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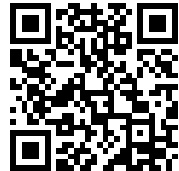
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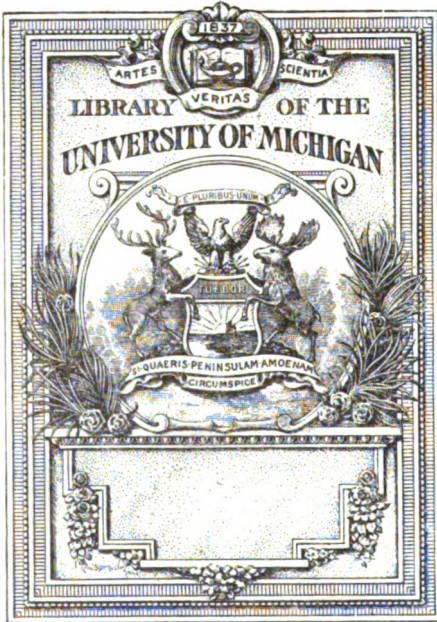




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THE
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MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL

OF

THE MEDICAL SCIENCES.



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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

OSCEOLA, Iowa, May 20.—We have been having an epidemic of whooping cough, and now measles is making it lively.

E. H. WILSON.

OAKLAND, Cal., May 23.—Prevailing diseases: fevers, pneumonia, paralysis, rheumatism, neuralgia, catarrh, bronchitis, etc. Remedies used: *Aconite*, *Bell.*, *Rhus*, *Bry.*, *Nux*, *Puls.*, *Gels.*, *Pod.*, *Merc.*, *China*, *Fer.*, *Arsen.*, *Bapt.*, *Phos.*

M. D. WILSON.

ALBANY, Oregon, May 30.—Prevailing diseases are: Whooping cough and intermittent fever. Remedies used in former: *Bell.* 30x, *Dros.* 6x, also *Cup. met.* 6x and *Mephitis* 3x and 30x. Of the latter, *Ars. alb.* 30x, and 200, *Eup. perf.* 6x, *Arsen. of Quinia* 2x and 3x, *Nux vom.* 30x, and *Ipecac.* Mostly used.

G. W. WILCOX.

PHILADELPHIA, Pa., June 5.—Strawberry pathogenesis, rheumatic, catarrhal and syphilitic cases, intermittent fever. Remedies indicated: *Aconite*, *Lach.*, *Psor.*, *Bry.*, *Kali.*, *Ferr. phos.*, *Thuja*, *Nux v.*, *Merc.*, *Puls.*, *Carbo. veg.*, *Phos.*, *Lach.*, *Bry.*, *China*, *Natrum m.*

J. C. MORGAN.

SPRINGFIELD, Ill., May 18.—Prevailing diseases are: Varicella,

parotitis, intermittent fever, coughs. Remedies used: For parotitis, *Merc. sol.*, *Hahn.* 3. For intermittent fever, (mostly children) *Arsenicum* 3. Coughs, *Acon.* 3, *Bry.* 3, and *Phos.* 3. For varicella,—no applications for treatment.

W. R. CONDELL.

CEDAR RAPIDS, Iowa, May 22.—Have had considerable diphtheria here, for which *Merc. iod.* was the principal remedy. Our bilious fevers call for *Bry.* with the help sometimes of *Nux vom.* and *Ipecac.* Homœopathy is decidedly on the increase here, and that largely among our better class of citizens.

G. E. COGSWELL.

FLORENCE, Colorado, May 12.—Prevailing diseases are: Catarrhs and the usual effects of colds, with an occasional case of bilious fever, (a rare thing in this climate.) Weather unusually warm and dry. Remedies indicated: *Aconite*, *Bry.*, *Merc. viv.* and *Gels.*

VIRG. R. TANNER.

WATERTOWN, Wis., May 23.—Prevailing diseases are: Whooping cough, sore throats and a general epidemic of colds are all we have prevailing. Medical aid seldom required. Allow me to suggest *Kalmia*, as the "similimum" to the case reported by A. H. Birdsall in last number. *Aconite* would precede it well.

C. R. MUZZY.

DEWITT, Iowa, May 29.—Prevailing diseases are: (1), Pleurisy, (periodical), (2), facial neuralgia, (3), intermittent fever, (4), diphtheria simplex. Remedies used: (1), *Bry.* 3x, *Verat. vir.*, tincture, (Norwood's). (2) Aggravation in morning *Gels.*, evening, *Conium* 4x. (3) *Ars.* 2x, *Quinine*, *Nux* 3x, *Gels.*, tincture. (4) *Merc. bin.* 100, *Bell.* 2x.

M. R. WAGGONER.

MARION, Ind., May 29.—Prevailing diseases are: Intermittent and remittent fevers, some acute, and many chronic cases left over by the "Old School." Remedies used: *Nux v.*, *Ipecac.*, *Arnica*, *Puls.* The three first low in the hydrogenoid and high in oxygenoid constitutions.

J. C. NOTTINGHAM.

BRANTFORD, Ontario, May 14.—The past winter and spring have been painfully "healthy." Whooping cough has been prevalent, but the type has been very mild. The remedy in most general use has been *Drosera* and has generally proved sufficient. There has been a few cases of typhoid fever dependent on local causes, such as insufficient drainage and impure water. The remedies indicated have been *Ars.*, *Bry.*, *Rhus* and *Bell.* Along with these I have persistently used the wet compress, and have thereby succeeded in controlling the diarrhoea and other abdominal symptoms. Pneumonia more particularly among children has prevailed to some extent. The symptoms have

promptly yielded to *Tartar emetic*, *Bryonia*, *Phos.* and *Aconite*. At present, intermittent fever seems more prevalent than any other form of disease. Here *China sulph.*, seems most frequently indicated though in some cases *Arsenicum* is required. If any of our American friends are on the look-out for a healthy summer resort, permit me through the medium of the "INVESTIGATOR" to recommend Brantford. Last year our death rate was only twelve per 1000, and so few for the present, I believe it to be less. If any of your western cities can excel this, let them speak out. A better record may be creditable, but scarcely satisfactory to medical men.

