition of these cases. shows that disease must have existed during life.

Now none of these when alive (save one,) showed any symptom of ear trouble whatever. The one with perforated drum-heads had an external purulent discharge, but none of the others. Notwithstanding this, the fact cannot be ignored that a suppurative inflammation must have been present. Admitting it, some of the dangers are at once apparent. Wreden says in thirty-six of his cases under consideration, more than one-half were accompanied with consecutive affections, which were the direct cause of death; the wonder is that the per cent was not greater. Where could a collection of pus be confined in a spot of more vital importance? The roof of the tympanum, consisting of a thin, often perforated plate of bone, contiguous with the *dura mater*, the inner wall lying close to the carotid canal, the floor being a thin partition separating the drum from the internal jugular, and the internal wall of the mastoid forming also part of the wall of the lateral series. When we recollect that the membrane so seldom breaks and allows the pus to escape outside, would it be presuming too much to suppose that many an infant dies from some secondary

affection, induced by suppurative ear trouble, which condition was overlooked during life.

The large size of the Eustachian tube favors the extension of any inflammatory affections of the pharynx to the ear, and the frequency with which suppurative otitis is met with in measles, scarlet fever and other diseases where the throat is primarily affected, helps to establish this assertion. That earache is of frequent occurrence in children old enough to talk, every one knows, but the difficulty of making a diagnosis in infants, lies in their inability to locate the pain. Here as in many other infantile diseases, we must frequently diagnosticate by a careful exclusion. Thoracic and abdominal affections would be recognized without much difficulty. The cry from an earache most resembles that of brain trouble, but the absence of convulsions, insensibility, the high degree of temperature and other febrile manifestations will enable us to distinguish it from this.

It is important to note the circumstances which aggravate or mitigate the pain; in affections of the ear the pain is increased by every movement of the head, by suckling or swallowing; perfect quiet and warmth relieve the suffering, while noise and cold increase it. Not unfrequently a child who has been crying for hours, will be relieved and fall asleep almost instantly, by the instillation of warm water into the canal. If one side only is implicated, the child will cry more violently if placed on the affected side. Nasal catarrh or cold in the head, will be observed as frequent complications. It is highly important in cases where any doubt is present as to the nature of the existing difficulty, to have the ear thoroughly examined, for a timely incision of the drum-head may be the means of saving the child's life³

“IN THAT DREADFUL SUPPURATIVE DISEASE OF THE LABYRINTH, which is sometimes a sequel of cerebro-spinal meningitis, they (the Old School) are utterly powerless, and absolute and irremediable deafness is the result. I have seen about fifty of these cases in Knapp's *Clinic*, and four in my own. Generally they come under observation when it is too late. But in one instance I was able to treat the case from its outset. The disease was well marked, and unquestionable in character. Just as convalescence was setting in, in the primary disease, the boy, a lad of ten years, became suddenly so deaf that loud shouting could only be imperfectly heard, and that only in the left ear. This was over two years ago, and the lad to-day hears perfectly with one ear, and as well as most people with the other. I believe that proper treatment would equally save every case, if timely entered upon.”—*W. S. Searle in Homœopathic Times.*

[Will Dr. Searle please to give us the treatment?—Ed.]

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

TRAER, Iowa, Nov. 21.—We are having an epidemic of diphtheria in our midst, which proves fatal under the "Regular" treatment, but yields favorably to *Bell.*, *Merc. iod.*, and *Kali. bich.*, used low.

WATERBURY AND SCOTT.

UTICA, N. Y., Nov. 19.—Our prevailing diseases are now typhoid fevers of a rather mild type, and yielding finely to treatment. Some cases of scarlet fever, with a complication of diphtheria, which has become one of our most common forms of disease. L. B. WELLS.

MOBILE, Nov. 15.—There is remarkably little sickness here just at present, less so than all summer, and that was an unusually healthy one. Good for the people; bad for us. "An ill wind," etc. The absence of sickness is only equaled by the extraordinary scarcity of money.

F. F. DE DERKEY.

CINCINNATI, Nov 15.—Dysentery and diphtheria are now prevailing here, with some scarlet fever in Covington. *Chlo. potass.* serves me as well here as it did in Illinois. *Rhus* is the other remedy. Strong typhoid tendency in most cases of all kinds. It rains still. Ovarian inflammation very common here. Catarrh and leucorrhœa almost as common as soot and smoke.

M. M. EATON.

SELMA, Ala., Nov. 13.—In the months of October and November we have, so far, had quite an epidemic of measles. *Tincture of Aconite* xx gtt., water ζ iv., alternated with *tincture Pulsatilla* gtt., xxx, water ζ iv, two teaspoonfuls every hour, has cured all uncomplicated cases. If complicated with diarrhœa or dysentery, *tincture Gelsemium* gtt., *Aquæ* ζ iv., *tincture Nucrotin* xxx, gtt., ζ iv *Aquæ*, alternately, every hour. Two teaspoonfuls. If complicated hæmorrhage from the nose and stomach, *fluid ext. Ergot*, gtt. xx, *tincture Arnica* gtt., xxx, water ζ iv each two teaspoonfuls every hour alternately. With this treatment I have not lost a case.

J. H. HENRY.

LYNN, Mass., Nov. 15.—We are having but little sickness here, except for the last six weeks, there has been quite an epidemic of diphtheria. Have treated forty cases during that time, with two deaths. One, a little boy, aged nine, never saw a well day. Pale, weak, light complexion, large tonsils. Had been sick two days when I was called, and died two days later. Another, twelve and a half years, cried from fright for the first two days, when croup set in, which we fought determinedly but vainly, for six days. For four days we expected to succeed, but after one-half hour's quiet, easy sleep she was much worse, which continued till she died. Remedies, *Apis*, *Luchesis*, *Crotalus*, *Kali bich.*, and *Hepar sul.*

A. M. CUSHING.

INDIANAPOLIS, Oct. 31.—Population 100,000; Latitude, 39°45'; longitude, 86°05'; altitude, 746.7-10.

OCT.	3 P. M. Thermom- eter.			3 P. M. Barometer.			PREVAILING DISEASES.	REMEDIES.	RAIN FALL.
	Highest.	Medium.	Lowest.	Highest.	Medium.	Lowest.			
1 to 8	74.5	—	66	29.938	30.279	29.606	Typho-mal. Fever..	<i>Baptista, Bryon. Rhus.</i>	54
8 to 16	67.	—	56	30.038	30.165	29.910	Typho-mal. Fever..	<i>Arnica, Bapt., Bryonia.</i>	46
16 to 24	64.	—	58	29.894	30.055	29.733	Typhoid Fever.....	<i>Rhus, Arnica.</i>	1.96
24 to 31	64.	—	58	29.937	30.168	29.706	Diphtheria..... Typhoid Fever.....	<i>Kali bi., Merc., Bapt., Rhus.</i>	27

Number of clear days, 10; fair days, 12; days on which rain fell, 12; cloudy days, 9; highest barometer, 30.369; lowest barometer, 29.606; range of barometer, 0.763; highest temperature, 83; lowest temperature, 35; range of temperature, 48; comparative temperature, 58.6; mean relative humidity, 68.1; mean barometer, 29.983; mean temperature, 58.6.

Deaths under one year, 25; one to five years, 18; five to ten years, 3; ten to twenty years, 8; twenty to thirty years, 13; thirty to sixty years, 35; sixty to ninety years, 18; unknown, 4; still born, 7; other diseases, 4. Total number of deaths, 131.

Consumption, 22; other diseases of lungs, 4; typhoid fever, 9; typho-malarial fever, 5; diphtheria, croup, 4; diseases of brain, 8; diarrhœa and dysentery, 6; puerperal fever, 2; apoplexy, 4; infant convulsions, 3;

inanimation, 15; heart disease, 4; kidney disease, 3; paralysis, 3; dropsy, 3; enteritis, 3; pyæmia, 3; spinal disease, 2; cancer, 2; premature births, 3; old age, 2; suicide, 2; accidents, 5; per thousand, 15.72.

There has been but little sickness, nothing which could be called prevailing disease, but particularly hard on old consumptive cases.

J. N. HAYNES.

CONSULTATION CASES.

DR. R. LAW'S CASE.

With reference to Dr. Law's case, "what will cure chronic cystitis?" I recommend *Awa tincture*, ten drops evening, *Can. ind.*, ten drops, morning, in water.

D. A. H.

WHAT WILL ANTIDOTE RHUS POISONING?

Nymphæa odor, 3. Also *Nymphæa lutea* and *Agaricus musc.*

D. A. H.

FOR RHUS POISONING.

I would say that *Bry.* 30 or 200 has never disappointed me in making a quick and radical cure. I have also used *Crot. tig.* with nearly as good success. I use no local application, and make but one prescription for a given case.

L. HOOPES.

"CHRONIC CYSTITIS."

Tarantula 30x, five drops in one-third of a tumbler of water, three times a day, on an empty stomach. Before drinking, agitate the medicine thoroughly, so that it will completely permeate the water. In about two weeks you will begin to experience relief. Keep the bladder empty, and take refreshing exercise.

R. W. NELSON.

WHAT I RIDE.

I had made to order a buck-board, with buggy running gear, and the *Henry patent springs*, which makes the easiest rig to ride in that I have ever tried. Were I to try any other, it would be the Dexter

buggy. It is said to be superior to all others. I notice that among other things, "Long Island" fills his case in the morning. Perhaps he was never called up at midnight for a drive of ten miles into the country, and never found his indicated remedy *non est*, and never felt sorry that his case was not filled before retiring for his "long winter's nap."

A. F. R.

COLDNESS OF THE BREASTS.

What remedy produces it? I have a lady under treatment who is constantly annoyed with this symptom.

M. D.

ANSWER TO G. H. PATCHEN'S CASE.

You ask for the best antidote to *Rhus* poisoning. Allow me to say that *Bryonia* tincture, one part, to ten or twenty of pure soft water, applied externally, and from the 3d to the 30th of the same, internally, have afforded me the most satisfactory results.

E. G. C.

FOR STUDENT'S CASE.

Though the symptoms are incomplete, give *Lyc.* 30, at rising, *Sulph.* 30, at bedtime. After one month's use of these, note the case, and if little change, give the 200th of the same, one or two months more. Use no coffee, spices, pepper, or tobacco, and for the present practice entire continence.

E. G. COOK.

REPLY TO G. H. PATCHEN.

For more than twenty years I have invariably prescribed *Ledum palustre* in low potency, for *Rhus* poisoning, and believe it a true antidote to that drug. If administered when the eruption first appears, all symptoms will subside within forty-eight hours, excepting the slight desquamation which may follow. To satisfy the desire of the patient, I have sometimes applied a dilute lotion of the same to the affected parts, but have never perceived that it made any difference in the result.

L. B. HAWLEY.

THANKS.

In the March 15th number of this journal I called for advice in a seemingly difficult case, and it is but just that I acknowledge the

receipt of numerous letters. Some of them make me to say that I had given many remedies, whereas I had given but three or four. Patient professed to receive some benefit from *Sepia* 30, which was recommended by Dr. C. Bernreuter.

I made some inquiries about patient, and learned that he was a fraud, drunkard, begging, swindling impostor of the first water, and have heard nothing from him since.

A. F. RANDALL.

FOR STUDENT'S CASE.

Your patient presents all the symptoms of slow poisoning by "*Nicotine*." You did very wisely in advising him to quit the use of tobacco. I hope you will advise all your patients to do the same. The remedy is *Nux vomica*, assisted by the electro-therapeutic bath, current A D No. 4 Kidder. As to the potency and dose, I give you the following directions: get a small glass tumbler, put in about two ounces of No. 4 pellets, drop on them fifteen or twenty drops *Nux vom.* 1x, cover with some glass or earthenware, and shake them thoroughly, till they are perfectly saturated, empty them on a plate to dry, bottle and label. Dose, four pellets three times a day, for three days, suspend three days, and thus continue dosing and suspending for about two weeks. Dry electricity will not aid the case. Electricity must be thrown in while the patient is in a profuse sweat from a vapor bath.

R. W. NELSON.

ACHENBACH'S CASE.

Dr. J. G. Achenbach, in the Nov. 15th number, desires counsel in the case of Mrs. S. How it was possible for him to exhaust so large a portion of the materia medica without stumbling upon the right remedy, which is so very clearly indicated, is a puzzle. *Puls.* covers every important symptom. "Menses suppressed by getting wet," "fearful and weeping mood," "vertigo when rising from a seat," "tongue coated white in the morning," "bad taste in the mouth," "appetite lost," etc., etc. The doctor has, with these characteristic symptoms before him, prescribed fourteen remedies, and not once *Puls.* *Puls.* 3 and 30, if adhered to, and if not interfered with, will surely cure the case.

W. J. HAWKES.

"RHUS POISONING."

Since I read, three or four years ago, in THE UNITED STATES MEDICAL INVESTIGATOR, Dr. Carr's experience with *Sanguinaria* in *Rhus* poisoning, I have used no other remedy, and am not aware that it has, in a single instance, failed to give prompt relief.

I have given the 2x and 3x, and sometimes, in addition, applied a lotion of about one part tincture to ten of water. I cannot say, however, that the cases receiving the lotion did any better than the others. I do not make much use of lotions, etc., in skin diseases.

Dr. Vincent, of Deckerville, says he has used tincture of *Arnica* in these cases with instant relief. Right here let me express a feeling of tender sympathy for those young (or old) doctors who cannot afford to take or have not time to read a journal!

THE UNITED STATES MEDICAL INVESTIGATOR has repaid me its subscription price ten times over. A. F. RANDALL.

A CASE FOR COUNSEL.

A case of over two years' standing, which has resisted all treatment from Allopathic and Homœopathic physicians, was brought to me last August for treatment. Lady, thirty-five years of age, of sanguine nervous temperament, who is afflicted with a pain, which commences in the stomach, and soon extends across the upper part of the bowels. The pain commences immediately after an evacuation of the bowels, which is very severe, lasting from two to twelve or more hours. It occurs at no other time. Otherwise, her health is very good. Bowels regular. I have used many remedies. *Nux vom.* and *Colocynth* helped for awhile. The remedies for colic have not, as yet, afforded any permanent relief. Some one please answer through THE UNITED STATES MEDICAL INVESTIGATOR. Please name the disease. If possible, tell me what to do for the case. Z. A. BRYANT.

HOW TO CURE CONSTIPATION AND SICK HEADACHE.

Usually the sick headache comes in consequence of the constipation. When it occurs with regular bowels, *Iris versicolor* (mother tincture, given every fifteen minutes, in drop doses, will cure most cases in two hours, if the patients keep in bed and fast. Strong, clear coffee relieves some cases, if taken in tablespoonful doses, ten or fifteen minutes apart, for an hour.

Almost all cases of constipation may be cured without medicine, by changing the diet. A cup of good coffee, and crushed wheat, or oat meal, for breakfast. Squash, beans, cabbage, and even the horrid smelling onions, eaten regularly for dinner, with brown bread (little meat). For dinner baked apples, and rye and Indian bread and milk for supper has been all the medicine scores have needed to make a perfect cure. Water drank one-half an hour before meals, and no tea, or drink of any sort, is allowed at meals, except the coffee in the morning. No white bread or spices should be used. Exercise by kneading the bowels, and walking, if patients have a sedentary life. If medicine is needed, give a dose of *Merc. proto. iod.* 2x, at bedtime, for a week.

Mrs. E. G. COOK.

DR. G. H. PATCHEN'S CASE.

In the "Transactions of the Homœopathic Medical Society of the State of New York," Vol. VIII, p. 324, Dr. S. M. Griffin reports cases of *Rhus* poisoning cured by *Verbena hastata*. According to my experience, this will cure, every time, in the course of three days.

J. F. WHITTLE.

AN OZONE MACHINE.

Since the publication of my paper upon ozone I have received numerous letters, asking "where a good ozone machine can be found?" When that article was penned, I supposed such a machine was at hand. But of that I am now in doubt. Experiment is now being made, with the view of settling this, and when that is fixed, and approximately the quantity as well as quality, and I am satisfied that we can produce pure ozone, I will give notice of it through the pages of THE UNITED STATES MEDICAL INVESTIGATOR.

E. G. C.

[In the meantime, ozone may be generated as needed, by mixing three parts of *Sulphuric acid* to two parts of *Pernanganate of Potassium*. See *Ozone and Antozone*, p. 25.—ED.]

COUNSEL WANTED.

I shall be very grateful to any member of the profession for a little advice on the following case: Mr. J., aged thirty-seven, dark hair,

dark eyes, very muscular, weight about one hundred and eighty pounds, laborer. Has an ulcer in back part of mouth, which has destroyed nearly all of soft palate and uvula. The ulcer is covered with thick, yellowish-white pus, and causes much pain when swallowing. The adjacent mucous membrane is very red. About eight months since, ulcer first appeared, and notwithstanding the patient has been treated by six or eight of the "Regulars," he has gradually grown worse. About a month previous to the appearance of the ulcer the patient accidentally fell from the top of a freight train, striking his head on a cross-tie, and fracturing his skull. He was found in a state of unconsciousness, and so remained for about two weeks after the accident. When his head healed, or rather about the time he was able to be "up and around," the ulcer in the throat made its appearance. I would also state that for the last six or seven years, the patient has been troubled with an itching of anus, which, when he first lies down at night, almost drives him to distraction.

He has also been treated by several of the best Allopathic physicians in St. Louis, and elsewhere, without avail. He says he has never been troubled with hæmorrhoids in any form, and his bowels are usually about right. Has never had syphilis. The side of his head that was injured is still sore when pressed with the fingers. A few mornings ago discharged about teaspoonful of clotted blood from the ear on the injured side of his head. But never before or since has anything of the kind happened. He has gradually but slowly gathered strength since his mishap. But sometimes weak spells come over him, frequently several times during a day, during which, he says he feels like he was entirely "played out." Appetite variable.

J. F. SANDERS.

FOR RHUS POISONING.

In November 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, G. H. Patchen asks for an antidote for *Rhus* poisoning. I have had several cases this fall, poisoned by gathering autumn leaves, the virus being received from the poison sumach and ivy. One lady received it from pressing the leaves of the sumach with hot andirons, the steam rising into her face. She was a sight to behold. Naturally very fleshy, the poison made her look like a puff-ball. Some persons can handle these poisons with impunity, while others will be poisoned if the wind blows off from the poison bushes or vine onto them. The

poison will break out from day to day, in new spots or places on the body and limbs covered by the clothing, showing that the virus enters the circulation, and therefore requires internal treatment. I have had no trouble in curing it with *Rhus tox.*, 3d dil., with external wash of strong salt water, applied freely and often. If taken soon as rash makes its appearance it can be cured in two or three days, but if neglected that length of time, it may require ten days.

LONG ISLAND.

“ RHUS POISONING.”

Dr. G. H. Patchen asks, through this journal, “will your many readers give their experience in the treatment of *Rhus tox.* poisoning?” The remedy for all Homœopaths is *unct. Bryonia*, gtt. xxx, *Aqua* ℥iv, two teaspoonfuls every two hours, and use locally, *tincture Bryonia*, ℥iv, *Alcohol* ℥iv.

Dr. Chas. Neidhard, of Philadelphia, recommends a decoction of *Sassafras bush*. But the greatest relief was from *Merc. prec. rub.*, in small doses, externally, as well as internally. Dr. Markham, from ten years' experience, says *Spirits of Nitre* is the best remedy. Cures, every time, in twenty-four hours.

Dr. Stone (*Georgia Medical Record*, May 1874, p. 306,) uses *Carbolic acid* ℥iii, *Glycerine* ℥ii, water dis. to make one quart, which, when applied, gave almost instant relief, in three days cured. Dr. Williams, of Chicago, uses *Hyposulphite of Soda* as a local wash.

Dr. James, of Arkansas, uses *Bicarbonate of Soda* with great success as a local wash.

Dr. I. Coleman, of Alabama, has used for twenty years, with unvarying success, *Bicarbonate of Soda*, *Saleratus sol.* as a wash, and given internally Fowler's Solution of *Arsenic*. Cures in three or four days.

Dr. Loring, *Medical Brief* for October 1877, p. 308, says a solution of *Iodide of Potassium* will relieve poisoning from *Rhus tox.*, but from his experience he found that *Soda sulphate*, ℥ii, *Chloral Hydrate*, ℥i, *Aqua*, one pint, for a lotion, is a much better remedy. It relieves in a very few hours.

Dr. Green recommends *Olive oil* locally and internally. I hope these suggestions of remedies for *Rhus tox.* poison will give aid and comfort to Dr. Patchen, the enquirer in your ably conducted UNITED STATES MEDICAL INVESTIGATOR, the only catholic spirited Homœopathic journal in the United States. Not governed by a few or a

clique, but all have access to its pages, that advocate the grand principle of our school, *similia similibus curantur*. Dr. Edmonds, of St. Louis, has the correct view of the grand structure of Homœopathy. Let him continue his able articles. The article on "Mathematical Dilutions" is just the thing. It knocks high dilutions in the infernal regions, where the Jenichen's and their high dilution nonsense of 100, 200, 100,000, 200,000, it is hoped, will take their abode, for the good of live, successful and progressive Homœopathy.

JOHN H. HENRY.

THE RAPETIC HINTS.

Sepia—Crick in the back. Chronic case of eight years' standing. Was caused by a sudden strain when lifting. Worse when first attempting to move; relieved by continued motion.

Rhus high, 30, and 200, and low, failed to relieve. *Sepia* 4x and 12 (or 30) helped in a short time, and there has been no return for nearly a year. Patient had leucorrhœa, which also was cured. It may be proper to state that during first pregnancy the rheumatic condition nearly disappeared. But when riding, a jar, or when walking, a misstep, would hurt her back severely. Patient is again pregnant, but has no weakness of the back.

A. F. R.

Rheum.—Its virtues having been marked, an indication long ago given by Professor J. T. Temple, and often verified, may be of special interest, viz., "colic before the stool; ceasing after it." J. C. M.

Sepia.—A generally used-up condition, headache, etc., every summer, the legacy of ague and *Quinine*. Precise symptoms not remembered. Patient a man. Relieved in two days, and cured within a week, by *Sepia* (12 or 30). Point: some remedy, not commonly considered adapted to such cases, may be the simillimum.

A. F. R.

KALI PERMANGANATE IN DIPHTHERIA.

Dr. A. P. Bowie, in THE UNITED STATES MEDICAL INVESTIGATOR of October 15th, refers to my use of *Kali permang.* in diphtheria, and thinks it looks like an Allopathic prescription. I don't see how dissolving ten grains of *Kali permang.* in one ounce of water, and

mopping therewith the affected parts of the throat, every three hours, makes an Allopath of me. I plead "not guilty" to that crime.

If the editor requires, I can give case after case, but for the present will say that the only symptom I require for the use of *Kali permang.* is the appearance of the diphtheritic membrane. I care not what stage, so that it can be touched with the solution. I do not pretend that it will cure croupous diphtheria, but if this solution is used in time, and properly, you will have no croupous cases. Fully half of my cases get no treatment but the mopping with the *Kali permang.* solution. I have used this treatment for twelve years, in scores of cases, and never failed in a fair trial. The diphtheritic membrane dissolves like magic, and the odor, if any, soon disappears, and no lesion follows its use.

Of course the patient swallows some of the solution, which I expect and desire, as it destroys the exudation which the patient of necessity swallows.

When the tonsils are swollen, I give *Phyt. dec.*, a saturated tincture of the green root in *Alcohol*, twenty drops in two ounces of water, teaspoonful doses, one to four hours apart, as needed; and use a gargle of same, at least double this strength, frequently.

Kali permang. for the diphtheritic membrane. *Phyt. dec.* for the swollen tonsils.

All the other symptoms will give way unless there are complications.

LENOX, Iowa.

W. A. SCOTT.

STICTA PULMONARIA IN BURSITIS.

Dr. E. Hasbrouk, Brooklyn, N. Y., writes (*Homœopathic World*, Oct. 1877): "I have had considerable experience in its (*Sticta pul.*) use in cases of rheumatic bursitis, and know of no remedy which will so quickly and pleasantly cure a majority of cases of the above named variety."

Dr. E. C. Price, Baltimore, Md., who first recommended *Sticta* for bursitis, has used it several years with great satisfaction. A further endorsement of it in this disease will be found in Hering's Condensed *Materia Medica*.

PHOSPHORUS EFFECTS.

GIVEN TO THE MOTHER IT AFFECTS THE CHILD.

I enclose a letter from a patient to whom I gave *Phos.*, one-sixteenth of a grain, and showing the effects of the drug on a nursing

infant, and would suggest thereby that administering our remedies to nursing mothers would be a feasible mode of obtaining their pathogenetic effects on nursing infants, and add facts of value to our materia medica.

“I gave her *Phos.*, one-sixteenth of a grain, and came near injuring the baby seriously. Twenty-four hours after, it was taken very sick, with vomiting and diarrhœa; passages from the bowels were as thin as water; smell very offensive, scented up the whole house, sulphurous smell. Was very sick for about six hours. I waited three days and gave half the dose, and then the baby was taken sick, thirty-six hours after. Had the same symptoms as the first time, with this difference, you could smell the *Phos.* as it came through the pores of the skin — on her face, hands and body — for at least three days.”

JOHN HORNBY.

TAPE WORM.

A case of fifteen, or more, years' standing. Gave three-fourths of an ounce *Kameela* tincture, in the morning, followed in three hours by a dose of *Castor oil*, and in due time, the worm, thirty feet in length, was discharged, alive and active.

LEXINGTON, Mich.

A. F. R.

NEURALGIA — SULPHUR.

BY J. MARTINE KERSHAW, M. D., ST. LOUIS.

A lady called to see me, having suffered for some days with the following symptoms: Severe, sharp, darting pains in and about the left eye (above and below,) extending also to the inner ear of the same side. There was constant suffusion or watering of the eye, with great dimness of vision between the paroxysms. The opposite eye was unaffected. During the first few days of the attack, the severe pains would suddenly leave the region of the eye and manifest themselves about the left ovary. The pains frequently shifted from the eye to the ovary, and from the ovary to the eye; but when the ovary was the seat of pain, the eye was entirely easy, and *vice versa*. Finally, after a few days, the pain began to be felt in both the face and ovary at the same time. There was also great tenderness of the scalp — it pained her to comb her hair, or to even touch it, however gently it might be done. I prescribed *Sulph.* 1000, fifteen pellets in one-half glass of water, two teaspoonfuls every ten minutes, for six times, or until easy. After taking two doses, she was entirely relieved. I have

treated many cases of neuralgia with *Sulph.*, but never used it in a case such as the above — the seat of pain alternating between the eye and ovary. *Sulph.* is a great neuralgic remedy, and has a well-marked and clearly defined action. I make this remark because I am satisfied it is prescribed as an antipsoric simply, by some practitioners, and not for neuralgia with special symptoms.

DIPHTHERIA.

ABSTRACT OF PAPER AND DISCUSSION.

The Chicago Academy of Homœopathic physicians and surgeons.

Dr. W. H. Burt read a paper upon the use of *Cyanuret of Merc.* in diphtheria. Dr. B. had treated scores of patients within the last two or three years. No other remedy so well corresponds to the disease, as poisoning by it shows. Symptoms: first a chill; temperature 100° to 105°; pain in back; clammy sweat; both cheeks flushed; fetid breath; tongue dark brown; gums red; on tonsils, dark, gray-colored membrane, reaching up into the nares, so that the air cannot pass. Membrane extends into the larynx. In women and children, the respiratory organs are not generally involved. Dr. B. had lost cases under the use of the usual drugs, but not the *Cyanuret of Merc.* Under the use of this drug, has had one case where there was a complete cast of the false membrane thrown off from the throat, and also of the Eustachian tube, etc. The membrane passed in one case, but the little patient died from loss of blood. There is occasional cough; the sufferer tries to clear the throat; a ropy mucus flows from the nose. Dr. Peck, of St Petersburg, cured a case of such general development and throwing off of false membrane, by the use of this remedy. A few cases had a rash, but no bad sequelæ followed these, as well as others he had treated. Dr. Villiers had treated several hundred cases with this remedy, and with great success. Dr. B. had used the drug once in two or three days, as a prophylactic; also in cases of paralysis.

Dr. Burt uses the third decimal, but others use to the thirtieth centesimal. Dr. B. had given the thirtieth with good effects, and would advise giving from the third to the thirtieth, holding in the majority of cases near the sixth. It has been specially recommended as a prophylactic.

Dr. Foster said he had mainly relied upon the *Iodide of Merc.* in diphtheria, but he did not often see a genuine case of this disease. In grave cases he had sometimes given *Ars.* for its direct effect upon the blood.

Dr. Delamater gave remedies for diphtheria on the idea that it was a general disease, involving the whole system, as well as any part of it, as, for instance, the throat.

Dr. Foster thought follicular tonsilitis was sometimes called diphtheria. Such affection of the tonsils was confined to the tonsils, and might be attended with much fetor, and not be diphtheria or diphtheritic at all. Dr. F. said this form of tonsilitis was as easily distinguished from diphtheria as chancre from chancreoid, and that every physician knew the difference between the latter.

Dr. Underwood had applied hot bags to neck and chest in diphtheria, with much relief, and had followed these with fomentations on the chest, after that, had kept up the perspiration with dry coverings. By these, Dr. U. had uniformly improved the condition of the patient.

Dr. Colton thought the difference between cases of diphtheria was the same in kind, but not in degree. That is, that diphtheria is a constitutional as well as a local disease, and the diphtheritic development in the pharynx and contiguous parts is not always an index of the gravity of the disease. The pulse, the skin, etc., should be taken into account, and when in connection with but little apparent formation of false membrane, we observed a quick, frequent pulse, hot skin, with or without perspiration, we had best look out for our case, as the gravest features were impending.

Dr. Burt added to his essay on the effects of *Cyanuret of Merc.* a case of poisoning. To a dog the doctor gave forty-six grains of the crude drug, in three doses, one each day, for three days. He suffered from nausea, vomiting, and great thirst, with diarrhoea, and great tenesmus, and finally, extreme prostration, and death without spasms. The stools appeared to be nothing but blood, but were found to be pure bile. The pulse intermittent at every third or fifth beat; the respirations, toward the last, were as seldom as one in about a minute.

The post mortem examination revealed inflammation of the cardiac portion of the stomach, also in the colon. There was a collection of bile and mucus in the stomach, and throughout the intestinal tract. In the stomach there was at least a pint, and nearly all bile. The larynx was inflamed, and loaded with mucus. There was, unexpectedly, no inflammation of the salivary glands. The drug was administered hypodermically, near the body, on the inner side of one of the forward extremities.

Dr. Foster was elected essayist for the next regular meeting. Subject: The importance of Earlier Treatment in Disease; or, Prevention Better than Cure.

On motion, adjourned.

D. A. COLTON, Sec.

SMALL-POX CASES.

This disease made its appearance in Clintonville, Sept. 20.

CASE I. Mrs. B. French aged fifty-seven, mother of twelve children, nine living, previous health good. This woman had been treated ten days prior to my first visit on the 30th, by a quack doctor who said she had erysipelas and rose rash. Ignorance must have been the sole cause of the mistaken diagnosis, as it was plainly one of "variola confluens." Vaccination had been performed in youth successfully. This woman recovered after a long and tedious sickness. Besides the patient, I found the following persons in the house: father, son, three daughters and three grandchildren. The father had the disease in youth. The son and two daughters had been vaccinated five years previous, took well. Vaccination had failed to take with the oldest daughter, although several attempts had been made to make it successful. Neither of the grandchildren had been vaccinated. It was considered too late to protect by vaccinating. The result was as follows: The second daughter had variola. Two grandchildren had variola confluens. The youngest, six months only, died. The other, recovered. Two daughters, son and one grandchild escaped.

I will mention the principal remedies used in this family, and they were the same in all subsequent cases. In the first or prodromal stage *Aconite 3, Bell. 3*. Stage of maturation *Bap. 2, Rhus 3, Tar. emet. 3, Mer. viv. 3*. Stage of secondary fever, dessication and decline, *Bap. 2, Rhus 3, Sul. 3, Ars. 3*. Stimulants were used very cautiously in the more severe cases, and with good results. Equal parts of *Glycerine* and sweet oil were used at the proper time, externally, with satisfactory results. *Baptisia* in my opinion, is a remedy of very great value in small pox.

CASE II. Miss L. aged seventeen, with previous good health, vaccinated five years before, and judging from the cicatrix she should have escaped. She came down with the disease in just fourteen days from exposure and proved to be semi-confluent in form. *Recovered*.

CASE III. Miss B. aged sixteen, previous health good, was vaccinated five years before, took well and like the preceding case, ought to have escaped. This case was of more severity than CASE II, was confluent in form. *Recovered*.

CASE IV. Miss D. aged fourteen, previous health not good. Was vaccinated October 1. Taken sick on the second; confluent variety; did well.

CASE V. Johnny D. aged five, was vaccinated October 1. Taken sick on the 7th with convulsions, and in every respect the symptoms were severe at the outset, yet proved very much modified and resulted in recovery.

CASE VI. Mrs. B. aged twenty-six, mother of three children. The mother had been vaccinated in youth, had the disease in distinct form, did well. The oldest child had been vaccinated five years before and escaped as did the father and other children who were vaccinated October 1, eight days prior to the mother's sickness.

CASE VII. Mrs. S. aged thirty-six, mother of four children. The father and one child had been vaccinated five years before. The mother and other children were vaccinated October 1. Mother and one child came down with the disease on the 5th, which proved to be modified considerably by vaccine. The other two children escaped.

CASE VIII. B. E. wife and three children all alike exposed. Vaccinated October 2. The two former escaped, while Mattie aged five, and Dicky aged one, took the disease in modified form.

Other cases might be reported, but on account of their similarity, it would be superfluous. Vaccination had been performed pretty generally only five years before, yet as you will notice in the cases reported it was scarcely any protection, not as much so as recent vaccination, provided a gain of eight days could be had. I vaccinated nearly four hundred with uniform success, using nothing but the ivory points charged with cow-pox lymph, purchased from "The New England Vaccine Co., Chelsea, Mass." Many who were vaccinated only five years previously, we revaccinated with successful results. Why should this be so? I believe the principal reason was because in the first instance, *humanized* virus was used instead of *cow-pox*, which is the *only* sure preventive in my opinion.