WM. NICHOL.

"POTENCIES."

In the "May 1st" number of the INVESTIGATOR, I find an article under the above caption. The learned essayist draws a distinction between *potency* and *trituration*. It is a matter of surprise that he did not prefer the word *attenuation* to "*trituration*." Every *trituration* may be an *attenuation*, but very many *attenuations* are not *triturations*. In fact many of our best remedies owing to certain volatile and chemical peculiarities are not susceptible of *trituration* at all. Every pharmacist with his lexicon at hand, may readily learn that to *triturate* means to rasp, rub, grind or convert into a *powder*. As *attenuation* means division and reduction in quantity, it is equally applicable to any form of remedy whether solid, fluid or gaseous. As between high and low *attenuationists* the word "*potency*" conveys a somewhat "uncertain sound." The former holds to the doctrine that "*potency*" (*power*) increases with the increase of *attenuation*, while the latter hold to a somewhat contrary view of the matter. For the sake of perspicuity and uniformity, let the 1st, 3d, 30th, or 200th *attenuation* be the form of phraseology. If it be desirable to indicate that the remedy in a given case was prepared by *trituration*, let such mode of preparation be made known by the use of the word, but not specially to indicate rate or range of *attenuation*. Let us have scientific exactness and literary accuracy in this and all other professional communications; as we shall have quite enough of "*dead weight*" to carry in the shape of wanton persecutions from our adversaries, without self-imposed additions in the way of blame-worthy mistakes and blunders.

ST. LOUIS.

W. A. EDMONDS.

CLINICAL EXPERIENCE.

BY T. M. WATSON, M. D. GRIGGSVILLE, ILL.

PULSATILLA HEADACHE.

I am subject to a sick headache that has troubled me ever since boyhood, having the following symptoms: It commences with obscuration of sight, a slight dimness at first which continues to almost complete obscurity. This always precedes the headache, by from fifteen to thirty minutes, and goes off entirely as the headache comes on. The pain is a steady, heavy aching in the forehead, which shortly locates itself in one spot, generally over the right eye; does not come on at any regular time of day; is worse from motion, from lying down, from mental labor, or excitement, after eating, and in a warm room; is better from sitting up and perfect quiet. Ascending or descending stairs causes a severe throbbing through the whole head; stooping also causes this and produces a keen pain through the head. A loathing at the stomach hardly distinct enough to call nausea always attends it. Eating fruit or rich food are the common causes. Formerly, it lasted me all day, now I am always able to control it with *Puls.* in, at most, an hour or two. When I first feel the premonitory blindness, a dose of *Puls.* 1000 will almost always abort it entirely. When from any reason the pain gets the start of me, I have found it best to give a dose of the 3d, then in half an hour the 1000th, which finishes up the work. Belching of wind, tasting of the ingesta or like rotten eggs, always follow the medicine and gives much relief.

RHEUMATISM—A NEW REMEDY.

A remedy that I have frequently used with the greatest satisfaction to myself and patients, I never see mentioned in Homœopathic literature. It is the *Scrophularia marilandica*, commonly called carpenter's square. I prepare my own tincture from the fresh root and leaves, gathered before the plant flowers. (Now is the proper time to prepare it.) I have used it only in rheumatic complaints. When I find our older remedies indicated, they succeed, as promptly and thoroughly in this disease as any other, but I am sometimes brought up against a case which does not just correspond to them. In a certain class of these cases, this remedy just fills the bill. I have used it in a number of cases, and with the following symptoms, always with prompt relief. Symptoms: Excruciating pains about the joints, shifting frequently and suddenly from one part to another, no heat or redness; worse from slightest movement (but not better from rest as, *Bry.*) and dur

ing stormy weather; slightly and temporarily relieved by warmth; usually followed by an œdematous swelling. I give internally drachm doses of the 2d dec. dilution, and apply locally a liniment of *Tr. Scroph.* ʒ ij to *Alcohol* ʒ iv. My patients very frequently speak to me of its prompt local effect. We have much of this disease in this locality, and Homœopathy and this remedy have given me splendid success in its treatment. I hope the members of the profession will avail themselves of this valuable auxilliary to our rheumatic remedies, as it will certainly repay them.

CLINICAL NOTES FROM PRACTICE.

The following case, the notes of which were taken at the bedside, is interesting because it corroborates characteristic symptoms of the medicine given.

Philadelphia, Sept. 7, 1873, S. J., a gentleman whose professional duties brought him much in contact with brimstone, charcoal, saltpetre, etc., was attacked during a rainy season, on the bank of the Delaware, with intermitting chills, occurring every morning at 3 o'clock. These chills had recurred every day for about a week when I was called. He had been confined to his bed and was very much exhausted. The following is a synopsis of the symptoms upon which I prescribed.

Sept. 7, 1873. Weather had been damp and chilly. Chills recurred every morning at 3 o'clock, and began *in the right thigh*, from thence spreading over the whole body. *Simultaneously with the chill a dry hacking cough*, which disappeared at the same time with the chill.

Immediately-after chill, vomiting followed by fever. No sweat. *During fever thirst.* I gave him one dose of *Rhus tox.* 200, *Jenichen* dry on the tongue, and a few pellets dissolved in four tablespoonfuls of water, a teaspoonful every two hours. The next morning the chill did not return, the medicine was stopped and the man made a speedy recovery.

The following cases may also prove of interest. During the winter of 1874-5, Dr. Howard Cheney, then a student at the Hahnemann Medical College of Philadelphia, was treating a case of diphtheria in a little boy, according to my recollection, for I quote from memory, about nine years of age. The boy was very ill, but made a good convalescence; shortly after his apparent recovery, he found his sight

defective. His eyes had suddenly become old and he could read only with his grandmother's glasses — an old lady who resided in the house. *Lachesis* 200 cured him in a few days.