KEESEVILLE, N. Y.

C. J. FARLEY.

Medical News.

Boston University School of Medicine.—We have about the same number of students as last year, 185. I. T. TALBOT, Dean.

Homœopathic Medical Department.—(State University of Iowa). Everything goes on smoothly; not even the least jar, so far, with our Allopathic brethren. A. C. COWPERTHWAIT.

Clinical Therapeutics.—Part IV is in press, and will include the following remedies: *Ara.*, *Calc. ac.*, *Kali c.*, *Merc. (sol., viv., cor., dulc.)*, *Nit. ac.*, *Phos. ac.* and *Sepia*.

A Treatise on Typhoid Fever.—This work has been delayed, in order to add more very practical matter to its pages, which will add to the price twenty-five cents. All orders that we have received will be filled at \$2.00.

Married.

At Fredonia, N. Y., Nov. 13, Dr. Charles C. Curtis and Miss Julia L. B. Eddy, by the Rev. Mr. Parsons, pastor of the First Baptist church of that place. Accept congratulations.

Angell on the Eye.—The fifth edition is now in press. The second part of the translation of the above work into French, by Dr. De Keersmaeker, will be published Jan. 15. The first part, with copious notes by the translator, is already out.

The Materia Medica Union.—Those interested in the study of *materia medica* will be pleased to read the following: "I will be secretary of the *materia medica* club. Send as many names as you can, it is a good thing and I will do all I can to make it useful.

PHILADELPHIA, 112 N. 12th St.

C. B. KNERR.

Homœopathic Students number about 1000 this year. A professor figures the different colleges as follows, according to latest advices: Boston, 185; New York (two colleges), 200; Philadelphia, 150; Chicago (two colleges), 200; Cleveland, 100; Pulte, 50; Ann Arbor, 80; St. Louis, 20; Iowa, 20. Total, 985.

The Organon and the name of Hahnemann are one and inseparable and should be to all time, is the firm conviction of all who revere the illustrious founder of Homœopathy. Now we are informed that a journal is to bear that title. Is not this an infringement on a copy right, to say nothing of a volume sacred to the memory of Hahnemann?

Hahnemann Medical College, Chicago.—The faculty, students and alumni of Hahnemann Medical College and Hospital, of Chicago, had a reunion at Martine's South Side Hall on Monday eve, Nov. 28. Singing, dancing and speeches was the order of exercises. Cider and apples distributed throughout the hall gave every one a good appetite for the supper that followed at a later hour. All expressed themselves as highly pleased.

The State Board of Health.—The second regular meeting of this board for the examination of non-graduate physicians, under the requirements of the medical act, was held in Cairo Ill., Nov. 15th and 16th. There were thirty-seven candidates, of whom seventeen were passed. Important action was taken with regard to the medical schools, and resolutions were adopted declaring that after July 1 1878, the diplomas of all colleges which do not require of their candidates for graduation attendance upon two or more courses of instruction, which courses are separated by an interval of at least six months, will be rejected by the board; and the same with those schools which give two graduating courses in one year.

A Monograph on Headache is being prepared by the *Materia Medica* Club of Allegheny Co., Pa. It will embrace the head-symptoms of about three hundred remedies. The arrangement will be similar to that of other works of the same character, and will include a full and complete repertory. In order to have the indications for the remedies well authenticated, the club respectfully invites the members of the profession to send to their corresponding secretary, Dr. R. E. Caruther, 25 Centre Ave., Pittsburg, Pa., any verifications

of the head symptoms of any remedy. The work is being done as rapidly as possible, and the club expects soon to have it in the publisher's hands.

[We hope our readers will aid this very desirable work. Here is an item: headache, left side, spot about the size of end of finger, about an inch above and to left of left eye. Worse about 4 p. m. *Ignatia* cures like magic.—Ed.]

The Late Dr. Dunham.—The *New York Tribune*, in reviewing Homœopathy the Science of Therapeutics, pays the following tribute to its author: "The late Dr. Carroll Dunham was one of the most philosophical of Homœopathic physicians, as well as one of the most enlightened and estimable of men. His love of scientific therapeutics was a passion. His methods of treatment were the fruit of profound study and earnest conviction. In his mind, every case presented the illustration of a principle, although he never neglected the suggestions of common sense and medical experience. His observation was as keen as his knowledge was extensive. A believer in a fixed theory, his mind was always open to the reception of new light. No bigoted attachment to habit and routine prevented him from watching the course of improvement with eager interest. His researches were profound, his attention ever on the alert, his judgment cautious, though rapid and decided, and his success in the healing art attested the soundness of his principles. Dr. Dunham was a student of nature, a lover of all good knowledge, a worshiper of truth in every department of thought. The present volume consists of a collection of his medical papers, contributions to periodicals, public discourses, studies of remedies, and clinical cases. They are marked with the peculiar characteristics of his mind, eminently reflective in their tone, fertile in original suggestions, and presenting an active stimulus to medical observation and study."

Removals.

- Dr. H. Gilborne, from Sheridan to Coberey, Ill.
- Dr. T. T. Howard, from Elkhorn to Union Grove, Wis.
- Dr. S. W. Rutledge, from Cresco to Nora Springs, Iowa.
- Dr. J. S. Wright, from Evansville, Ind., to Carmi, Ill.
- Dr. J. K. Pirtle, from Delphi, Ind., to Louisville, Ky.
- Dr. C. L. Gish, from Shopiere to Pewaukee, Wis.
- Dr. J. W. Routh, from Austin to Houston, Texas.
- Dr. Geo. W. Stearne, from New Bedford, Mass., to Providence, R. I.
- Dr. J. Lester Keep, from 467 Vanderbilt to 460 Clinton Ave., Brooklyn, N. Y.
- Dr. Lizzie P. James, from Springfield, Mo., to Decatur, Ill.
- Dr. P. P. Tisdale, from Oakland, Cal., to Honolulu, H. I.
- Dr. J. T. G. Emery, from Topsfield, Mass., to South Waterloo, Me.
- Dr. S. Nichols, from San Francisco, Cal., to Albany, Oregon.
- Dr. T. J. Merryman, from Aledo to Champaign, Ill., to fill the vacancy left by Dr. D. A. Cheever.
- Dr. H. S. Knowles, from Council Bluffs to Avoca, Iowa.
- Dr. W. T. Bruce, from Philadelphia to Quakertown, Pa.
- Dr. E. N. Harpel, from Shenandoah to Berwick, Pa.
- Dr. A. W. Woodward removed his office and residence, Thursday, November 22d, 1877, to number 150 Ashland avenue, corner of Monroe street.
- Dr. E. A. Ince, from Chicago, to Gwosso, Mich.
- Dr. W. D. Scott from Sigourney, to Traer Iowa, and formed a partnership with Dr. Waterbury.
- Dr. E. J. Fraser has removed his office and residence from 305 Kearney street, to 221 Powell street, San Francisco, Cal.

The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

[Consolidation of the *United States Medical and Surgical Journal*, (Quarterly, \$4.00).
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Two Volumes a Year. — Terms: \$3.00 a Year, Payable in Advance.

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

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67 Washington St., Chicago, December 1, 1877.

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FOR SALE—Franklin's Surgery, vol. II, bound in sheep, new. Price, \$5, address D & this office.

FOR SALE.—One full set Day's splints — new, price \$50. Address S., this office.

FOR SALE.—One full set of Davise's Splints, part only used once, cost \$65.00; will sell for \$40.00.

FOR SALE.—Jahr's Symptomatology and Repertory, new edition, 2 vols., cost \$11.00; good order; make an offer. Address A., 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.—A full set of Boericke & Tafel's 200th potencies, 250 remedies, in one-ounce vials, \$40. Also a full set Boericke & Tafel's 1000th potencies, 1 remedies, in half-ounce vials, \$18. Address S., care 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, \$6, post paid to any part of the United States. Address M., this office.

FOR SALE.—A beautiful home, convenient and centrally located, in the village of Brooklyn, Iowa, for cost (house new), built this summer. A good practice thrown in. No Homeopathic competitor. Terms easy. Address, Doctor A. C., Box 379 Brooklyn, Iowa.

FOR SALE.—Characteristic *Materia Medica*, by Burt, good as new, \$2.50; The Treatment of Rheumatism, Epilepsy, Asthma, and Fever, by Russell, good as new, \$2.50; Homeopathic Practice of Surgery, by Hill and Hunt, good as new, \$3.00; Homeopathic Treatment of Infants and Children, by Ruddock, good as new, \$1.50; Homeopathic Pharmacopœia and Posology, by Jahr, \$1.00. Address J., this Office.

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FOR SALE.—An Allopathic physician, retiring, wishes to sell his property in a town of about 1000 inhabitants. Splendid country. No Homeopathic physician in place. Property, consisting of two houses, one with six lots, and one with three, will be sold, separate or together, cheap, part cash, balance on time. Within about 200 miles of Chicago. Address, W. J., this Office.

WANTED.

WANTED—November 1873 of this Journal. 25c. will be paid.

WANTED.—April 15th number, 1877. Twenty-five cents will be paid.

WANTED.—January 1st number, 1877; 25c. will be paid. Send to B., care this office.

WANTED.—January 1st and 15th numbers for 1877, also March 15th 1877. Twenty-five cents will be paid for each.

SANITARIUM.

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.

G. E. ROUTH, M. D., Austin, Texas, treats Diseases of the Throat and Lungs. Austin, with its varied and romantic scenery, is by far the prettiest locality in the South; it being the capital, its amusements and society are excellent. The climate is unexcelled, every variety of pulmonary trouble being benefited by its genial influence.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. VI., No. 12—DECEMBER 15, 1877—Whole No. 204.

Obstetrical Department.

MORNING SICKNESS FROM DISPLACEMENT ETC.

Mrs. H. now of this city, being about two months "gone" two years since, in Chicago, vomited to that extent that abortion was produced to save the patients life. Though attended by two of the most eminent Homœopathic physicians of that city. About three months since this lady in the same condition came under my care. Found almost continual vomiting, intense thirst, great pain and fullness in the region of the stomach, could not retain a teaspoonful of water or a particle of nourishment, contents of the stomach extremely acid; gave *Nux. vom.*, *Ipecac*, *Puls.*, and several other remedies, without avail. On the 3rd of May invited Drs. Foster and Keener, who were in attendance at our association, to see the patient. Advised not to produce abortion. Tried *Oxalate of cerium* and *Ipecac* high, all to no purpose. I now proceeded to do what I should have done in the start, made an examination of the womb. Found enlargement and induration with retroversion of that organ. Placed it in position and retained by a suitable sponge placed beneath the cervix, (sponge

changed every day), gave *Conium* for the induration of the womb. Patient improving. In a week induration nearly gone. I now gave *Cimicifuga* on account of nervous depression with the corresponding pathological condition. Patient improving. Still sighs a good deal and feels grieved; very nervous and restless at nights; gave *Ignatia* and *Sticta* in alternation with the most happy result. Patient is now cheerful and happy, eats and sleeps well, and is rapidly gaining in flesh and strength. All the remedies were used from the 6th to 12th decimal. I report this case to show the importance of examining into the condition of the uterine organs at once, in all such cases, and not waste valuable time in prescribing without a full knowledge of the case.

MENDOTA, Ill.

J. A. HOFFMAN.

DEATH IN UTERO FROM UMBILICAL KNOT.

About 6 o'clock, Aug. 30, a lady found herself in the pains of travail. As the pains became more frequent and strong than at the same period in two previous cases of parturition, her accoucher was sooner called than usual, and arrived at her bed-chamber about 7.30 o'clock A. M. Labor was found advancing rapidly, and delivery was effected at 8.30 o'clock; after more delay and greater severity of labor than would have occurred, had not the birth been retarded by the rigor mortis of the fœtus. The point of chief interest relates to the cause of death to the fœtus and the time of its occurrence.

First, the full time for parturition had come.

Second, from the period of quickening onward the fœtus had given indications of unusual strength and vigor.

Third, about twenty-four hours before delivery, the mother had been unusually disturbed by the vigorous motions of the fœtus in utero.

Fourth, suddenly all motions ceased and the fœtus settled down into a state of perfect quiet with no subsequent motion.

Fifth, a careful examination of the placenta revealed the fact, that the umbilical cord, about thirty-seven inches in length, had been tied into a perfectly close and tightly drawn knot, about twelve inches from the umbilicus. The tying of this knot was doubtless the last equimortei feat performed by the fœtus in utero, about twenty-four hours before delivery, the appearance of the funis indicating the discontinuance of circulation for about that period of time.

ROCKVILLE, Conn.

G. P.

PUERPERAL CONVULSIONS.

BY J. S. SKEELS, ALBION, PA.

Called to see Mrs.— May 9, 1877, aged thirty, tall, slim, spare make, medium height, light complexion, light brown hair, blue eyes, pale, born and raised in the country. She was in her fourth pregnancy and near or quite up to time. She had had four convulsions that morning before I saw her. These had effected her mind so that her answers were not reliable. The two previous confinements she had passed through quite easily and rather quickly. I could not find that she had been suffering in this pregnancy, any ailment except some urinary difficulty. There was no urine for examination and the next passed was in the bed, unconsciously. Soon after I arrived she became more uneasy and restless, complaining very much like a woman in labor and went into a spasm, frightful in appearance. The spasm was followed by heavy stertorous breathing which gradually passed into a more quiet sleep. I put ten drops of mother tincture of *Gels.* in a teacupful of water, mixed well and gave her two teaspoonfuls at a dose every fifteen minutes when she could swallow. In about thirty minutes the spasm came again, first the moaning and complaining, then the *spasm*, then the hard breathing, followed by restless sleep. The prominent symptoms observed this order all the way through as long as the convulsions lasted.

An examination showed the mouth of the womb to be dilated to the size of quarter of a dollar, soft, pliable, and easily moved in any direction. The presentment was natural. The child was high up and did not bear on the os by the length of the first joint of my finger, except when the pains brought it down. The uterine mouth and around it seemed very irritable and sensitive, so much so that when touched the patient showed signs of suffering when most conscious. Many remedies passed through my mind in quick succession, *Aconite*, *Bell.*, *Chloroform*, forceps, turning, etc., but to all there was some objection. To one thing I had made up my mind, that if the patient died, death should be the result of the convulsions and not from any act of mine, either through medication or manipulation.

There was no one remedy I had more confidence in than *Gels.*, provided, it be given with a determination to help the cure, and not in a fanciful or experimental way, and to it I trusted as long as the woman had medication.

In the use of *Chloroform* I could see no good for the patient, as I

could only keep her under its influence but a short time and then the spasm would be likely to return.

The great irritability and sensitiveness of the uterine passage was a settled objection to the introduction of the forceps and the passage of the child's head by extraction. I did not therefore entertain their use for a second consideration.

The same objection appears when we consider turning. Leadam's *Diseases of Women*, second edition, page 211. "Any interference however, with a view to expediate delivery is not admissible so long as the convulsions can be mitigated or relieved by other means." Simply, what I wanted was a remedy that would relieve the irritability of the uterine passage, and this would uncomplicate the case. For this purpose I employed *Gels.* and was not disappointed. The spasms stopped at 6 o'clock P. M., the patient having had twenty-one in all, after which labor proceeded as usual. The child was born at 9 o'clock P. M. crying lustily to the delight of all, and yet to the astonishment of many, as the majority had considered it dead. The placenta soon followed without help and the woman cared for in the usual manner. *Gels.* every hour. Patient rested well through the night. May 10, morning. Patient aroused; she answered questions readily but denied her baby and her confinement. Pulse 112.

May 11, morning. Patient commenced the conversation herself, inquiring into the circumstances, she now owned her baby, but could not remember anything that had transpired since the first spasm. Pulse 98. *Gels.* every two hours. I report this case because it shows plainly that the cause of convulsions was the irritable condition of the uterine passage. We have proof of this fact in that the woman showed signs of suffering when the irritable parts were touched, and again when the pains brought the child's head to bear on the os, then immediately followed a convulsion.

Per contra, when the spasm ceased, the irritable, sensitive condition of the os had also ceased, and the parts could be handled without the signs of suffering, labor then proceeding natural. It would appear in cases of this class (eccentric, Guernsey's *Obstetrics*, second edition, page 413), that it is the safer practice to attempt to reduce the irritation by the use of remedies, than to resort to any means for extraction as by such procedure, irritation would be added to irritation.

Surgical Department.

RADICAL CURE OF A CASE OF INVETERATE ORGANIC MULTIPLE URETHRAL STRICTURE.

BY PROF. C. H. VON TAGEN, M. D., CHICAGO, ILL.

[Continued from page 474.]

EXAMINATION OF URINE.

This fluid presents a specific gravity of 1030, soon after passing. It emitted a faint foetid odor, and was dark brown in color. Again, it appeared clear and of amber color, but he always noticed, when it was passed into a bottle or chamber, that there were soon shreds floating through it. Upon standing over night, it usually deposited a heavy mucous looking sediment, of a brick dust consistency, and alkaline. At times the urine was acid in its reaction, and again neutral, at other times it would decompose during the night, and emitted foetid odors. The usual quantity passed was a large teacup full.

TREATMENT.

The patient was placed upon a course of treatment commencing with *Berberis vulgaris*, 1st trituration, dose a half grain, with *Sac. lac.* five grains, taken dry on the tongue, and repeated every third hour during the day. He reported in three days, much relieved of his pains, urine much clearer, sediment less, and he thought it not so strong, nor did it decompose as before.

He complained, however, of much flatulence, and bloating after meals, with loathing of food on going to the table. *Lycopodium* 30th trituration, in grain doses, was given, an hour before each meal and on retiring at night. Prompt relief was afforded, and the patient's health improved rapidly.

November 15. Patient now presents himself for a course of mechanical treatment, feeling much relieved of his former symptoms. He was placed upon his back, the lower limbs were flexed and abducted. The local treatment now consisted of rapid divulsion with "Holt's Dilator." The undilated blades were passed, corresponding in size to No. 7 bougie, American scale. This instrument passed into the cavity of the bladder with some urging, and was allowed to

remain for a few minutes to enable the patient to recover from the effect of its presence, which is slightly repulsive. The tube corresponding to No. 10, bougie measurement, was passed quickly between the blades, increasing the calibre to that of No. 14, American scale. This application resulted in the breaking of one of the strictures only, viz., that one located at the posterior limit of the fossa navicularis. The balance were simply dilated or stretched. The instrument was now allowed to remain about ten minutes, and removed, withdrawing the dilating tube first, subsequently the blades. Daily applications were made with a No. 12 bougie, which passed with some effort. Improvement followed this application—but it was not satisfactory nor complete. My patient became very restive under the slow and tedious treatment, as he termed it, and demanded more speedy measures. Three weeks later, and after he had fully recovered from the effect of the first divulsion, I made a second application of this instrument. On this occasion, I passed the blades very readily, and when in position, permitted the usual delay of a few minutes, then passed speedily the largest size of tube, corresponding to No. 17 bougie. The result of this treatment was a general and effectual breaking of all the remaining strictures, which were six in number. The largest and most prominent of the entire series gave way quite suddenly, as the patient described it, with a “distinct snap.” When asked to locate this one, before the withdrawal of the instrument, he placed his finger back of the bulb of the organ, and remarked, “it was the place in which he felt the tearing during coitus,” on the occasion already referred to. It will be remembered that this stricture was at the precise location of the sudden pain and tearing during coitus some years before, and no doubt was a fracture of the urethra, as he was afflicted with attacks of chordee at the time, not having recovered from the second invasion of gonorrhœa. This particular stricture may then be designated traumatic in its origin, which is the veriest form of organic stricture, and the most difficult to treat successfully. After the withdrawal of the divulsor, some hæmorrhage always occurs from the urethra. Such was the case in both instances; this, however, soon ceases. It is best to make no attempts at arrest, unless the flow is great. A moderate loss of blood is beneficial to the parts locally. Should it, however, be profuse, which is seldom the case, the introduction of a No. 12 bougie will control it, together with a recumbent position on the back. The gum instrument being allowed to remain about

seven to nine hours, and then carefully and slowly withdrawn.

Two or three after treatments with the gum bougie, No. 14, American scale, followed this divulsion, allowing forty-eight hours to elapse after the operation. This passed quite readily, and without any pain. During this interim, injections of tepid *Arnicated* water were used every six hours, except when asleep at night.

A week later, and after this treatment, the patient complained bitterly of a dorsal curvature of the penis, especially when laboring under erections, but unaccompanied with any pain—simply a slight aching. During erections, and also when the organ was relaxed, a hard fibrous ridge could be felt along the mesian line of the dorsal surface, inclining more to the left side. The flow of urine he reported, passes larger and more freely, than he can remember of since his boyhood days. In fact, he regarded it as a real comfort to urinate freely, but particularly grateful was he for the return of complete “cut off,” whereas formerly and often, he was annoyed with dribbling, always after passing the main volume of water. He also states that he has been obliged, ever since the subsidence of the first invasion of gonorrhœa, to use his finger to press out the last or remaining drops, left after each flow of urine; and furthermore, that his wife has borne him no children since the second invasion of gonorrhœa, he having married between this and the first attack. A child was the fruit of the second year of his marriage, but it was during the early period of this event that he contracted his second attack, from illegitimate cohabitation.

He reports one intercourse with his wife since the second treatment with the divulsor, and says that the act of “ejaculation” was more vigorous, and not accompanied with the severe aching and distressing pains, he formerly experienced. It was at this time he discovered the curvature in his organ. He expresses himself better satisfied with his present condition than his former one, but still pleads for *complete* relief, expressing belief in his ability to increase his flock if that remaining “relic” be effectually removed, and he seems to be very desirous of attaining that result.

The hardness referred to is most apparent during priapism, and is accompanied with aching and slight burning sensation only at such times; he terms it, “one-sided chordee.” This ridge and hardness appeared to be increasing, as well as the curvature. This condition I recognized as extravasation into the interstices of the corpora cavernosa, and consequently I suspended any further mechanical treat-

ment. The greatest objection he made to the curvature was the inconvenience of it, especially during coitus. If not arrested, the ultimate result, gangrene, was not altogether improbable. It therefore behooved the operator to devise some means for its removal. Never having met with such a mishap before, in any of my efforts in this direction, and in fact, never having heard of its occurrence, from this cause, I was somewhat mystified, and could not suggest a proper and prompt remedy, to meet the requirements of the case. I consulted all the books within my reach, as well as several of my professional brethren of large experience, but could get little or no comfort, and several confessed their inability to suggest anything *definite*. Two of the number appealed to advised "non-interference," and trusting to nature. Not content with such advice, and knowing my patient would demur, after a day or two of deliberate thinking, and no small amount of uneasiness of mind, I finally determined to lay open the entire floor of the urethral tract, from bulb to meatus externus. This I did with the patient's consent, first and freely stating that it was my only expedient, and an experiment at best. I could not even then promise all he desired. Making a careful observation with a No. 14 bougie, (usual measurement,) I satisfied myself as to the bearings, and while the patient stood erect on his feet manfully awaiting the issue, I passed in an urethrotome (Civiale's) as far as the bulb, carefully and gradually withdrawing it, unsheathed the blade, laid open the entire floor of the urethra, from this point forward, leaving only the integumental structure intact. The patient bore the operation heroically, but was startled with the hæmorrhage that followed. This I speedily controlled by the introduction of a soft bougie, No. 21, American scale, which was allowed to remain about ten to fifteen minutes, when it was removed, and the bleeding ceased.

The after treatment of this *venture* consisted of applications of the soft bougie, (French) No. 14, twice to thrice weekly, until after the part had healed, and the internal use of *Eupatorium pur.* 3d, thrice daily, in water. Dose, a table spoonful, which had the effect to render the urine very bland, together with a light diet.

The patient, at present date of writing, August, 1876, reports himself in "elegant health, and with fair prospects of being able to do his *whole duty.*" The last instrument passed, was an acorn steel sound, No. 20, American scale, this being regarded as a test of complete cure. Thus was accomplished a handsome victory over an

inveterate disorder, through the instrumentality of Homœopathic therapeutics, together with the application of a persistent and appropriate surgical treatment, in this most formidable and long continued series of chronic and organic urethral strictures.

July, 1877. Patient reports a condition of health and comfort, such as he has been a stranger to, ever since his boyhood days.

ON THE TREATMENT OF SPINAL CURVATURE.

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

THE UNITED STATES MEDICAL INVESTIGATOR, July 15th number, contains an article, "Counsel Wanted," from Dr. E. Stevenson, Chico, Cal. The November 1st number of the same has an answer from E. C. Franklin, M. D., St. Louis, Mo., in which he unhesitatingly says, "No," to "whether Homœopathic remedies can be relied on to cure such cases, without postural or other support." I am very sorry to be obliged to differ with my old friend, surgeon Franklin, for since lightning has been subdued to the use and benefit of man, and Faraday, Rae, and others have coiled up the streaks in induced and superinduced currents, I think we may do away with the tortures of the Inquisition — the old frames and abnormal supporters — and apply Homœopathic attenuated lightning to the cure of our chronic cases, in addition to our Homœopathic attenuated drugs. I write from positive experience, and might report some very extraordinary cases in support of my views, but as space forbids, I shall merely state how I should treat the case. The child being so young, cannot be placed in the electro-therapeutic bath, you must therefore only apply electricity to the diseased parts, which can be done by passing both electrodes down the spine, one on either side of the curvature, for about five minutes, then let the child hold the positive in both hands, and you rub the negative, through a sponge electrode, gently over the diseased part for another five minutes. After a few days, when the patient begins to bear the electricity better, apply a silver plate, negative, gently over the curvature, and after eight or ten applications, you will see a marked improvement. Use No. 4, Kidder Battery, current A, B, or A. C. It must be the primary current, and gently at first. Use whatever medicines and diet you see from time to time is required, but remember T. C. D.'s injunctions, *contraria* food, *similia* remedies.

Book Department.

PATHOLOGY AND TREATMENT OF DIPHTHERIA : By Wm. C. Dake. M. D., Nashville, Tenn., pp. 56.

This pamphlet is a paper read before the Homœopathic Medical Society of Tennessee, with additions, and contains a summary of experience in the treatment of one hundred and seventy-six cases, during last winter. In the etiology of the disease, the author inclines to the fungus view, and still calls it an *epidemic* disease, and that there must be *first*, "a hyperæmic state of the mucous membrane." "The *entrance* and presence of fungus—globular bacteria—in the exudation or membrane," would seem to place the appearance of these micrococci as the second or third factor, and not the "specific cause" of this disease.

The atmospheric condition, the hyperæmia, and the exudation seems to precede their appearance. The close relation the liver sustains to the pharyngeal mucous membrane, and its deranged condition preceding an attack of diphtheria, are factors in its etiology that deserve consideration. It seems to us that bacteria are a *result* of decomposing mucus, and not a *cause*.

The treatment, however, is the most important question. The author discards caustics, *i. e.*, the harsher ones, but advocates the use of alcoholic gargles—mild caustics. We never found such applications of value, except in cases where suffocation threatened. The remedies found valuable are here given, *viz.*, *Camphor*, *Aconite*, *Cap-sicum*, *Belladonna*, *Nitric acid*, *Arsenicum*, *Chloride of Lime*, for the first stage. *Mercurius iod.* he considers of doubtful utility. When the membrane appears, he goes for the fungus with alcoholic gargles, and the remedies already enumerated. When the nose becomes affected, and croup seems to threaten. "we have given with good results *Kali bich.*, and *Nitric acid*, in alternation." Nitric acid 1-10. + Kali bichromate, (low) = what? A chemist would run it over in this way: Potassa bichromas is made as follows: Nitric (sulphuric or acetic) acid is added to the neutral chromate, and allowed to crystallize. Neutral chromate is made by igniting a mixture of four parts of native chromate of iron and one part of nitre, and dissolving out the

chromate of potassa by water. Then the two remedies in alternation would give either O, or a more "virulent irritant poison." But we well know the difficulty of individualizing these complicated cases of this stupefying disease, and are therefore pleased to know that "out of four cases of this croupoid form, three were saved by *Spongia*, *Kali bich.*, and *Hepar sulphur.*" He believes "we can cure a good part of the cases of croupal diphtheria with *Spongia* and *Kali bich.*" Recently we have found *Bryonia* an excellent assistant in those cases. It is indicated by the deep, dry, tearing cough, that usually ushers in the croupal sequelæ; it follows *Merc.* better than does *Kali bich.* It arrests the inflammation, before effusion has taken place, and is therefore more Homœopathic than *Kali*. *Spongia* might be indicated in this stage also. The *Kali* would follow when the inflammation was subsiding by effusion.

In this work we find no reference to *Merc. cyan.*—a popular remedy just now. In our experience, *Bell.* and *Merc. biniod.* are the chief remedies in diphtheria, and especially in its severe forms.

AIKEN AS A HEALTH STATION: By W. H. Geddings, of Aiken, South Carolina.

This pamphlet of thirty-one pages, written as it is, by one who is interested in the place, is, in general, an essay of more than usual thoroughness and candor.

The advantages ascribed to Aiken, are a sandy soil, a pine forest, a dry atmosphere, and a small daily range of temperature.

These are desirable conditions for the health seeker. But the lack of altitude is a serious defect in regard to cases of consumption, for which Aiken has been especially recommended. For while it is not necessary to adopt the idea, maintained by some, that altitude is the sole important condition in that class of diseases, it is perhaps inferior to none; so that no place can justly be regarded as eminently desirable for consumptives without it.

Dr. Geddings reports the average daily range of the thermometer as 12.65°, which is a low figure for a climate as dry as that of North America, and represents, as we shall presently prove, a degree of equability seldom met with at any station north of Key West. And yet, Northport, Mich., in the Grand Traverse region, has a range of 12.4°, and Monroe, Mich., at the west end of Lake Erie, one of 12.1°; though Michigan is, by no means, noted for equableness. That the statement which I have quoted is to be taken with

some degree of allowance, is further shown by the fact that Alpena, on Thunder Bay, has a range of only 8.3°.

Dr. Gedding's discussions of the temperature of the different seasons is the least satisfactory part of his essay. He makes the spring to include February, and the autumn to include August; for what reason, he does not state. He presents also the incredible statement that the spring at Colorado Springs, has a mean of only 32.8°.

I cannot just now lay my hands on a report, which I have, of the temperature of Colorado Springs. But observations at Denver, for a year and a half, gives for February, March and April, a mean of 37.2°. And it is pretty certain that March of the year recorded must have been an uncommonly cold one; since it is below that of February, which is not unusually high. And as the climate of Colorado Springs is milder than that of Denver, it is safe to conclude, in the absence of specific evidence to the contrary, that the mean given is too low.

Dr. Geddings represents the mean for summer at Aiken, at 75°. Perhaps it is, but before accepting that as the mean, I should wish to know what months are included in the Aiken summer. Observations at Augusta Arsenal, near Aiken, made by government officials, and extended through twenty years, gives a mean temperature for the summer known to ordinary mortals, as 80.4, with a maximum of 103°, and a minimum of -2. The simple truth is, that the summer of that region is too hot for most invalids. The inhabitants of the Piedmont region of South Carolina and Georgia, at a much greater altitude, and with a considerably cooler summer, seek the highlands to avoid the heat of their homes.

And for consumptives, nothing is better settled than that coolness and altitude are of the highest importance. The former is not found at Aiken in summer, the latter never.

H. P. G.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE, VOL. XVI. DISEASES OF THE LOCOMOTIVE APPARATUS, AND GENERAL ANOMALIES OF NUTRITION.

Another volume of this royal publication! The subjects treated are:

Polyarthritis rheumatica acuta, gonorrhœal arthritis, chronic arthritis, muscular rheumatism, psoriasis and peripsoitis, gout, arthritis deformans, rickets, malacosteon; slight disorders caused by catching cold, including febris ephemera, herpetica, catarrhalis, rheumatica,

etc. General disorders of nutrition, including anæmia, chlorosis, progressive pernicious anæmia, corpulence, scrofulosis, adenitis idiopathica, malignant lymphoma, diabetes mellitus and insipidus. The whole makes a most valuable work of 1060 pages, well worth double the price to any physician. We should like to give an extensive review, but space will not allow. We would call particular attention to the article on progressive pernicious anæmia. This is comparatively a new disease, and is one we should all be familiar with.

By a note issued by the publishers, W. Wood & Co., we learn that four more volumes are to be added to the number already out, making seventeen in all. Those who have occasion to consult these volumes will not regret their appearance.

THE SIGNS AND CONCOMITANT DERANGEMENTS OF PREGNANCY : THEIR PATHOLOGY AND TREATMENT ; To which is added a Chapter on Delivery ; the selection of a nurse, and the Management of the Lying-in Chamber : By WM. MORGAN, M. D. London ; 12mo., pp. 136.

Dr. Morgan seems to have taken the place of Dr. Ruddock, as editor of medical works in England. The title of this work gives its scope. A very neat and creditable brochure.

THERAPEUTICS AND MATERIA MEDICA FOR THE USE OF FAMILIES AND PHYSICIANS. By Lewis Sherman, A. M., M. D., Milwaukee, Wis.

Old doctor—What is Homœopathy, John ?

John (coachman).—Well, sir, it is a book and case of vials filled with little sugar pills.

Doctor—How do you know ?

John—I ate a vial or two to see !

Doctor—Where does Homœopathy flourish ?

John—Don't know, sir, but I found the box in the store-room up garret.

Doctor—What kind of medicine does the master and mistress take now ?

John—Mostly black drops from the chemists, sir.

Whether the above is true or not, it is still, with many, a debatable question whether popular works have not done Homœopathy more harm than good. They certainly have simplified Homœopathy, but we fear, often, at the same time, belittled it. The term, *domestic*

physician, like that of "patent medicine," has certainly fallen into disrepute. Now we find works of more pretentious titles, like the one before us.

"The object of this book is, to instruct intelligent, non-professional persons, (*and physicians*), in the nature, symptoms, course, prevention and treatment of the most common forms of disease." In other words, this is a domestic work on a new model, and is, perhaps, quite as elementary as any. If works of this class could supersede patent medicines in the homes of the people, it would be a blessing to humanity and Homœopathy. This missionary work is largely in the hands of the profession.