I have always doubted the agency of the medicine in the recovery of this case until recently. On the 25th of March, *i. e.*, two months ago, I was called to treat a case of diphtheria in a young married lady who had all the advantages for nursing and comfort, which wealth could afford. She was very ill, and I had grave doubts of her recovery. After an apparently good recovery, she suddenly found her sight nearly gone and reading impossible. She used magnifying glasses with comfort, and gradually grew worse until the 15th of the present month (May) when she found her powers of speech were disturbed. Many words she could not articulate, because after a few minutes conversation a curtain seemed to fall down in front of her pharynx. The following symptoms were also *taken at the time* in my note book. Teeth feel as if wedged; tongue feels scalded; can't yawn because of sharp pain about the root of her tongue; if she eats fast the food stays in her throat; pain over her eyes and sore feeling in her eyeballs; has to use old Mrs. N——'s glasses to read or sew. Old Mrs. N. is in her eightieth year. I prescribed *Lachesis* 200 in water, a dose every two hours. An examination of her mouth shewed a bagging just in front of the uvula, which was very soft and felt like pus, at the apex of the bag was a whitish prominence as if an abscess was about to discharge there. On the twenty-fifth, just five days since, I called again and found a complete recovery both of sight and speech, and there were no symptoms to prescribe for. She told me that on the morning of the twentieth, she found herself reading without her glasses. Her sight had suddenly returned to her.

PHILADELPHIA.

H. NOAH MARTIN.

NAMES, SYMPTOMS, ATTENUATIONS.

BY W. A. SCOTT, M. D., LENOX, IOWA.

A novice in Homœopathy meets with confusion and bewilderment on every hand. If he has studied any other system of medicine, and no matter how thoroughly, the names, *China*, *Kali*, *Natrum*, etc., bring him to a stop. A little investigation, however, soon makes them seem as old friends. When he looks over the *symptoms* of medicines, he finds that some of them run up to thousands, and he wonders

how any human being can make anything out of the apparently confused mass, and I will whisper privately that my wonder runs in the same direction.

But after all of this is mastered after a fashion, he goes to his patient, and the symptoms, to his mind, call for *Sulphur*. He unfolds his pocket case, and a learned M. D., steps in and says *Sulphur* 1x; another *Sulphur* 30, another 100,000, another 1,000,000, while Dr. Skinner steps in and says, "give 1,000,000, I owe my life to the 1,000,000, give that!" Now what must he do? Why this confusion in the temple?

If he reads the medical journals, and he will always be an ignoramus if he don't, he notices that a medicine is recommended highly for certain symptoms, and he wants just such a remedy, but the writer does not say whether it is given crude, or what attenuation. The books are the same way. And the mind is left to wander in the wilderness of attenuations from 1x up to 1,000,000!

And I have been afraid that some ambitious doctor sighing for fame would carry the attenuation up to the billionth! Why not? If the 1,000,000 is better than 1x, the 1,000,000,000 ought to be still better. If one is up among the stars, there is yet room beyond, and why not go up and possess the goodly things?

The great want now is for some great mind to reduce this confused mass to certainty. To give definite symptoms and not too many; to give definite remedies and not too many; and to give definite doses and definite times for doses. Then, and not till then, will there be a rational system of medication.

Perhaps, it might be of advantage if those who are up among the stars would come down to earth, and give to earthy men and women the benefit of their wisdom.

ABOUT CRACK SHOTS.

As I have of late read of many remarkable cures with a single dose of some favorite remedy, I am fearing I am getting behind the times. I have had a few similar cases but they do not redound to my credit. I have a case of intermittent fever bad, three or four M. D.'s tried and failed. I tried him and as was supposed, cured him three times, but in six or eight weeks he would be down again, getting discouraged, started for Colorado; after he got there he had two chills worse than

he ever had without a particle of medicine. Oh, how I missed it that I did not give him one single pill. Again I tried a case for a month, living in a bad location. As soon as he got well enough, I sent him to New England. He also had two chills where no one ever had a chill before, and moved back and has had no chill since. Several patients have come to me from malarial districts and the same has proved true. A few doses in this climate cures such cases. Now I can't stretch my conscience enough to credit the wonderful effects of a single dose in these cases. Why don't some of our men tell us about some of their cases when they have utterly failed, and give us the practice, and let some of the sharpers give them a rowing up. I believe it would do them more good. If I get a bad case and fail, I rather counsel would tell me step by step (privately, I mean) where I might have done better, and I usually review in my mind those cases of failures, and ask myself if some other remedy would not have done better. I was called to a case in consultation, where an M. D., had changed remedies seven times in about thirty hours. The patient died. But suppose the patient had lived, how could he tell which remedy cured? Such cases are not often reported. I think that man could gain something from a question or two at every change.

We need to be more accurate in our diagnosis and look closely for leading symptoms. I see many cases of what I call bad practice, but when a case gets well, some remedy that was poorly indicated gets all the praise. I find another point worth looking at. Some men too often fail in diagnosis. I know a case where five men diagnosed and only one saw the point affected, as afterward proved. I admire to see young men ambitious and old ones reliable. If you can call the attention of medical men to this subject, I think we generally shall reap the advantage. I like the journal much.

L. HUBBARD.

FISSURE OF THE ANUS.

A case suffering from fissure of the anus presented the following symptoms: Deep and superficial fissures; pain after stool as if splinters of glass were sticking in the anus and rectum; heat and pain so intense he could not keep still. After stool, sensation as if the rectum protruded, and then went back with a jerk, with most horrible pain; frequent and ineffectual desire to urinate; fluttering of the heart. *Rhatany* ʒ three times a day cured.—*N. A. Journal of Homœopathy.*

Society Proceedings.

Transactions of the Clinical Society of the Hahnemann Hospital of Chicago.

At the meeting June 4th, 1878, Dr. von Tagen read an essay on Fracture of the Femur; Dr. Roby reported a case of renal calculus removed by a new method; and Dr. Jessen read the following paper which elicited a very instructive and animated discussion:

SOME OBSERVATIONS CONCERNING MAGNETISM AND KINDRED SUBJECTS.

BY BARON VON REICHENBACH, M. D.

Selected and translated from the Danish by H. C. Jessen, M. D.

This renowned author made, about thirty years ago, some experiments with the intention of discovering the limit of the magnetic power which is contained in the magnet itself, other metals, some minerals, etc. The result was most surprising, and as his experiments were made in a strictly scientific manner, and with the skill and sincerity of a sober observer, and generally in the presence of unbiased witnesses, we think his observations are perfectly reliable. They are related in the Danish periodical *Archiv for Pharmacie*, edited by S. M. Trier, Copenhagen. I am not aware that his theories and experiments have received the attention due them. Therefore I take the liberty of presenting a few selections from his writings to the notice of this society.