THE HOMŒOPATHIC TREATMENT OF EIGHT LECTURES ON ACUTE AND CHRONIC BRONCHITIS, LARYNGITIS, PLEURITIS, PNEUMONITIS, PHTHISIS PULMONALIS, AND PERICARDITIS, delivered at the London Homœopathic Hospital, by R. D. HALE, M. D. Second Edition. Henry Turner & Co. Chicago: Duncan Bros. 8vo., pp. 95. \$1.00.

These Lectures were delivered to medical men and advanced students, and therefore give simply an outline of the diseases, but enter more fully into the treatment and the results thereof. The pathological tissue changes is the side of the remedies chiefly presented in the therapeutics of this volume. It is an interesting clinical work.

A SERIES OF AMERICAN CLINICAL LECTURES: By E. C. SEGUIN, M. L. Vol. I, January to December, 1875. New York, G. P. Putnam's Sons. Chicago, Jansen, McClurg & Co., pp. 328. \$3.50.

This is the pioneer volume of this selection of excellent clinical lectures, on practical, medical and surgical subjects. The essays are on Hip Joint Disease, Sayre; Infantile Rheumatism, Jacobi; Pneumothorax, Flint; Rest for Nervous Diseases, Mitchell; Treatment of Sciatica, Thomson; Otitis, Agnew; Capillary Bronchitis of Adults, Ellis; Inflammatory Origin of Phthisis, Hutchison; Peritonitis, Loomis; Gleet and Urethral stricture, Otis; Paraplegia, Wood; and the Gouty Vice, Draper.

In this latter article, we meet this remarkable sentence: "They (remedies) should *always* be given well diluted. This appears to be *much more important than the quantity.*"

This work is elegantly gotten up, and is an honor to the publishers.

MODERN ORGANIC CHEMISTRY: By C. GILBERT WHEELER. Chicago. S. J. Wheeler, 1877.

Judged by its elegant exterior, drab binding, beautiful impression and calendered paper, this work is "modern," and quite above criticism. Prof. Wheeler has taken in hand a subject which is exceedingly complex. It is one which few students, under our modern system of rapid education, seek to investigate. Organic Chemistry is relegated to the specialist, unfortunately; it should be rendered more practical, by text-books of this character, and then constitute a portion of the high school and medical college curricula.

At present, even the specialist is confused by the intricate mazes in the classifications of various authors, while the student plunges, hopeless, into the midst of substitution products, -amines -ylenes, methanes, ethylmethylanalines, and *n*th powers.

This much can be said of Prof. Wheeler's work — that while it does not include the whole of Organic Chemistry, it is the most *understandable* work on this subject extant. Several chapters vindicate the use of the word "modern," in the title — on coal oil, stearine, glycerine, soaps, butter, *oleo-margarine*. The chapter on sugars is rather slim, and the test for glucoside mentioned more as a reference for the practical chemist than to instruct the student. A few more tests, and a chapter on organic examinations, reductions, and estimations, would improve the work — the lack of which, however, is explained in the preface. Still, we think that in the presence of formulæ and equations, a few laboratory hints and processes might have been incorporated to advantage.

This work evidences that its author is a master of the science, and we wish his various works were in the libraries and *heads* of every medical student.

THE HOMŒOPATHIC PHYSICIANS VISITING LIST, AND POCKET REPERTORY: By ROBT. FAULKNER, M. D. Second Ed. Bœricke & Tafel, Publishers. \$2.25.

This is a very popular visiting list. The arrangement is convenient for record of prescriptions, and notes of cases — two points too often neglected. With the aid of the Repertory, we should grow more and more accurate prescribers, and thus raise the medical above the financial part of each case. The profession should rise above the business, but each should receive its proper attention. Physicians should be accurate, careful business men, and collect their bills when due.

And live in peace with God and man.
And with the printer too.

FUNCTIONAL DYSTOCIA: By E. M. HALE, M. D., Chicago.

This is a reprint from Richardson's *Obstetrics*. Functional obstruction to labor is a grand field for the display of the triumphs of Homœopathic remedies. The indications are given in Dr. H's well-known style.

TUMORS: Their Etiology and Curability. By J. G. GILCHRIST, M. D., Lecturer on Surgery in the Homœopathic Medical College of University of Michigan. Detroit: E. A. Lodge, 50 cts.

This pamphlet is a reprint from the *American Observer*, of a lecture by Dr. Gilchrist, and is an exhaustive monograph on tumors and their Homœopathic treatment. The mass of evidence demonstrating the curability of tumors, is overwhelming.

HOW TO USE THE MICROSCOPE:

This little work contains practical hints on the selection and use of the microscope, and is intended for beginners, by John Phin, editor of the *American Journal of Microscopy*. The second edition is enlarged and fully illustrated. The work is issued by the Industrial Publication Company, of New York. It is the best work of the kind for the price (75 cts.) that we know of.

Hygiene Department.

CLIMATOLOGY OF FLORIDA.

BY H. R. STOUT, M. D., JACKSONVILLE, FLORIDA.

So long as bronchial and pulmonary affections prevail, so long will people endeavor to find a climate which will relieve or cure these diseases, and render them less liable to a return of their difficulties. It is not my purpose to give an elaborate description of the climatology of this state, but to furnish a few data, gleaned from my own observations, and the records and experiences of others, by which physicians may be guided in recommending a change of climate to their suffering patients.

It is within a comparatively recent period that the attention of physicians has been directed to Florida, as possessing a climate which might justly be called the "Italy of America," having the advantage over Italy, however, in not being intersected by snow covered mountains, from which chilling blasts descend to pierce to the marrow of the poor invalid.

Situated as Florida is, between the Atlantic ocean and the Gulf of Mexico, it is swept continually by sea breezes, which impart their life-giving properties to the atmosphere, and the Gulf Stream exerts its influence to render the climate equable. Numerous bodies of water scattered through the state, diversify the scenery, and tend to make the air more soft and balmy. From these considerations it is urged by some, that the atmosphere must be laden to excess with moisture, but it can be shown that neither is the amount *excessive*, but that on the amount of moisture depends to a considerable extent the advantages possessed by this climate. It is a fact well known in science, that *evenness* of temperature is dependent, to a great extent, on the humidity of the atmosphere. Prof. Tyndall says, "The observations of meteorologists furnish important, though hitherto unconscious, evidence of the influence of this agent, (vapor in the air). Whenever the air is dry, we are liable to extremes of temperature. By day, in such places, the sun's heat reaches the earth unimpeded, and renders the maximum high; by night, on the other hand, the earth's heat escapes unhindered into space, and renders the minimum low, hence the difference between the maximum and minimum is greater where the air is driest. Wherever drought reigns, we have the heat of the day forcibly contrasted with the chill of the night. In the Sahara itself, when the sun's rays cease to impinge on the burning sands, the temperature runs rapidly down to freezing, because there is no vapor overhead to check the calorific drain." More might be quoted from the same authority, bearing on this subject, but it is shown that on the humidity of the atmosphere depends the limited daily range of temperature. From records kept by Dr. A. G. Baldwin, of this city, extending over several years, he deduced the following: The mean diurnal range for November, is 13.4°; for December, 13.9°; for January, 14.4°; for February, 14°; for March, 14.91°. The same authority gives from twenty-seven years' record, the average number of frosts in January as 5.4; for February, 3.1;

for March, 1.3; for April, 0.2; for October, 0.2; for November, 2.3; for December, 5.2.

Clearness of sky being an important element in consideration of climate, Dr. Baldwin gives an abstract of his records, as follows: For January, from twenty-two years' observations, an average of 20.3 clear days; February, for twenty-five years, 19.5; March, for the same period, 20.4; November, for twenty-four years, 20.0; December, for the same period, 20.0; for spring, the average is 63.7; for summer, 55.1; for autumn, 56.4; for winter, 59.8; for the year, 235 clear days, out of 365. In December there has been an average of 5.4 rainy days; in January, 6.6; in February, 3.6; in March, 5.7. In these months we have an average of 21.3 rainy days out of 121 days. I have given the foregoing observations only for the months in which visitors are especially interested. Certainly, with this preponderance of sunshiny days, the climate could not be considered excessively moist. From his tables, Dr. Baldwin deduces the following, as the relative humidity: For January, 67.20; for February, 67.15; for March, 57.50; for April, 63.20; for May, 62.60; for June, 73.3; for July, 74.7; for August, 73.4; for September, 76.8; for October, 74.4; for November, 71.5; for December, 74.0; for spring, 61.0; for summer, 73.8; for autumn, 74.2; for winter, 69.4; for the year, 69.6. The annual mean shows that there is, on an average, but five and seven-tenths grains of water to the cubic foot of air, an amount not deleterious, nor uncomfortable for respiration, and to keep the air passages properly lubricated, but enough to prevent those great diurnal changes of temperature, so deleterious to the health and comfort of mankind." It is on account of this humidity that the summers in this state are so delightful. While the heat of the sun may be great, yet, in the shade, it is always deliciously cool. Sea breezes almost constantly prevail, which reach all portions of the state; the nights are always cool, and the drowsy god rarely refuses to visit the weary mortal. The heat has not the debilitating effect that it has further north, and it is susceptible of demonstration by numerous examples, that bronchial and pulmonary difficulties receive more permanent benefit during the summer, than during the winter. It is a traditional idea that when phthisis had arrived at the stage of softening, that removal to a warm climate was not beneficial. Experience does not prove this

to be correct, for there can be found numerous examples in any portion of the state, of people who came a few years ago, apparently to die, who now possess almost robust health. Unless patients are *in articulo mortis*, as sometimes occurs, the progress of the disease is certainly arrested, and in many cases, permanently so. Dr. Robert Southgate, (United States Army Medical Reports,) says: "The peculiar character of the climate consists less in the mean annual temperature, than in the manner of its distribution throughout the year. Possessing an insular climate, the extremes of temperature are much modified; although the winter at Fort Snelling, Minn., is 47°33' colder than at Tampa Bay, the summer at the latter place is only 8°24' warmer. In the summer season the mercury rises higher in any portion of the United States, and even in Canada, than it does along the coast of Florida." Surgeon-General Lawson, from an extended personal experience, says: "The climate of Florida is remarkably equable, and proverbially agreeable, being subject to fewer atmospheric variations, and its atmospheric ranges much less, than any other portion of the United States except a portion of the coast of California." The appended table gives the mean daily thermometer, barometer, etc., for several years, drawn from the records of the Signal Office, Jacksonville. The figures will vary but little for any portion of the peninsula.

It is freely asserted that the atmosphere of Florida is fairly saturated with malaria. This is a great source of uneasiness to visitors, and is without foundation in fact. It is rarely that a case of malarious fever occurs during the winter, and only then under exceptional circumstances. On the contrary, I have seen obstinate intermittents from the north, promptly cured by a sojourn here. Surgeon-General Lawson demonstrates that the death rate among the troops, from remittent fever, was, in the Middle United States, one to 36; Northern United States, one to 52; Southern United States, one to 54; Texas, one to 78; California, one to 122; New Mexico, one to 148; Florida, one to 287. The average annual mortality for the whole peninsula, he found to be 2.06, against 3.05 in other portions of the United States.

It is not alone in bronchial and pulmonary affections, that the climate is so beneficial, but in diseases of the heart, the relief is most marked and permanent. The low elevation of the country, and the equable temperature, favor these conditions. The result is equally favorable in asthma, and nervous debility.

Table showing daily means of thermometer, barometer, humidity, number of cloudy days, and number of days on which rain fell, at Jacksonville, Florida, from November to March inclusive, for the year 1872 to 1877. Taken from the records of the Signal Service Bureau, United States Army.

DATE.	Mean Daily Barometer.	Mean Daily Thermometer.	Mean Daily Humidity.	Number of Days on which Rain Fell.	Number of Days other than those on which Rain Fell.
1872.					
November	30.051	57.99	.....	.....	.....
December	30.231	51.00	.....	.....	.....
1873.					
January	30.137	52.4	.....	.....	.....
February	30.124	52.2	.....	.....	.....
March	30.184	55.9	.....	.....	.....
November	30.087	59.4	65.3	8	7
December	30.204	56.4	77	7	11
1874.					
January	30.218	55.2	73.2	7	8
February	30.135	52.8	77.8	12	10
March	30.095	66.3	68.2	7	4
November	30.151	64.5	73.2	14	5
December	30.225	59.1	73.7	5	6
1875.					
January	30.183	56.4	83.7	15	12
February	30.184	55.4	70.1	10	3
March	30.117	64	68.8	5	8
November	30.091	64.4	78.9	10	8
December	30.116	58.	71.1	7	4
1876.					
January	30.273	59.	67.8	4	5
February	30.177	60.2	70.4	8	7
March	30.084	60.9	60.2	7	2
November	30.033	59.1	68.2	5	6
December	30.077	49.	64.5	10	3
1877.					
January	30.206	56.4	73.6	6	2
February	30.118	55.6	69.	6	5
March	30.086	60.8	63.5	6	3

EXPERIENCE WITH TEXAS CLIMATE.

I came here on reading an article by Dr. F. on the climate of Texas for consumptives, but I would advise none to come here, at least not in the winter, as the climate is not adapted to consumptives. If the thermometer stands at 80° or 90° one day, it is almost certain to be below the freezing point on the next. This is not an occasional occurrence, but an every day occurrence, unless it rains, which is still worse than a "norther."

NEW BRANFELS, Texas.

J. J. F.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

CRETE, Ill., Nov., 28.—Not much sickness. A few cases of typhoid and intermittent; for the first *Aconite* 3x, *Bell.* 3 to 6, *Bry.* 3x, *Phos.* 6x, and for the latter *Ars.* 3 to 6 controlled readily. H. PERLEWITZ.

ALLEGHANY CITY, Pa., Dec. 3.—Prevailing diseases is diphtheria: Remedies, *Apis*, *Bell.*, *Lach.*, *Phyt.*, *Merc. p.*, *jod.*; and pneumonia remedies, *Aconite*, *Sang.*, *Phos.* It is comparatively healthy here, on the south side (Pittsburgh) diphtheria very bad, and many fatal cases, under Homœopathic treatment are not so fatal. C. H. LEE.

GENOA, Ohio, Nov. 28.—We have, this fall been having any amount of "chills," a low form of malarial fever, and a great deal of typhoid fever which, latter has been severe. The two former were controlled with the usually indicated remedies and the latter principally with *Bry.*, *Rhus tox.* and *Ars.* as indicated. Quite a number proved fatal under "Regular" treatment, while Homœopathy has not lost a case, which has greatly helped to establish Homœopathy on a firm basis in this place. JAS. ANDREWS.

CONSULTATION CASES.

J. G. ACHENBACH'S CASE.

In regard to the case of J. G. Achenbach, it would seem that he has been paying too much attention to detached symptoms, and not enough to the tout-ensemble of the case. I would suppose from the symptoms given (though there are others needed to finally determine) that *Bry.* 3, *Puls.* 6, or *Lyc.* 30, (neither of which appear to have been given), probably in the order named would be of advantage and possibly sufficient; with strict attention to diet and exercise in the open air (walking.) Let us hear the result. T. P.

A. M. WOODRUFF'S CASE.

In regard to the case of A. M. Woodruff, we would have been encouraged to have given it more attention had we known what remedies had been used, that we might not select the same ; in the absence of this knowledge, and presuming that *Bry.*, *Rhus tox.*, (and *Nad. Sulph.* and all the more commonly employed remedies have been given, in different potencies, I would suggest *Actæa rac.* and *Rhododendron* as remedies worthy of attention, in case they have not been called into requisition ; I would likewise have faith in salt baths and a thorough rubbing with the salt-water (by another person) for a half hour at least, once in three days. Please advise when you find the curative remedy.

T. P.

ADVICE WANTED.

A boy at three years of age loses all power of speech, up to that time had been easy to learn and spoke, as his parents say, much better than other children of his age. At two had measles but when he recovered showed no symptoms of dumbness. He is exceedingly nervous and becomes irritable when his parents try to make him say words. He will sit alone looking at the pictures around the room, at times when thus occupied will move his lips as if whispering, wakes up nights and lays for a long time whispering to himself, but no words can be understood by his parents. They insist that he is remarkably bright, knows what they say to him and plays with the children. One to see him at play would take him for a bright active boy. An Old School diagnosed it "softening of the brain," and treated him for that for one year ; a lady physician called it "paralysis of the vocal cords." His head is a trifle large. Has but little appetite, bowels regular. While he was under treatment in Rochester he began to get worse, that is, more nervous. If there is any more information wanted will be glad to hunt it up. If some practical brother will give me his opinion and treatment, will be glad to hear from him through THE UNITED STATES MEDICAL INVESTIGATOR or by letter, postage will be returned.

CALEDONIA, N. Y.

DR. B.

FOR ACHENBACH'S CASE.

I would suggest *Bryonia* 80 for Dr. Achenbach's case.

R. E. JAMESON.

MYALGIA.—WHAT WILL CURE?

Mrs. R. slender, light brown hair, nervous temperament. Has complained of "shoulder-ache" for three or four years, and has been getting worse all the time. It seems to move about and is very much worse at times and also by motion. It is located in the trapezius muscle, or as she says her left shoulder. Sometimes it runs up the neck, and at other times it is under the lower edge of the scapula, and is a dull heavy ache. Nothing seems to relieve it. I have not yet used electricity. Shall try it. Please let me know what you think of the case.

J. T. ROSENEAR.

PARTIAL REPLY TO "G."

I was twice poisoned by ivy (*Rhus rad.*), when a boy. Two years ago, was called to what promised to be a severe case, in a lady, the head, eyes, face, and half the neck being involved. The little watery vesicles were appearing on the neck, accompanied by the usual irritation and excitement from ivy poisoning, which was easily recognized. At that time I could think of no antidote, and not feeling positive as to a remedy, proceeded with two doses of *Aconite* 3x, followed by *Bell.* 3x and *Canth.* 3x in alternation. Relief soon followed, and in thirty-six hours the patient was well. Can't say which remedy cured, but believe *Canth.* to be a good antidote to the poison. *Olive oil* (not cotton seed) makes a good local application—and may also be an antidote.

G. W. W.

RUMEX FOR ASTHMA.

In your October 1st number an interested party inquires about asthma. *Rumex* 3x is a grand remedy also *Capsicum* 15, early.

J. C. MORGAN.

QUERY.

What medicine has a sensation of distress without pain, a distress, as the patient describes it, all over?

B.

J. S. DANIEL'S CASE.

I suspect that J. S. Daniel's is a case of aortic aneurism. *Secale cor.* will do her the most good.

WM. H. W.

☉ CASE FOR COUNSEL.

Mrs. A., aged thirty, nervo-bilious temperament. About seven years ago, ate frequently of blackberries, which was followed by constipation, the first trouble of the kind she ever had. From that time to the present, has been unable to eat any kind of fruit or vegetables containing seeds without an aggravation of the difficulty. Blackberries are particularly aggravating, but strawberries, tomatoes, cucumbers, etc., anything containing seeds, aggravates (when the seeds are eaten). The seeds of larger size produce stool of hard lumps, while those of smaller size produce a clayey stool. Sometimes the smaller seeds free themselves from any other portion of the excretion, when they are much more difficult to pass, the finger being used. The clayey stool is difficult to pass, and leaves a sensation of more to come which, after a few moments, seems to recede. There is at times blood accompanying the stool of hard bulbs, but never any pain or soreness. The patient is quite free from her difficulty when not tempted by the foods she so much likes. There is no trouble with her stomach, and she calls herself well in every other way.

Of the remedies used, *Opium*, *Merc.*, and *Sil.* are the only ones which have given relief, and their effects soon cease. The 200ths do better than lower potencies. What will cure? G. W. W.

FOR ENLARGED TONSILS.

I would suggest to W. C., p. 355, No. 199, Oct. 1, 1877, the injection of tincture *Iodine* in the enlarged tonsils, after the irritation following a cold subsides. I have treated quite a number with good results. I employ a hypodermic syringe with the long needle. I prepare three gtts. of the tincture *Iodine* in ten gtts. of the aquæ dist., inject half in one tumor, the balance in the other. There is no pain connected with the operation. I like this manner of disposing of them much better than by excision. PHIL PORTER.

COUNSEL WANTED.

Mr. H. aged twenty-three, nervous temperament, brown hair and eyes, weight one hundred and sixty pounds. Has been suffering with nasal catarrh for the past four years. The history of the case is as follows:

The first symptom noticed was the dropping of mucus from posterior nares into throat which would be hawked or coughed up arising in the morning; dryness of nose with no discharge more than natural during the whole time, except through posterior nares. This has continued from the first and has involved the pharynx velum and uvula in the inflammatory process. The posterior wall of pharynx is of a deep red, bordering on a purple color as is also velum and palati. The arteries of these parts are plainly visible. At times there is a considerable dryness and inclination to swallow; again there will be a metallic taste in the mouth which always brings on this swallowing, and to converse at these times it is difficult owing to having to stop and clear the throat frequently. Sometimes there is a tickling behind uvula, and again low down in pharynx, which causes a short, hacking cough. In the morning there is some expectoration of a grayish tenacious mucus which looks like boiled starch. This comes from larynx, but can feel loose mucus in trachea when coughing that does not come up; sometimes slight hoarseness. There is of late some deafness complained of in both ears, from the extension of inflammatory process into the Eustachian tubes, difficult to hear speech. The left nostril is ulcerated, and the mucus membrane red and swollen; and I think that there is an ulcerated condition of the posterior nares, as there is a considerable discharge or dropping of mucus from that point into the pharynx. Patient feels well otherwise, and has not been sick a day for twelve years. Eats and sleeps well. The feet are usually chilly, and perspire some, and he is despondent over the condition of his throat. Have used a number of remedies, but do not seem to get good results. The *Calc. carb.* 12x seemed to do well for a while, also *Pulsatilla* 200, but nothing permanent. Will some of our friends who have had experience with this class of cases please suggest treatment and potency. The result will be published through the columns of THE UNITED STATES MEDICAL INVESTIGATOR. SCALPEL.

FROM CHARLES DAVIS.

In the 15th of November number of this journal a call is made for a report of the result of my treatment of Mr. T. for chronic inflammation of the mucous membrane of the bladder and urethra. I gave him *Argent. nit.* 3, without any apparent benefit. In despair he quit, and went to taking some mineral water, which he soon abandoned. I then induced him to take *Chimiph. umb.*, as recommended by Dr. F. F.

Taber. He took it about five days, thought it hurt him, and quit that, but after several days felt better. I advised him to continue. He thought he would quit. I have not heard from him since. I suppose he remains about the same. I am much obliged to those medical gentlemen that responded so promptly to my call for help.

CHARLES DAVIS.

ATTENUATIONS—RHUS POISONING.

KREOSOTE.

It seems to me that repeated failures to solve a problem by any particular method should suggest the propriety, even the necessity, of trying another. From the very first, we have had line upon line, intended to show that the high dilutions of Homœopathy are impotent, because they are devoid of medicine, and because mathematical calculation, etc., *ad nauseum*.

THE UNITED STATES MEDICAL INVESTIGATOR is a truly valuable journal. Every inch of its space should be considered sacred, as being devoted to the directing of the medical wanderer to the goal of medical truth.

The high attenuations are held by many honest men of our school as pre-eminently potent in the cure of disease. These mathematical calculations are a waste of valuable space and worse than beating the air as a means of solving the difficulty. Our church yards are full of proofs to our low dilution brethren, that this is true with regard to ye Allopath. But the low attenuationist falls into the same slough of despond himself, at the threshold of the high attenuations!

There is just one way of solving the question. It is easily solved in this way. Then why not!!

An inquiry by Dr. Patchen in the Nov. 1st number, concerning the best antidote of *Rhus* poisoning, suggests to me a test for the high potencies. *Croton tig.*, 200 Tafel, is the remedy for poisoning by *Rhus*. Try it, ye of little faith, and report. It has never failed me. "Give me the facts, and my lord judge, your reasonings are the mere guess-work of the imagination."

By the way, I wish to ask Dr. Duncan not to forget *Kreosote* in his forthcoming work on the diseases of children, as did Dr. Bell in his admirable book on Diarrhœa, etc. In cholera infantum it has no peer, I think, no equal. I have no notes, and cannot recollect the indi-

cations, only that its sphere is in the second and third stages, with bloody, shreddy, mucous evacuations, with or without oppressiveness, gagging, dull, leaden countenance, somnolence, incipient hydrocephaloid. Let others add to the list of its indications.

Say "thank you," for me, to Dr. E. C. Franklin, of St. Louis.

STEVENSON.

ON DIPHTHERIA.

I will give Dr. O. P. Barden my observations on diphtheria. For fifteen years, or more, I have been using *Binioidide of Merc.*, the 1st, with so much satisfaction to me and my patrons that I have come to consider it king of all the remedies known in this formidable disease. I put a grain of the 1st in a half tumbler of water, and give a teaspoonful to a child, every one, two, or three hours, as the case may call for. I alternate it sometimes with *Bell. 1*, and use *Bell. tincture*, five drops to a tumbler of water, as a gargle, three or four times a day. If the case becomes putrid, with foul breath, it may be alternated with *Baptista tincture*, or *Salicylic acid*. I recommend the use of the *Binioidide of Merc.*, 1st, and it has been so useful that I have not seen fit to change it for a higher. I seldom give medicine lower than the 3 cent., and from that to the thousands.

HENRY, III.

CHARLES DAVIS.

THE OLD SCHOOL THROWS UP THE SPONGE. CONCESSIONS EXTRAORDINARY.

The Cincinnati Lancet and Observer, (Nov., No. 77) contains an article from Dr. T. L. Wright, a prominent Old School physician of Ohio, on Transcendental Medicine, in which he says "the application of remedies to the cure of disease is most difficult and unsatisfactory" and again he says "we do not possess what may be called a rational therapeutics." He says, "In the application of remedies to disease, uncertainties, exceptions, disputes and defeats are interminable."

In the same number of the same journal, Dr. J. R. Black concedes the point that the public look upon the Old School with disfavor and feel that the members of the regular or scientific school are a set of respectable but conservative fogies.

He recommends the formation of a sort of secret society among the regulars, and the throwing aside of books and medical journals, and that this society promulgate to its members orally, what is valuable in medicine. He says "There is scarcely a disease in which I prescribe according to the text-books." This is but a small part of the admissions he makes. Now what shall we think? Are they about to collapse? Recollect these things come from one of the best of their medical journals and from the pens of their prominent men.

Let us have mercy on them for a time. They are certainly suffering remorse, are free to condemn themselves, and are sitting in ashes. Let us stop tormenting them for a time and simply say to them we have found a better way. We know how you suffer, we have been there. We feel for you, and though the dead past cannot be recalled you may have a clear conscience hereafter by turning to, and using Homœopathy, and possibly by diligence in good, the past may be forgiven and forgotten.

CINCINNATI, Ohio.

M. M. EATON.

WHO ARE THE SECESSIONISTS?

BY C. PEARSON, M. D., WASHINGTON, D. C.

As the accusation of secession has been made by a writer in *THE INVESTIGATOR* against a class of respectable Homœopathic physicians, it might be well in answering the above question to consider a few fundamental principles. First, was Samuel Hahnemann the founder of the medical school known as the Homœopathic? Secondly, what is Homœopathy, his definition being the standard? and Thirdly, who are Homœopathists or Homœopatheians? (We are not disposed to squibble about the termination of this word, though we think mathematician as accurate as mathematist) and who are rebels or secessionists? It will scarcely be necessary to argue the first proposition, as no one will have the temerity to assert that the term Homœopathy previous to the time of Hahnemann, had ever been applied to medicine, if indeed it had ever been used in any other sense. Dunglison defines it "Homœopathy, *Hahnemannism*, Dynamism. Renouard in his *History of Medicine*, "The Hahnemannian doctrine." In Chambers' *Encyclopædia*, Vol. V, we read as follows, "Homœopathy is a system of medicine introduced into practice about the close of the last century by a German physician by the name of Hahnemann."

All authorities then agree that Hahnemann was the discoverer and founder of this medical system; the next interrogatory naturally presents itself. What is Homœopathy? It cannot wholly consist in the much vaunted and abused law *similia similibus curantur*, as this was known to others centuries before Hahnemann's day. Hippocrates who lived 450 years B. C., referred to it and advised the following prescription for mania, "Gave the patient a draught made from the root of *Mandrake* in a smaller dose than sufficient to induce mania." Probably the oldest reference to it in poetry is to be found in the following lines usually ascribed to Antophanes who lived 404 years B. C.

"Take the hair, it is well written,
Of the dog by which you're bitton ;
Work off one wine by his brother ;
And one labour with another.
Cook with cook and strife with strife,
Business with business and wife with wife,"

It did not escape the notice of Shakespeare,

"Tut man ! One fire burns out another's burning,
One pain is lessened by another's anguish."

* * * * *

Take thou some new infection to the eye,
And the rank poison of the old will die."

Romeo and Juliet, Act I, Scene III.

Groenvelt an English physician one hundred years before Hahnemann, was imprisoned for adopting this law in practice. Hence, one of two things is clear, either that Homœopathy was discovered and recommended two thousand years before Hahnemann was born, or that he did something more than to revive this ancient theory, and thereby established a practical and useful system of medicine.

In what then did his discovery consist? something certainly that had escaped the observation of the ancients, something that was necessary in order that this theory might be utilized, and which is essentially a part of the Homœopathic system of medicine as the law of similars, and without which it never could have survived as a system one generation, if indeed half that length of time. This in addition to the pathogenetic effect of drugs, or their provings on the healthy organism, was their dynamization or potentization; till this was added to the law, we had no Homœopathy, separate them and dissolution follows. That Hahnemann believed this was as important as the law, and that it required both to constitute Homœopathy there can be no doubt. In his Lesser Writings, page 630, he says, "But as the human organism even in health is more capable of being affected by medicines than by disease, as I have shown above, so

when it is diseased, it is beyond comparison more affectable by Homœopathic medicine than by any other (whether Allopathic or en-Antiopathic) and indeed it is *affectable in the highest degree*; since, it is already disposed and excited by the disease to certain symptoms, it must now be more liable to be deranged to similar symptoms by Homœopathic medicines, just as similar mental affections render the mind much more sensitive to similar emotions; hence only the *smallest dose* of them is *necessary* and *useful* for their cure, for altering the diseased organism into the similar medicinal disease, and a *greater one is not necessary* on this account also, because the spiritual power of the medicine does not in this instance accomplish its object by means of quantity, but by potentiality and quality (dynamic fitness Homœopathy), and *it is not useful that it should be greater*, but on the contrary *injurious*, because while the larger dose, on the one hand, does not dynamically overpower the morbid affections more certainly than the smallest dose of the more appropriate medicine, on the other hand it poses a complete medicinal disease in its place, which is always a malady, though it runs its course in a shorter time." (We might add, provided it be not often repeated, otherwise it will hasten the disease to a fatal termination.)

This then, is Hahnemannian Homœopathy, and we search authorities in vain for any other. It is true, he advanced other theories, such as that in relation to psora, the dynamic origin of disease, etc., but these side issues are not essential in forming the superstructure of the system. The question then naturally arises, who are Homœopaths? There can be but one answer to this question—the followers of Hahnemann. All those who have enlisted under his banner and who are loyal to the doctrines he taught; all others who, having so enlisted but who renounce every principle of his teachings except the Hippocratic law, and are no great sticklers for even that, are either impostors, secessionists or traitors. Impostors if they have never endorsed the doctrines while assuming to do so by adopting the name, or traitors if they desert the cause they volunteered to assist. Let us see then to which of these classes we may safely assign the valiant knight, (or rather Knight Errant) S. J. Bumstead who in the Oct. 1st number of THE INVESTIGATOR so fiercely assails Drs. Lippe, Berridge, and others for being secessionists. Hear him. "Having had something to do with the operation of suppressing our great *political* secession (rather warm politics) some years ago, we feel less hesitancy in advancing to meet the proposal of two eminent medical secession-

ists of the day, Drs. Berridge and Lippe." He wants it understood he is "opposed to coercion," but will not object to the "annihilation and odium they will probably receive." Annihilation! oh, my! Being an old soldier he "feels less hesitancy in advancing." Just as a veteran would, though the enemy should be *two to one*.