I. INTRODUCTORY REMARKS.

When we, with the poles of a strong magnet of the power to bear about twenty-five pounds, stroke the body from above downwards in the case of fifteen to twenty persons there will be found a greater number than we should suppose who are affected by it. The impression upon susceptible persons is difficult to describe; it is more disagreeable than pleasant, and is combined with a weak sensation — often of warmth and often of coldness — which is similar to a mild current by which the persons acted upon, believe they are touched. Sometimes they have jerkings, and stitchings or formication; and some complain

of a sudden headache. Both women and children, and even men in their best age, are susceptible to this influence.

It is no matter what kind of magnet is used, or what pole is applied, if it is only strong enough. The stroking itself has to be done slowly, from above downwards, and the magnet may be applied as near to the body as possible without touching the clothing, and to prevent all illusion, it may be passed from the occiput over the nape of the neck down the back. The person upon whom we are operating is thus ignorant of what is being done, and his experiences will therefore be more reliable. Healthy and strong persons seldom feel anything during the operation; but it will always be felt by the sensitive. The following list shows how the effects increase according to the susceptibility and general condition of the subject. The first in the list is the least sensitive, the last the most so.

(a). People of continued sedentary life, and such as are depressed by sorrow.

(b). Half-sick people, of whom it may be said that their nervous system is weak.

(c). Really sick people, especially those with spasms.

(d). Patients with chorea, epilepsy, catalepsy, lameness, or hysteria, and those who are habitual somnambulists.

It will be seen that the "sensitive" make a link in that chain, on one end of which we find the man in health, and on the other the somnambulist.

Hence the magnet presents itself as an agent of vital power (one which some physicians have tried with little success, to use as a remedy), but which has not yet been brought within the domain of natural philosophy. Nevertheless, magnetism has an almost unlimited interest even from this point. Some of the phenomena seem to grasp life itself, especially where the limits between the inorganic and the organic touch each other.

As it was not known whether these phenomena belonged to physiology or to natural philosophy, they were neglected by both parties and left to medicine where they have not been in the best of hands.*

II. THE PHENOMENA OF LIGHT ON THE POLES OF THE MAGNET.

Sensitive persons, who really or apparently are in health experience nothing particular except the already-mentioned sensations. The impression upon the sick "sensitives" is sometimes pleasant and at

* This is as true now as it was thirty-five years ago.— ED.

other times very disagreeable, which latter occasionally rises to such a degree that faintness, spasms, and even attacks of catalepsy may occur often, with such a violence that they become dangerous to life. In such cases there is a *most extraordinary sharpening of the senses*, especially of the vision, which becomes so acute that it on the one hand cannot bear either natural or artificial light, while on the other hand it can not only *recognize the outlines of objects in great darkness, but even plainly distinguish between colors in cases where it is utterly impossible for the healthy to do so.*

It is not so difficult as it might appear at the first glance to explain the facts themselves, and to admit the possibility of their existence. Not only do most animals, but even man himself, if living under certain circumstances as savages, hunters, etc., surpass civilized people in the sharpness of their senses; but it is a well-known fact that horses, dogs, cats, etc., both smell and hear better than men; and that they to a certain degree are able to see in the dark.

Baron R. reports the following case: By favor of Chevalier Dr. von Eisenstein, and in his presence I was introduced to a patient, Miss Nowotny, twenty-five years old, who for eight years had been suffering from an increasing headache, and later from cataleptic attacks, with tonic and clonic spasms. She had this acuteness of the senses; she could not bear the light; in the dark night she could see the room half illuminated, and could clearly distinguish between colors. The magnet had in several respects a most violent effect upon her, and she was sensitive to such a degree that she was in no respect different from the somnambulists in regard to the sharpness and irritability of the senses. As I remembered that the northern light seems to be but an electric effect from the magnetism of the earth, and which is not yet sufficiently known because natural philosophy has not discovered any direct emanation of light from the magnet, I was highly interested in learning whether a sight as sharpened as hers would be able to discover any light from the magnet; and also, whether she could not give us the key to an explanation of the northern lights. When Miss N. had spent part of the night in absolute darkness, a magnet, which could bear about one hundred pounds of iron was held before her free from its armature, and as long as it was open she clearly saw a plain, distinct, continuous light, which always disappeared at the moment the armature was replaced. The following night, the patient having just passed through a cataleptic fit, the magnet was placed on a table at a distance of about ten feet from

her; both poles were directed upwards and the armature was then taken away. She then saw, on each pole of the magnet, a light which disappeared every time the armature was put on, and always returned when it was removed. The light on both poles seemed to her of the same size and to have no inclination to run together. Next to the magnet the light formed a mist of fire which was surrounded with a kind of halo. The rays continued changing in length and shortness, and scintillated most beautifully. The whole picture did not look like a common fire; it was purer, almost white, and was in its character more like the light from the sun than that from fire. When the patient became more healthy, the light from the magnet seemed to her to be more and more weak, "it becomes a thread of light," she said, and she could see nothing when she was cured.