Bold knight! Is he only waiting for the word of command? Then we give it, "Forward the *light* brigade." But on this occasion if he should be armed with his old weapons, viz., a dull bistury, *Quinine*, and whisky, it will be difficult to say whether there will be more danger in his front or rear. But let us see what is the record of this old warrior, and how loyal he is to the cause against which he is so ready to accuse others of rebelling. But here again we are in a quandary, what cause is it he wishes to defend against these secessionists? He does not say. It is true he sets up two straw men, one he terms a Homœopathician, and the other a *scientific* physician and of course being the latter, he is able to make war on the former. But does he mean to say that all Homœopaths are unscientific? If so, then we say with the Irishman "Lay on Mac Duff and damn the man that hollows enough first." This is however nothing more than a revival of the stale Allopathic slander urged against Hahnemann, and his followers ever since, by self-styled scientific physicians. We would have been glad had he defined his position more fully, had told us what flag he carries, or proposes to carry in the warfare he is about to wage; he calls these men secessionists, but does not make it clear from what they are seceding. Is it from Homœopathy? Certainly not, for they have nailed the flag of Hahnemann to the mast, and utterly refuse to lower it themselves, or to allow anyone else to do so if they can help it. Is it from the Eclectic or Allopathic schools? No, for they have never professed to belong to these schools and therefore could not secede from them, what then is his meaning? It would seem, as he writes for a professedly Homœopathic journal, that he wishes to convey the idea that he and his straw man, the scientific physician, represent the true Homœopathic school, and that from this Dr. Lippe and others propose to sever their connection. He did at least once profess to belong to this school; seven years ago he wrote as follows:

"The doctor is mistaken, however, when he alludes to us, and says, 'at the same time he claims to be a Homœopathician,' but Dr. Pearson can feel assured that we do not lay claim to such a title, on the contrary we feel like resenting it as an insult thus to be dubbed; we claim no other than that of Homœopathic physician!" (See MED-

ICAL INVESTIGATOR Vol. VII, page 555). If he were then what he claimed to be, (though we never could see it) and is not now, he himself is not only going to, but has already actually seceded, for he now says he has "no hesitancy in treading on the pet theories of Dr. Lippe," and all others who sustain him, and by the way, he will at no distant day find them a more formidable army than he will care to meet with the amount of ammunition he has in store. But what are these ries? Simply those of Samuel Hahnemann as taught in his *Organon*, the constitution of Homœopathy, if ever in his life he has read this book he knows this to be true; we challenge him to refer to one line that Dr. Lippe or Dr. Berridge ever wrote that was at variance with the teaching of the founder of Homœopathy, and it is these principles and this constitution, that this battle-scarred hero proposes to tread under foot. "Who is the secessionist?" Does this belted knight think by the old dodge of "stop thief" to escape like the cuttle-fish by flinging his inky juice in our faces, or like a nameless land animal that pursues much the same policy? He has however succeeded most effectually in demonstrating one thing, and that is, that he and Dr. Lippe do not belong to the same school of medicine. He may style Jesus Christ and Martin Luther rebels, if he will, as well as George Washington and Samuel Hahnemann, but when he tries to make it appear that their true followers have seceded from them, he only exposes his ignorance of what they taught. But he proceeds, "The scientific physician (J. S. B., M. D.) will not care for any other title than that just used, whether he treats a majority of his patients in accordance with the formula of *similia* or not, * * * * * he will never be dictated to by any man or association of men in his profession (!) The scientific physician still further believes that one medicine is best when it will cure the best and quickest, and when it will not (owing to his ignorance) instead of leaving his patient to his fate, is perfectly willing to see him cured by two or a dozen medicines; or by anything, no matter how erroneous he may previously have considered it to be." (Oh science! where art thou? Perhaps with some old grandmother or tapeworm doctor). Here is good Eclectic doctrine, good secession doctrine, no allegiance to the old flag here, no allegiance to anything, not even to common sense. "The patient must not be left to his fate," God help him, can any fate be worse than to be left to this same *scientific* treatment. This is well illustrated within two pages of the above quotation where a Dr. Lewis highly extols mustard applications to the brain and spine of an

infant, and though it died, he uses the following language, "This we consider an important aid in the treatment of such cases. * * * There are those in our ranks who profess never to use such outward (outrageous) applications, but * * * it, in our view becomes our duty to put forth every effort to save life." But to return again to our "fierce hussar," in the final shot from his gatling gun he says, "The scientific physician will seldom abridge the right of any one to act the fool when it is the result of his constitutional nature." No indeed, had he been disposed to do this, his article would never have appeared. But we will introduce for his special benefit, Dr. Hahne-
mann, a gentleman with whom we think he is not acquainted, and who will talk to him and all others like him. (See Organon, page 172). "But the difficult and sometimes very laborious affair of searching out and selecting the Homœopathic medicine, which shall be adapted in all respects to the morbid conditions of a given case, is one which notwithstanding all the praiseworthy attempts to simplify the labor by adminiculary publications, requires the study of the sources themselves, besides the exercise of much circumspection and deliberation, which meet with their best recompense in the consciousness of having faithfully performed our duties. But how will this careful and laborious process, by which the best cure of disease can only be affected, please the gentleman of the new mongrel sect, (the scientific physicians) who, while pluming themselves with the honorable title of Homœopathists, for appearance' sake, administer a medicine in the form of Homœopathic, they have hastily snatched up (*quidquid in buccam venit*). If it does not immediately relieve, they will not impute the failure to their own unpardonable indolence and levity in hurrying over one of the most important and critical of human concerns, but to Homœopathy, they reproach its imperfections, because it does not of itself without any trouble on their part, provide the suitable Homœopathic remedy, and, as it were, serve it up already cooked and prepared, to their hands. They know indeed, full well how to console themselves for the failure of their scarcely half Homœopathic remedy, by dextrously calling in requisition the more pliable resources of Allopathy,* * * * * They cause it to be understood in no equivocal language, that without the trouble of racking their brains, these operations afforded by the pernicious routine of the Old School, would, in truth, have been the best means of cure. If, however the patient should sink under the treatment, they endeavor to soothe the disconsolate relatives by

declaring, that they themselves were witnesses how that everything imaginable had been done for the deceased. Who would honour such a light minded and pernicious sect, by calling them, after the difficult yet beneficent art, Homœopathic physicians." No one, doctor! No one. Let them be called *scientific physicians*.

Hospital Department.

HAHNEMANN HOSPITAL CLINICS.

THE FŒTAL HEART-BEAT.

A CLINICAL LECTURE BY SHELDON LEAVITT, M. D., PROFESSOR OF OBSTETRIC ANATOMY AND THE MECHANISM OF LABOR, IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

GENTLEMEN: I am fully convinced that the topic which we shall consider this morning has not received that attention from lecturers on obstetrics, especially in Homœopathic colleges, which its importance merits. To inform you that detection of fœtal pulsation is of the utmost significance in the diagnosis of pregnancy, would be useless, unless directions were prescribed, by following which, you could employ auscultation in an intelligent and satisfactory manner. In my lecture on the signs of pregnancy, the subject was brought prominently to your attention, but the limits of a single hour would not admit of its extensive consideration. Hence, these remarks may be accepted as, in a sense, supplementary to those originally made on the subject.

You are already aware that the fœtal pulsation constitutes the only infallible sign of pregnancy, and as your own reputation, in many instances the good name of your patients, and other important interests, may depend on the diagnosis which may be demanded of you, I have taken great pleasure in demonstrating to you this sign.

Having heard the fœtal sounds with your own ears, you are the better prepared to comprehend the significance of what I now have to give more in detail.

We infer that M. Maior, of Geneva, who first called professional attention to the subject of auscultation during pregnancy, did not realize the importance of his discovery, if we may be permitted to do so from his failure further to develop it. This discovery by Maior was made in the year 1818, during an examination undertaken for the purpose of hearing the sounds produced by fœtal motion. With his ear against the tense parietes, those sounds were detected, which, when heard, are so pathognomonic in character, that all doubt is at once dissipated, and the diagnosis is rendered positive and unmistakable. It is no part of my intention, at present, to enter into a consideration of all the various sounds which are heard upon applying the ear to the abdomen of a pregnant female, and I must accordingly content myself with a mere mention of them. If I were to attempt a discussion of the entire subject of obstetric auscultation, in order to do it justice, I would be compelled to consume more time than is allotted to me on this occasion. I shall endeavor, then, to confine my attention to the subject of auscultation of fœtal pulsation, and this with a view to practice, the grand object which should be kept continually before us.

To proceed, then, the first circumstance which demands our attention is the best mode of practicing obstetric auscultation. The fœtal heart sounds were first heard by Maior with the naked ear applied to the maternal abdomen; but we are not to infer from this fact that immediate auscultation is the preferable mode. In the practice of this art, as well as all others, drill is of the utmost importance, and by it alone can we hope to acquire dexterity. The ear, as well as the hand, is capable of education. Whether you employ mediate or immediate auscultation, the first attempts will be in a measure unsatisfactory. Only after you have become thoroughly acquainted with the sounds, in their various degrees of intensity, after you have learned to abstract the one for which you seek from all others, will you be able to appreciate the real significance of this question regarding the method which yields the best results. My own preference is for the stethoscope. After a good deal of practice, both mediately and immediately, I am fully persuaded that the finer shades of sounds can be distinguished more clearly with the aid of the stethoscope than without it. There are other objections to the use of the naked ear,

which do not apply with so much force to auscultation over other surfaces, the most emphatic of which grows out of the indelicacy of the act. I know the family physician is a privileged person, but may we not look for more dignified conduct from the profession than is displayed by him who makes a practice of laying his ear upon the hypogastrium of his female patients before or during labor? I do not hesitate to advise you, gentlemen, to invest a few dollars in the purchase of a good stethoscope, if you contemplate practicing this branch of medical art. The objections raised to its use are frivolous, and are, in general, made by those who have not used it enough to become aware of its advantages.

Having settled the question of mediate or immediate auscultation, let us study the proper application of the stethoscope to the abdominal surface. On listening for fœtal heart sounds, you may press the instrument firmly down upon the tissues, until you bring it against the resisting body of the fœtus itself, by this means bringing the abdominal and uterine walls and the fœtus firmly in contact with each other; or you may steady the stethoscope upon the abdomen, and remove your hands altogether. I have found that in some cases the best results may be obtained from the first mode of application, and in other cases I have resorted to the second mode as preferable.

Regarding the position in which your patient should be put, in order to practice auscultation to the best advantage, I need give you no very explicit directions. One authority says, "The patient should be placed on a couch of a convenient height, upon her back, and with the head raised by a pillow, the limbs being moderately flexed, so as to relax the abdominal muscles. If the abdomen be covered, it should only be with a thin chemise. Care must be taken, too, that there is no retention of urine." The supine posture is unquestionably the best, and the other instructions are worthy of recollection. It is not only *desirable* that the stethoscope be placed upon the naked abdomen, but you will find that in many cases, it is extremely *important* that it should be, as every friction sound produced by contact with the intervening garment, is so intensified as to obscure the sign which you seek. It is claimed by some that the most favorable time of the day to employ auscultation is the morning hour, while the patient is fasting, and when the bowels and bladder have been emptied; but in ordinary practice you are not expected to observe such minute considerations. On the other hand, you ought to adhere pretty strictly to the directions in general, or in early experience,

before your ear becomes skilled, and your confidence established, your attempts may be barren of gratifying results. At least one of your number had unsuccessfully applied the stethoscope for the purpose of hearing fœtal pulsation, in several instances, in his practice, but in one of my Saturday clinics he was able not only to hear the heart-beats but to count them by the watch. Then these directions, though they may seem superfluous, are really worthy your attention. In their observance, you will evince an adequate comprehension of what are the conditions of success, and exhibit an intelligent application of the knowledge which you may possess. If I should feel the necessity of impressing upon you still further the need of thorough effort of a scientific sort, when you undertake to carry a knowledge of the principles which I am attempting to inculcate, into actual practice, I might refer to the experience of some who have preceded you. Dr. Johnson, in the *Dublin Journal of Medicine and Chemical Science*, for July, 1833, informed the profession that, after paying a great deal of attention to the subject, he was unable to detect the fœtal heart, and that the only time he ever thought he could do so, he was deceived. His experience was not essentially different from that of many others. Laennec declared that "the study of the sounds of pregnancy requires incomparably more attention than that of all those presented by the diseases of the chest."

I need not dwell long upon the character of the sounds which are heard, as most of you, having listened to them, are as competent to describe them as am I. For the benefit of those who have not yet visited our hospital wards with me, for auscultatory purposes, it may not be amiss that I should explain that the sounds are a sort of flutter, and not in all cases distinctly heard, varying as greatly in this regard as do the sounds of adult pulsations. If you have listened to the latter, in any number of cases, you have doubtless observed a vast difference in the pulsatory force; such variation depending upon conditions not always of a pathological nature. The fœtal heart sounds have been compared to those of a watch under a pillow. It is true that the latter do correspond with the former, in some respects, but rather than recommend you to practice upon a watch, with a hope of getting an intelligent idea of the sounds in question, I would suggest a plan which will give infinitely better satisfaction. I advise you, then, to improve every opportunity to listen, by means of the stethoscope, or with the naked ear, not to any imitative sounds, but to the heart beats of the new-born infant. By a little practice of this sort,

you will acquire a clear conception of what is recognized as fœtal heart sounds, when we apply the stethoscope to the abdomen of a woman in the latter half of pregnancy. Recollect that the beat is double, consisting of the first and second sounds. This you will consider an important item when you attempt to count the pulsations by the watch. There are a variety of other sounds which will at first confuse you; but, by practice, that command over your sense of hearing will be acquired, which is requisite in order to separate one from the others. Do not forget that movement of flatus in the bowels, motions of the fœtus, the utero-placental circulation, and funic pulsations, are all to be heard; not in every case I admit, but unless you are aware of these possible complications, they may serve to confuse and disconcert you. I shall not pause here to consider the characteristics of those adventitious noises, nor do I deem it essential that their differences should be set forth, for I am sure you will not be deceived in these observations; provided you adhere strictly to the directions given, and keep in mind the special features which characterize the fœtal pulse. Should you still be undecided, however, put your finger on the patient's pulse, and if it be synchronous with the sounds which are heard, then the latter proceed from some part of the maternal circulation. If, on the other hand, the two are not synchronous, and yet both regular, you have every reason to infer that the sounds are those of the fœtal heart. It is barely possible, nevertheless, that another source of fallacy may exist in exceptional cases, which is briefly set forth by J. Braxton Hicks, M. D., F. R. S.* He says the susurrus of the abdominal muscles closely imitates the fœtal heart-sounds, in some cases: "I have observed it most markedly," he adds, "in cases of labor where, after long efforts to expel the fœtus, the woman has lost heart, or power, and only slightly brings her muscles to play; or when, in listening for the heart sounds, I have requested her to suspend her efforts at expulsion.

"The vibrations are often remarkably similar to the sounds of the fœtal heart, and in some instances, can be counted as distinctly; the number of them falling so low as to correspond to the rapidity of the fœtal beats. In one case I found it about 180 per minute, or three per second, and it was so like the heart sounds of a living child, that I concluded the fœtus was alive, although when it was born shortly

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after, there was strong evidence that it must have been dead two or three days previously."

Bearing upon this question of differential diagnosis, it should be said that some painstaking observers claim to have found that the circulation of mother and child are strongly in sympathy, the one with the other. With the maternal pulse at 70 or 80 per minute, the fœtal heart-beats number 130 or 140; but causes which concur to produce acceleration of the former, will have a similar influence over the latter. The following case, related by Dr. Kennedy, well illustrates this truth: "Mrs. — was taken in labor whilst suffering under a severe attack of croup. When I saw her, her breathing was very difficult and stridulous, pulse 140, and she showed great febrile *excitement which was much increased by her labor*. Anxious to know in this case, what effect the hurried circulation of the mother would produce upon the fœtus *in utero*, I applied the stethoscope for the purpose, and with much difficulty detected the fœtal heart's action, at a point midway between the umbilicus, and right anterior spine of the ilium, extremely weak and indistinct, and beating, as near as could be calculated, from 190 to 200 in the minute." If this is true, it affords us another means of differentiating between the fœtal heart-beat, and every adventitious sound which may be transmitted to our ear. In short, according to this assumption, there is a marked relation between the rapidity of the heart throb of the mother, and her intra-uterine child. Now, assuming that whatever disturbs the maternal circulation, by changing the quality of the blood, or by diminishing its quantity, has a corresponding effect on the fœtus, we shall not be surprised to find the character of the fœtal pulsation more or less altered in case our patient has suffered a severe hæmorrhage. But it is interesting to observe that this alteration does not always take place in the direction of increased frequency. While the mother's pulse is very rapid, the fœtal heart-beats may be very slow. Indeed, the weight of authority seems to be opposed to the foregoing views, and Dr. Kilian is probably nearer right, who says, "nothing which affects the mother affects the pulsation of the child." Dr. Hohl mentions a case of cholera, in which, with the sinking or complete cessation of the radial pulse, no change in the fœtal pulse was perceptible. It is not denied that the fœtal heart beats may vary, both in intensity and frequency, as the fœtus itself is subject to diseased conditions, within its air-tight apartment.

Observers have attempted to distinguish between the sexes by the

relative frequency of fœtal pulsation. In a large number of cases tabulated by Dr. Frank C. Wilson, the pulsations were found to range from 110 to 170, the average being 134 to the minute. Taking the data thus obtained, as a basis for calculation, he has prepared the following table, which is worthy of a place in your note-books. He makes the average thus obtained a dividing line between the sexes. When the pulsations number more than 134 to the minute, we are to infer that the child is a female, the certainty increasing with the rapidity of the beats. If they number less than 134 to the minute, the child is presumably a male, the certainty increasing as we descend the scale.

From 110 to 125, almost certainly male.

From 125 to 130, probably male.

From 130 to 134, doubtful, with chances in favor of male.

From 134 to 138, doubtful, with chances in favor of female.

From 138 to 143, probably female.

From 143 to 170, almost certainly female.

To show the practical workings of this table, I quote the result of 106 cases, whose record has been kept :

From 110 to 125	35 males and 2 females.
From 125 to 130	13 males and 2 females.
From 130 to 134	8 males and 4 females.
From 134 to 138	5 females and 2 males.
From 138 to 143	7 females and 2 males.
From 143 to 170	24 females and 2 males.

From these results we see that, though our diagnosis of sex cannot be made with absolute certainty, in many cases it may be formed with a good degree of confidence.

Observers are not in accord regarding the period in pregnancy at which these sounds are first audible. Much practice will enable one listener to detect them at an earlier period than another who has not had a similar drill. De Paul asserts that he has been able to distinguish the pulsations of the fœtal heart as early as the eleventh week. Nagele was not able to hear them earlier than the eighteenth week. We may say then, in general, the sounds of the fœtal heart are not audible before the eighteenth or twentieth week of pregnancy. As a sign of pregnancy, indeed, as the only infallible sign of this condition, it is interesting to observe that it is developed almost simultaneously with the appearance of quickening, and at a time when *ballotement* can best be practiced. At this early period, we may be able to detect the sound only at an expense of considerable time and patience, as they are so faint, and the acoustic conditions so unfavorable. Owing to a change of position on the part of the fœtus, you may apply the

stethoscope to a certain locality at one moment without result, and, after a short interval, the pulsations may be distinct at the same point. This leads us to a consideration of those circumstances or conditions, both acoustic and postural, which are accounted as favorable for the transmission of these sounds.