In the presence of the above-named Dr. Eisenstein, Baron R. made similar experiments with Miss Mary Marx, aged twenty-five, who was suffering from lameness of the lower extremities, but neither lunatic, somnambulistic, nor suffering from mental affections, and further experiments, always with the magnet of one hundred pounds, upon Miss A. Sturmänn, aged nineteen, suffering with tubercles of the lung, catalepsy with tonic spasms, and inclined a little to somnambulism. In both cases there were the same results; both patients saw a strong light; they described it as about the size of the width of a hand, and the last explained it as a combination of colors, white with a little red and blue, and that when the armature was taken away the "fire broke out violently" from the magnet. Among the other persons upon whom Baron R. experimented, we shall but mention Miss Barbara Reichel, aged twenty-nine, of so great nervousness that she could see the light from the magnet not only when it was disarmed, but also when the armature was left upon it. *It may then be considered a fact that from a magnet emanates a light.*

III. PHENOMENA OF ATTRACTION BY THE MAGNET.

That a living limb can adhere to a magnet is not known in natural philosophy and physiology, and but few men have seen it; therefore I shall report the following observations made by Dr. E., and I (Baron R.) will try to explain them. When Miss N. during cataleptic attacks, but nevertheless without spasms, was lying without consciousness and movement, and a horse-shoe magnet of twenty-five pounds power was brought near her hand; then the hand became so fixed to it that it adhered as a piece of iron and followed the magnet in various directions. The patient remained unconscious, but the attraction was so

powerful that when the magnet was brought so far away that her hand could not reach it, she, in her senseless state, arose from the bed and followed the magnet as far as possible. This experiment was repeated every day with the same result in the presence of eight to ten conversant witnesses. At times, when she was free from attacks and in a cheerful mood, the results were the same. She describes the sensations during the experiments as a refreshing, interminable pleasantness so long as the magnet was not too strong; it was an irresistible attraction which she was compelled to follow and which could not be overcome by her will.

As this matter seemed to me too strange to be true, I believed at first that I was deceived. Hence I took various precautions as bound something over her eyes, operated with the magnet myself, etc., but the result was always the same. I stationed a friend, who operated with a strong magnet of one hundred pounds power outside the room, but immediately behind the brick wall at the head of her bed; in the same moment as the disarming was done she became restless and asked us to look if there was not in some place an open magnet. Without her knowledge the anchor was laid on the magnet again, and immediately she was quiet. The same thing occurred as often as the magnet was opened or closed.

Dr. Baumgartner made a trial in another way. He drew a horse-shoe magnet from his pocket, praised it to the persons present as the most excellent and powerful he ever had, and proposed to perform an experiment upon her with it. But how great was the surprise of us all when Miss N. declared that she found it weaker than all of those tried and almost without any effect. She could neither smell nor taste it; it did not burn her and did not attract her hand at all. Dr. B. smiled at our astonishment and then declared that it was not a magnet, only a piece of iron; and we now saw that it was unable to bear an anchor.

Later experiments with Misses R. and S. gave similar results, therefore it may, without any doubt, be considered a fact, what Petetin, Nick, and others, many years ago reported, viz., *that in certain diseases, especially when there is catalepsy, a decided attraction takes place between the human hand and a strong magnet.* The feet had a little attraction similar to that of the hands, but elsewhere on the whole body there was not to be found a spot which had any particular irritability.

IV. PHENOMENA IN REGARD TO THE MAGNETISM OF THE EARTH.

From ancient times it has been known that the magnet is able to cause certain phenomena in sick persons, especially in somnambulists. In the last century it was discovered that the same phenomena could be effected with *the bare hands*. But as it was not understood, and often in the hands of charlatans, it was ridiculed and science did not pay further attention to it. The name given to it increased the misunderstanding. It was called animal magnetism without reason; and we could even as well speak of iron—or amber-magnetism as of a special animal-magnetism. Magnetism is but one and is not divisible into specialities, and when we use here the expression animal-magnetism, we use it with this reservation.

In his experiments Dr. R. wished to know what relation there was between the so-called animal—and the so-called metal-magnetism; and by his experiments he endeavored to obtain for the former a merited place in natural philosophy.

The first thing he had to do was to settle the question: how much the earth-magnetism had to do with his experiments? It acts a good deal upon the magnetic-needle and it might, doubtless, have influence upon animal nerves. This powerful factor had first to be taken into consideration and to be brought within the calculations.

With this intention he made observations on healthy and sick persons, and discovered that the position during sleep with the head towards the north and the feet towards the south was the only one which would suit best for all persons, and that any deviation herefrom was always followed with more or less indisposition which in sensitive persons might go even as far as spasms. The position with the head towards the west was the most injurious. We shall let the Baron himself report the following cases:

CASE I. Mr. Schuh consulted me. He had the strange custom that he in sleep turned himself in the bed, and would be found in the morning lying with his head in the place of his feet, and, that when he had not slept in that position before morning, he was ill-disposed and weak all the next day. On examination it was found that the bed stood with the head towards the south. It was turned in the opposite direction, and now he, Mr. S., never changed his position in the night, and had good, refreshing sleep.

CASE II. Dr. Schmidt, of Vienna, was suffering from a violent rheumatism combined with painful spasms in the arms and hands.

His physician treated him with the magnet but without effect. I advised to turn the bed according to the magnetic meridian, with the head towards the north. He immediately felt better; instead of chilliness he experienced a pleasant, continuous, warm temperature; the application of the magnet was now of benefit, the arms and fingers became moveable, and the pain left him.

CASE III. Miss N.'s resting-place was exactly in the magnetic meridian. She had from instinct selected, and with great energy requested this position, so that we, to satisfy her, had to move a stove. I tried now to have her lie in a position with her head towards the south; but on doing so she was immediately uneasy, became red in the face, her pulse became fuller and quicker, and there was congestion of blood in the head, and a disagreeable feeling in the stomach. When the head was directed towards the west she became still worse, and symptoms of fainting presented themselves so clearly that we were obliged to turn her again with the head to the north. In the same moment all indisposition disappeared, and she was all right and pleasant again. The same thing occurred not only in a full-lying, but also in a half-reclining position in a rocking chair; she always became sick, and in the western position the symptoms were always the most severe. And furthermore, the magnet did not act as usual, and her whole animal and psychological life seemed to be altered. The rapidity with which her illness left her when turned towards the north was very great; she felt relief generally in less time than a minute.

As a result it thence may be considered that the normal position, during sleep, for all men, but especially for sensitive persons, is that in which the head is towards the north. All my experiments were made with the patient in this position. In regard to the time for experimenting it may be said, that the supposition, that the earth magnetism has less intensity during the full-moon, seems to be confirmed by my observations. Do we here have a key for the explanation of what causes the phenomena in the lunatics?

V. THE PHENOMENA OF ANIMAL-MAGNETISM.

We are now at the door of the so-called animal-magnetism and intend to open it and touch this "*noli me tangere*." When I, Baron R., with a magnet made several strokes from the head to the feet of Miss S. she became senseless, had spasms, and frequently catalepsy; but the same effects were produced when I made the same strokes with my *bare hands*. My hands must also have the power of a mag-

net. Where I with the ends of my fingers stroked near the bodies of sensitive patients, they *did* feel the same as if I had stroked with a magnet. And even if they were blindfolded they could tell in which direction my stroke was made; and they had all the sensations as from manipulation with the magnet. Not only "sensitives" but even persons in perfect health were often susceptible to it.

It appears therefore to be a fact, that the human body possesses a magnetic power and that this can be transmitted from one person to another.

Before closing the subject we will remark finally that the similarity between the magnet and the human hand has been observed as far as to the *symptoms of flames*. When Dr. R. once experimented with Miss R. in a dark room, he brought his hand occasionally between the patient and the magnet. Immediately she told him she saw five small lights and could not understand it. It was tried again and again, always with the same results. When tried she could see the same upon the finger-ends of all the gentlemen, but nothing upon the finger-ends of the ladies present. Miss Atzmansdorfer could see the same.

It may therefore be considered as a fact that from the finger-ends of healthy men flames of light are streaming out, even as from the poles of a magnet.

The character and the position of Baron Reichenbach seems to protest against all suggestion of fraud; the experiments were made in the presence of most respectable and scientific men; the persons upon whom he experimented were not able to deceive as precautions were taken in regard hereto; and furthermore, the experimenters many times tried intentionally to get a wrong explanation, *but such did not happen a single time*. Therefore we think it fully justifiable to draw the following

CONCLUSIONS :

1. From the magnet there is an emanation of light.
2. There is an attraction between the human hand and the magnet.
3. The earth-magnetism has a decided action upon the human body.
4. The human body possesses a magnetic power and this can be transmitted from one to another.
5. These phenomena are observed most markedly in those persons who are in a condition of nervousness, as, for example, suffering from chorea, epilepsy, catalepsy, lameness, hysteria or somnambulism.

TWO MORE CASES OF OVARIOTOMY, BY PROFESSOR LUDLAM.

Dr. R. Ludlam made a verbal report of two cases of ovariectomy. The operations were made by him on Friday and Saturday May 31st, and June 1st, in Minnesota. Thus far both patients were doing remarkably well. The specimens were on the table.

CASE I. Mrs. C—, aged twenty-two, was a patient of Drs. Goodwin and Higbie of Minneapolis. The tumor had been tapped by these physicians, with an aspirator, March 13, 1878, but had filled rapidly and completely again. Eight pounds of serum were removed at that time. It began to refill in ten days.

With the assistance of Drs. Goodwin and Higbie, of Minneapolis, Higbie of St. Paul, and Messrs. Spalding and Pillsbury, medical students, I began the operation at 9 o'clock A. M. There were twelve physicians and students present. The operation lasted one hour and ten minutes; the sac and contents weighed eleven and one-half pounds; not an ounce of blood was lost, nor did a drop of the fluid from the cyst fall into the peritoneal cavity. The patient vomited freely before the incision, but only once afterward. The tumor consisted of one large sac and a more solid portion which I preferred should be opened before this clinical society. (This part of the tumor being laid open by Dr. Hall in the presence of the members, was found to consist of twenty-six smaller cysts, all of which were filled with an inspissated serum, and also of limited colloid deposits.) The patient reacted well and on the third day, when I left, bade fair to recover in due time. She is in good hands.

CASE II. Mrs. L—, a patient of Dr. C. W. Crary of Lake City, Minnesota, living six miles in the country was the subject of the operation which I made on the following day. She was thirty-three years of age, the mother of four children, the youngest of which is *only three months old*. The tumor was of four year's growth. Dr. Crary had made a careful diagnosis, and, because of the great and increasing distress of the patient on account of the accumulation, had determined to resort to tapping. This he had done just one week before our operation, and had drawn off eighteen pounds of a dark claret-colored serum. The patient experienced great relief, but was anxious to "have the whole thing taken away."

There was a slight refilling of the cyst, but when she laid flat upon the back, *the resonance was clear over the whole surface of the abdomen*. The incision was therefore made slowly and very cautiously, as in strangulated hernia, until I came down upon the sac. The latter was

tapped and the week's accumulation of serum removed. Then a careful examination showed that the cyst was adherent throughout. The whole of its anterior surface that was not studded and covered with adhesions, which I separated little by little with my hand. These adhesions were fibrinous, the surfaces of the tumor and of the peritoneum not being glued together intimately, and almost inseparably, like the coats of the eye, as they were in my case at Elgin.

The posterior surface of the sac was completely covered by omental and intestinal adhesions, that were as intimate as it was possible for them to be. These were detached with the greatest delicacy and care. Every precaution was taken with regard to hæmorrhage into the peritoneal cavity, and the wound was finally closed with silver sutures, the pedicle being pocketed. The duration of the operation was two and one-fourth hours. The patient reacted slowly, had a good night, and by telegram from Dr. Crary this evening, I learn is doing well. The sac, which was very thin and tender, (almost rotten, indeed, weighed but two pounds. Adding this to the eighteen pounds of fluid removed the week previous, the entire tumor weighed twenty pounds.

There were present at this last operation, Drs. C. W. Crary and Adams of Lake City, Drs. Higbie of St. Paul, and Goodwin of Minneapolis, and Mr. Pillsbury, student. Dr. L. then exhibited the specimens of the ovarian fluid taken in these two cases, and made some remarks upon their relative weight, color, opacity, etc.*

* At the date of going to press (the 24th and 25th days), both these patients are doing well.

THE HAHNEMANN MEDICAL ASSOCIATION OF IOWA.

The Hahnemann Medical Association of Iowa assembled in annual meeting in the west parlor of the Burtis House, at two o'clock May 22d. The society was called to order by the President, Dr. G. N. Seidlitz, of Keokuk, — with Mrs. Dr. R. Harris, Vice-President; Dr. E. A. Guilbert, of Dubuque, Secretary, and Dr. W. T. Virgin, of Burlington, treasurer, in their places.