It may appear strange that the pulsations of the fœtal heart are capable of being heard over so extensive an area, and through so great thickness, as they sometimes are. But, gentlemen, you doubtless know that sound is transmitted through solids with facility. The lungs of the fœtus, before birth, not having been inflated, and lying as they do, in close proximity to the heart and aorta, constitute excellent conductors of sound. Familiar examples of similar conditions are found in solidification of the lungs from hepatization, in pneumonia, and their compression in case of pleurisy, with effusion. In both conditions, the heart sounds are unusually distinct, over the consolidated or compressed portions of lung tissue. It is clear, however, that the carneous condition of the lungs, prior to birth, is not the only explanation of the phenomenon in question. If you were to apply the stethoscope to the chest of a newly born child, you would find the heart sounds audible in every part. They are also distinctly heard at the right scapula, and I wish you to observe, moreover, that, when we press the arm of the child against the thorax, and place the stethoscope upon the arm, the same result is obtained. Then we find further explanation of these facts in the comparatively small size of the chest, the relative bigness of the heart itself, with thin walls, and large cavities. Laennec lets in additional light upon the subject, when he says that "the extent of the heart's pulsation is in the direct ratio of its thinness and weakness, and consequently, inversely, as to its thickness and strength." Now it is when these surfaces of the fœtus, over which pulsation is so distinct, are brought into contact, through the thin membranes, with the uterine walls, which latter are in turn in close relation with the abdominal parietes, that we are able to distinguish the sounds of the fœtal heart.

With regard to the intensity of these pulsations, it is worthy of remark, that whenever it is preternatural, suspicion of extra-uterine pregnancy ought to be excited, and a thorough examination instituted. Intensity of the fœtal heart sounds in extra-uterine pregnancy, has been mentioned by Martyn and Spencer Wells.

At what points on the abdominal surface are the fœtal heart sounds audible? These will evidently depend upon certain circumstances,

chiefly of fœtal position. You are now aware, from instruction recently received, that cephalic presentations occur in more than nine-tenths of all cases; and as that part of the fœtal surface over which the sounds in question are most audible, is the superior portion of the fœtal thorax, you cannot fail to infer that, upon auscultation, the heart-beats of the fœtus will be most distinctly heard at a point below the maternal umbilicus. Moreover, you have been told that the first position of the fœtus, in cases of head presentation, is by far the most frequent. As in this position, the long axis of the cranium corresponds with the right oblique diameter of the superior strait, and the dorsum of the child is directed anteriorly and to the left, the posterior superior portion of the thorax, including the right scapular region, must lie below the umbilicus, and more or less to the left. Then, in making a search for fœtal pulsation, we would apply the stethoscope first to the left of the median line, at a point below the umbilicus. Failing to find it there, we would listen at a corresponding point on the right side of our patient. Finding it in the latter location, we would infer that the position of the fœtus is the converse of the first, namely, the second position.

In the case before you, pulsation was at first distinctly audible at the point last mentioned, from which fact we inferred that the fœtus was in the second position of cephalic presentation. This was true, also, of the woman who was recently brought before the class for diagnosis, several physicians having examined her, and declared that she was not pregnant. In connection with this first case, however, let me say that the location of the heart-sounds have changed from the right to the left side, so that the child now lies in the first position. Labor is supposed to be near at hand, and the fœtus bringing its greatest diameters into coincidence with those of the maternal pelvis. Some of you have listened with me in other cases, to the same sounds in the left side, and have found the position in labor to correspond with the diagnosis given. Then we say, that in the vast majority of cases, you will find the fœtal heart-sounds below the umbilicus, generally more or less to the right or left of the median line, but sometimes in the centre, above the symphysis pubis. The latter is true, more especially, of early pregnancy. But all presentations are not cephalic, and, therefore, in a certain number of cases, the sounds will be located elsewhere. A few of your number attended with me a woman in labor, where the feet came down in advance. Upon applying the stethoscope, we found the fœtal heart-sounds audi-

ble, at a point somewhat above the umbilicus, and to the left. In all cases where the child sits upright in the womb, especially towards the close of gestation, its heart throbs will be most distinctly heard at a locality more elevated than in other instances. This fact is worthy of your recollection, as it may render acceptable service in cases of doubt and danger.

Now, bearing in mind the various positions of the fœtus *in utero*, you will not be surprised when I inform you that, under some circumstances, the fœtal pulsations are to be distinctly heard in two localities. These may be upon the right and left sides of the abdomen, or they may be on the same side. In the latter instance, one spot is generally near the median line, and the other in the lumbar region. I do not refer now to cases of plural pregnancy; they will be considered in turn. But this is true, now and then, even when the uterus contains but one fœtus, the phenomenon being the result of exposure of both lateral surfaces of the child.

The foregoing remarks are applicable chiefly to dorso-anterior positions of the child; but what shall we say of those cases where the folded extremities of the fœtus are turned towards the parietes of the abdomen? M. Stoltz has stated that the fœtal heart-sounds cannot be heard when the dorsal region is directed backwards, unless some part of the child's thorax be in contact with such a portion of the uterine walls as admits of exploration. It is a fortunate circumstance that, rarely, or never, are both lateral surfaces of the fœtus so located as to wholly obscure the heart sounds. In these cases, however, we must make diligent search, even far back in the lumbar regions. It is a matter of fact, that toward the close of gestation, whatever may be the position of the child *in utero*, if it be living, skillful and close search will almost invariably be rewarded with its detection.

Is it possible to diagnosticate the presence of more than one fœtus in utero by means of auscultation? I reply, yes, in some instances, but not in all. Bearing in mind the position usually assumed by twins, lying, as they commonly do, a fœtus upon either side, one with the head dependent, and the other with the breach lowermost, you can easily determine at what points the sounds are most likely to be audible. One of these spots will be below, the other above, the umbilicus, to the right and left of the median line. You will be able to determine whether you hear two distinct pulsations or not, by carefully counting the sounds, watch in hand, and comparing the results thus obtained. In cases of suspected plural pregnancy, you

should be guarded in the expression of your convictions, as the heart sounds of the second fœtus may be obscured, or your ear uneducated to their detection.

The remarks to which I have thus far had your patient attention, have doubtless been regarded by you as having special reference to the diagnosis of pregnancy. But auscultation of the fœtal heart-sounds is of value to us for other obstetrical purposes. By means of it, we are able not only to determine with precision the presence of a living fœtus *in utero*, in cases of doubtful pregnancy, but during the progress of labor it renders valuable aid. This phase of the subject has not received as much attention from obstetricians as it deserves, and the vast majority of practitioners are not at all conversant with it. I should be very unwilling to trespass upon your valuable time by a consideration of this subject, were I not convinced of its practical utility. A few hints will suffice to give you an idea of the application of auscultation to the fœtal heart-beats during parturition.

First, then, let us study the influence upon these sounds of the compression incident to expulsion. We are told by some authorities that uterine contractions have no effect upon them, but when we apply the stethoscope to the abdomen in labor, this notion is found to be fallacious. Listening during a pain, I have almost invariably observed retardation of the fœtal pulse. The extent to which this takes place bears a close relation to the force of the contraction. The liquor amnii, in case the membranes are unruptured, affords more or less protection to the fœtus; but after this protection is removed, the uterus may close upon its living contents so powerfully as to endanger their integrity. During the progress of a close labor the degree of compression, and the resultant risk to the fœtus, may be accurately estimated by means of auscultation. If inordinate compression be exerted upon the head, the fœtal pulsations will be accelerated, and may become irregular and intermittent. On the contrary, if free circulation be interfered with by compression of the funis, the pulsations become slower and their force diminished. The unborn child has been *heard* in its death struggle, by more than one observer. An interesting case of this sort is related by Kennedy: "Mary Donnelly," he says, "came into the lying-in hospital, in labor, on the 16th of March, 1830. She had been suffering from hæmorrhage for some hours previous to her admission, and I was in consequence called to see her. On making a vaginal examination, the os uteri and external

parts were found partially dilated; the head presented at the brim of the pelvis, and on insinuating the finger within the uterus, a portion of the placenta could be felt separated from the posterior part of the neck of this organ, explaining the cause of the hæmorrhage. She stated, on inquiry, that she had felt the motions of the child within the last few minutes. On applying the stethoscope, the placental sound could be distinguished at the left side, stretching into the iliac region, about 100 in the minute: the foetal heart's action was observable below, but near, the umbilicus; it was feeble, and 108 in the minute.

"The hæmorrhage having continued for an hour, so as to reduce the patient considerably, while the state of the parts did not admit of delivery, the abdomen was again explored, when the foetal heart was observed extremely feeble and fluttering, beating 88 in the minute. The pulse of the mother was now 110. Just at this moment the child was felt moving violently, or rather convulsively, both by the patient and myself. These motions were repeated four or five times in the course of a few minutes, and then ceased altogether, after which the foetal pulsation could not, upon the closest examination, be detected." He states that, about three hours afterwards, the patient was delivered of a dead female child.

It is not necessary that I should do more than allude to the importance, to the obstetrician, of a knowledge of the condition of the foetus, which may be obtained by auscultation, and frequently by auscultation only. Employing it, we shall not be likely to make serious blunders under the supposition that life is extinct; we shall know when to operate and rescue a perishing child—when to withhold, and when to employ, instrumental or manual aid.

Medical News.

A Merry Christmas to all.

Remember! 1878 for only \$3.00, in advance!

Died.—At Cleveland, Ohio, Sunday evening, Oct. 8, of typhoid fever, Emma, wife of J. Pettet, M. D.

Homœopathic Medical College of Missouri, St. Louis.—Will you be kind enough to give us *forty-three students*, and not "twenty," as reported "by a college professor."

P. G. VALENTINE,
Registrar.

Horlick's Food For Adults.—"Sick folks are childish," is a common observation, but whether they all need children's food is a question. Some cases can take with benefit infant's food, but we are pleased that Messrs. Horlick have prepared a food especially adapted to invalid adults. Give it a trial.

Dr. H. V. Miller, of Syracuse, N. Y., who has been suffering from partial paralysis, writes: "Am gaining a little in health." We are glad, for Dr. M. is an enthusiastic materia medica man, and he promises you some interesting practical comparisons of remedies.

Too Much for Him.—The able abstract man on the *Homœopathic News* (Luyties), who condenses a whole journal into a brief paragraph, finds our Nov. 1st and 15th numbers too much for him, and gives up the exhausting job, declaring it "contains as great a variety of articles as a grab-bag!" Variety is the spice of life, you know.

The New York Ophthalmic Hospital.—Report for the month ending Nov. 30, 1877. Number of prescriptions, 3133; number of new patients, 315; patients resident in the hospital, 39; average daily attendance, 131; largest, 172. **ALFRED WANSTALL, M. D.,**
Resident Surgeon.

The Female Hygienic Digital Syringe is unique. It is said that the vagina is a self-lubricating canal; if so, we do not think there would be so many cases of leucorrhœa. This syringe is arranged to



dilate the vagina, and thus secure its perfect cleansing. The speculum may be used separately, as forceps. It is certainly a novel and useful article. The cut does not show the tube to the syringe.

Dr. Adolphus Felger, of Philadelphia, one of the oldest Homœopathic physicians, has been honored by Emperor William, of Germany, with the degree of Knight of the Order of the Crown. This is the only instance of royal favor ever conferred upon a member of the medical faculty in the United States. Dr. F. entertained the members of the World's Convention right royally, and will wear this new honor with his usual quiet dignity.

John C. Peters, M. D., it is said, was formerly a Homœopath. The law he never absorbed, for he says, in the *New York Times*, Nov. 18: "The law *similia similibus* has frequently and satisfactorily been proved to be, at the utmost, a mere fragment of a greater law; but, more properly, it is really the figment of a learned, pragmatist and eccentric man, Hahnemann, who was preceded by the celebrated quack, Paracelsus, in the universal adoption of it."

To this another correspondent aptly replies: "I don't know of any law in nature that was based on a principle, nor do I know any law in

nature, broad or small, that was a complex composition of fragments. But that is, perhaps, a *modus loquendi*, and "*le style c'est l'homme.*"

A lively discussion, Dr. Arthur Hills tells us, is being carried on in the above paper every week. The New York Homœopaths are after J. C. P. with a sharp stick.

Homœopathic Medical Society of the State of New York.—The annual meeting of the society will be held in the Common Council Chamber, Albany, Tuesday and Wednesday, Feb. 12th and 13th, 1878, for the election of officers, reports of committees, etc., and the transaction of such other business as may legally come before it. It is hoped that there may be a full attendance, as it is expected that matters of *vital importance* will be considered, and it is desirable that a full expression of opinion may be indulged in by the members of the society, and thus secure the most careful deliberation and mature judgment in the decision of matters of *momentous import*. Members of the profession, whether delegates or otherwise, are *earnestly* invited to participate in the meeting, by presenting essays, etc., either in person, or through another. The undersigned will be glad to learn the titles of papers proposed to be read, as early as possible.

ALFRED K. HILLS, M. D., Rec. Sec'y.

A Review.—Another volume closed, and another year gone. *Tempus fugit*; eternity dawns! What we do for the Master must be done quickly. We live not for ourselves; therefore this journal flourishes. What a vast freight of medical matter these twenty-four numbers for 1877 have brought to your door. The help afforded many readers is incalculable. 1877 has been a very profitable medical year. The diligent, thoughtful, observing reader has been greatly benefited. More valuable grists have not been handled at this medical mill during the eleven years of our editorial miller life. The issue has not been all fine flour, it is true, therefore, digestion and assimilation have been active and vigorous. Medical knowledge is like money, it increases the more it is loaned. Have you given your knowledge to the money changers (medical press) and received your own with usury? Have you learned during the year? Have you read (studied) any of the many new books? Have you read carefully, thoughtfully, the hundreds of medical articles that your friends have placed before you? If not, go over them again, for courtesy, if not for profit. Have you learned to use your weapons (remedies) better? Do you know more of the range of action of each? Are you *striving* to keep up with the advancement in all of the medical sciences? Have you paid your bills promptly, as far as is possible? Can you stand up and say, "I am more than I was last year?" Give us your hand, and away we go, through a happy, active, glad New Year, and we will whisper in your ear: Our numbers are increasing; hard times have opened people's eyes wide; 1000 students and 500 converts in training mean: "Homœopathy, the *Science of Therapeutics*, Excelsior!"

The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

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

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Advertisements on this page will be inserted as follows: Five lines or less, 25 cents each insertion; every additional line five cents. Six words make a line. All orders must be accompanied by the cash.

FOR SALE.

FOR SALE.—One full set Day's splints — new, price \$50. Address S., this office.

FOR SALE.—One full set of Day's Splints, part only used once, cost \$65.00; will sell for \$40.00.

FOR SALE.—Jahr's Symptomatology and Repertory, new edition, 2 vols., cost \$11.00; good order; make an offer. Address A., this office.

FOR SALE.—On account of leaving, a doctor wishes to dispose of his office, for the cost of some partitions, carpets, etc., very cheap. Address X, this office.

FOR SALE.—On account of leaving, a doctor wishes to sell out medicines for family use, in boxes, with from 24 to 96 vials, for two-thirds of cost. Address C, 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 Homœopathic rival. Address B, this office.

FOR SALE.—A full set of Boericke & Tafel's 200th potencies, 250 remedies, in one-ounce vials, \$40. Also a full set Boericke & Tafel's 1000th potencies, 100 remedies, in half-ounce vials, \$18. Address S., care this office.

FOR SALE.—A beautiful home, convenient and centrally located, in the village of Brooklyn, Iowa, for cost (house new), built this summer. A good practice thrown in. No Homœopathic competitor. Terms easy. Address, Doctor A. C., Box 379 Brooklyn, Iowa.

FOR SALE.—Characteristic Materia Medica, by Burt, good as new, \$2.50; The Treatment of Rheumatism, Epilepsy, Asthma, and Fever, by Russell, good as new, \$2.50; Homœopathic Practice of Surgery, by Hill and Hunt, good as new, \$3.00; Homœopathic Treatment of Infants and Children, by Ruddock, good as new, \$1.50; Homœopathic Pharmacopœia and Pœcology, by Jahr, \$1.00. Address J., this Office.

FOR SALE.

FOR SALE.—An Allopathic physician, retiring, wishes to sell his property in a town of about 1000 inhabitants. Splendid country. No Homœopathic physician in place. Property, consisting of two houses, one with six lots, and one with three, will be sold, separate or together, cheap, part cash, balance on time. Within about 200 miles of Chicago. Address, W. J., this Office.

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WANTED.—November 1873 of this journal. 25c. will be paid.

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WANTED.—January 1st and 15th numbers for 1877, also March 15th 1877. Twenty-five cents will be paid for each.

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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. B. PARSONS, M. D., Kerrville, Kerr county, Texas.

G. E. ROUTH, M. D., Austin, Texas, treats Diseases of the Throat and Lungs. Austin, with its varied and romantic scenery, is by far the prettiest locality in the South; it being the capital, its amusements and society are excellent. The climate is unexcelled, every variety of pulmonary trouble being benefited by its genial influence.

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