Physicians present were as follows: E. A. Whitlock, Farmington; H. P. Button, Iowa City; T. G. Roberts, Washington; Alex. Q. Smith, Burlington; H. C. Shouse, Davenport; H. Wessell, Jr., Davenport; Mrs. M. W. Porter, Davenport; Mrs. Clara Yeomans, Clin-

ton; Mrs. C. Hickox, Cedar Rapids; G. H. Patchen, Burlington; W. H. Dickenson, Des Moines; W. Bancroft, Keokuk; W. W. Forester, Toledo; W. T. Virgin, Burlington; Geo. F. Roberts, Waterloo; I. H. Crippin, Waterloo; R. F. Baker, Davenport; G. Neuman Seidlitz, Keokuk; E. A. Guilbert, Dubuque; S. E. Nixon, Burlington; A. C. Cowperthwait, Iowa City; A. Kunze, Davenport.

Drs. Isaac Prince, Chicago; M. B. Beals, P. H. Wessel, and W. J. Wells, Moline; P. J. Worley, Davenport, and student Jas. H. A. Thompson, Davenport, were present as visitors.

AN ADDRESS OF WELCOME

was delivered by Dr. R. F. Baker, chairman of the local committee of arrangements.

The doctor, in behalf of the committee of arrangements, the resident physicians and the friends and patrons of progressive science in this city, tendered the members, individually and collectively, a cordial welcome. He made some excellent remarks on the pleasures and benefits of such a gathering, and then, for fear some of the members might get sick, he gave the prescription for a remedy, which he would commend to all, viz: the golden rule (not the golden rod), love, wisdom, friendship, sympathy, attention, good-will, all nicely prepared in the milk of human kindness.

The doctor's address was loudly applauded. The

ANNUAL ADDRESS OF THE PRESIDENT

was then delivered by Dr. Seidlitz, who commenced by thanking Dr. Baker for his warm welcome, and said he believed the members of the society would accept Dr. B.'s prescription, and no doubt it would be for the benefit of their health. After expressing his thanks to the association for the honor of presiding over the deliberation of the body a second time, the president tersely sketched the history of the association, which was organized May 31, 1870, upon the call of the efficient secretary and indefatigable worker, Dr. E. A. Guilbert, by a small number of physicians who met in the office of Dr. Dickenson, in Des Moines. It was also to the "untiring energy of Dr. Guilbert, who, to the detriment of his own private interest, spent both time and substance in behalf of the cause, we owe in a great measure, the successful operation of our present medical department in the Iowa State University." The president spoke of the honorable positions occupied by members of the school through appointments by the Governor. He regretted that a State Board of Health was not established

by the last general assembly — and said the passage of any one of the bills “would have been better than the present lawless condition which permits any vender of nostrums to settle in our midst and to attempt competition with educated medical men.” The president then discussed the matter of vital statistics, as regards births, marriages, deaths, climatic and meteorological observations in our state, and presented cogent arguments in favor of laws compelling the registration of facts under these heads. He had introduced reform in the matter in Keokuk, and had succeeded so far that the mortuary, marriage and meteorological reports are reliable and full. The doctor enlarged upon the value of this sanitary knowledge with much eloquence and to the interest of the convention.

Drs. Dickenson and Patchen were appointed additional members of the board of censors, and the board reported favorably upon the following new members: A. C. Cowperthwait, of Iowa City; J. H. Crippen, of Waterloo; G. F. Roberts, of Waterloo.

The chair read an invitation to the association, from President Farquharson, of the Davenport Academy of Sciences, to visit the academy at any time; and the invitation was accepted with thanks.

Dr. Guilbert offered the following resolution, which was adopted:

Resolved, That the suggestions made by the president in his address, with reference to the formation of city and state boards of health, are worthy of general dissemination, and that we, as a state assemblage of sanitarians, emphatically commend them to the consideration of the people of the state.

PAPERS.

Dr. T. G. Roberts presented a differentiation of *Belladonna*, *Hyoscyamus*, and *Stramonium*, drugs whose striking points of resemblance not infrequently puzzle the practitioner. The doctor gave a minute statement of the effects of the drugs on the system and on the mind, which was listened to with much interest.

Dr. Clara Yeomans presented a paper on *Trifolium pratense* (red clover) as a therapeutic agent of great value in treatment of pertussis, humid variety of asthma, and spasmodic cough, stating that for ten years it had rendered her better service in those diseases than any other single remedy. Country people in the doctor's region drink clover tea for ague with remarkable success.

Dr. Bancroft read a paper on *spina bifida*, or congenital tumor on the vertebral column, generally situated in the lower dorsal and lumbar regions. The doctor took the ground that there can be prevention

of transmission of disease, whether mental or moral, by use of proper remedies with the mother during pregnancy.

Dr. Dickinson gave verbal report of an interesting case of ovarian tumor lately treated in his practice—treatment with the aspirator, which has so far been very satisfactory.

CONGRATULATIONS

were received from Dr. T. C. Duncan, secretary of the Illinois State Homœopathic Medical Association, in session in Chicago; and from P. G. Valentine, president of the Missouri Institute of Homœopathy.

A motion that the chairmen of bureaus be elected immediately after the close of the reports of bureaus, prevailed.

Dr. T. C. Roberts was elected chairman of the bureau of materia medica and provings.

ELECTION OF OFFICERS

for the ensuing year was held with result as follows :

PRESIDENT—Dr. R. F. Baker, of Davenport.

VICE-PRESIDENT—Dr. H. P. Button, of Iowa City.

SECRETARY—Dr. E. A. Guilbert, of Dubuque.

TREASURER—Dr. W. T. Virgin, of Burlington.

BOARD OF CENSORS—Drs. G. N. Seidlitz, of Keokuk; W. H. Dickenson, of Des Moines; S. G. Nixon, of Burlington; E. A. Whitlock, of Farmington; G. H. Patchen, of Burlington.

The rest of the afternoon was devoted to reports of cases in clinics. In the evening the association attended a

RECEPTION

at the residence of Dr. R. F. Baker, 629 Iowa street. The spacious mansion was thronged with many of the most prominent citizens of Davenport, their wives and daughters—and the reception the guests of the association received was very cordial indeed. J. S. Conner, Esq., delivered a very happy address of welcome, in behalf of Dr. Baker, which met with hearty response from Dr. E. A. Guilbert for the association. A sociable was enjoyed for an hour, and then as elegant a supper as ever was served in the city was enjoyed. Toasts and responses followed. Rev. J. G. Merrill, of the Congregational church, responded to "Unity, Liberty, and Charity;" Geo. E. Hubbell, Esq., to "Professional Courtesies;" Dr. Seidlitz to the "Laws of Health;" Mrs. Dr. Youmans to the "Medical Profession and the Ladies;" Dr. Guilbert, to the "Status of Homœopathy;" Mrs. Dr. Porter, to "Women in the Medical Profession;" and Mr. Conner, very nicely,

to "Our Hostess." Then there was more music, and another hour of sociability.

SECOND DAY.

The second day's proceedings of the Hahnemann Medical Society of Iowa, opened at 9 o'clock, Dr. Seidlitz presiding.

Letters of greeting and congratulation from Dr. H. W. Roberts, of Ottumwa, and Drs. Edgar and Lacy, of Louisville, Ky., were read and ordered filed.

The board of censors recommended A. E. Lockey, M. D., of Ottumwa, for membership, and the report was adopted.

Dr. Guilbert, from the committee on by-laws, submitted a code, formed to correspond with the articles of incorporation. The code was carefully considered, and was adopted.

Election of delegates to the American Institute of Homœopathy took place, and Drs. Virgin, Seidlitz, Bancroft and Dickenson were unanimously chosen.

PAPERS AND REPORTS.

Report from the bureau of obstetrics was called for; and Dr. Guilbert submitted a paper on rheumatism of the womb, which was followed with the closest attention. Dr. Seidlitz was elected chairman of the bureau of obstetrics.

Reports from the bureau of surgery were called for; Dr. Nixon read a report on general surgery, specifying several cases of much interest with which he had been familiar. Dr. Whitlock submitted a report of an interesting case of fracture of the skull, which elicited considerable discussion. Drs. Roberts, Virgin and Worley relating cases of fracture of the skull. Various opinions were expressed as to the length of time drainage should be allowed to continue—the general opinion being in favor of stopping suppuration as early as possible. Dr. S. E. Nixon was chosen chairman of this bureau.

Dr. G. H. Patchen read a valuable paper on "Diet in Health and Disease," urging upon the attention of every physician the importance of dietetic reform, as a subject which will amply repay investigation, yielding more satisfactory results than any other single subject in connection with medical science.

By request Dr. Patchen made statements of a case of gall stones, in which 153 stones were taken from the gall bladder during a *post mortem*; he exhibited fifty of the stones in a vial; they varied in size from a pinhead to a large pea. The case was a very rare one. This

man could tell when the food passed into the duodenum. The doctor also explained a case of heart disease resulting in complete obliteration of the left common carotid—a fact which was ascertained by a *post mortem*. No such case has been reported hitherto.

Prof. Richardson, of St. Louis, was introduced to the association, and tendered the congratulations of the profession in Missouri.

Cedar Rapids was chosen as the place of meeting in 1879, the date to be left with the executive board for decision.

Dr. Bancroft offered the following resolutions, which were unanimously adopted :

Resolved, That the thanks of the Hahnemann Medical Society of the State of Iowa are heartily tendered the citizens of Davenport for the generous welcome which has been extended us during our sessions in their beautiful city ; also to the local committee for their admirable arrangements for our enjoyment, and particularly to Dr. R. F. Baker and his wife for the elegant reception given us last evening.

Resolved, That we hereby tender our thanks to the reporters and publishers of *The Gazette* and *Democrat* of this city, for favors received and for their excellent reports of our transactions.

DELEGATES.

Drs. G. H. Patchen, G. N. Seidlitz, G. F. Roberts, and W. Bancroft were elected delegates to the Western Academy of Homœopathy in St. Louis in 1879.

Dr. Guilbert offered the following resolution, which was adopted unanimously :

Resolved, That the thanks of this association are due, and hereby are tendered, our retiring president, Dr. G. N. Seidlitz, for the faithful efficiency he has brought to aid him in the discharge of his varied duties during the two years he has filled the office.

Mr. G. E. Halsey, of Chicago, was elected honorary member of the association.

AFTERNOON SESSION.

Dr. Patchen was elected chairman of the bureau of anatomy, physiology and hygiene.

The committee on legislation presented an elaborate report on the efforts of the committee in behalf of the Homœopathic department of the State University, and the passage of laws regulating medical practice and establishing a State Board of Health in Iowa. The organization of a subsidiary association in each congressional district was urged upon the delegates present.

Retiring President Seidlitz here introduced R. F. Baker, president-

elect for the ensuing year. Dr. B. took the chair, and delivered a neat inaugural, in which he said he rather chose to let his actions as president speak for themselves after his term, than to make promises.

BUREAUS

were announced as follows :

SURGERY—Drs. S. E. Nixon, Chairman ; G. F. Roberts, T. C. Maughlin, E. A. Whitlock.

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN—Drs. G. Neuman Seidlitz, Chairman ; F. W. Roberts, W. Bancroft, J. T. Crippen, Geo. H. Patchen.

MATERIA MEDICA—Drs. T. G. Roberts, Chairman ; A. C. Cowperthwaite, Clara Yeomans, H. P. Button, E. Cartwright.

CLINICAL MEDICINE—Drs. J. H. Crippen, Chairman ; W. W. Souster, G. F. Roberts, H. W. Roberts.

ANATOMY, PHYSIOLOGY AND HYGIENE—Drs. G. H. Patchen, Chairman ; G. N. Seidlitz, H. W. Roberts, R. F. Baker.

EYE AND EAR—Drs. G. F. Roberts, Chairman ; H. B. Button, E. A. Whitlock, S. E. Nixon.

MEDICAL ELECTRICITY—Drs. E. A. Guilbert, Chairman ; E. A. Whitlock, W. W. Souster, Cordelia Hickox.

MEDICAL EDUCATION—Drs. A. E. Dickenson, Chairman ; W. C. Cowperthwaite, P. J. Connelly.

On motion the association adjourned, subject to call of the president and executive board.

TO THE ISLAND.

Carriages were in waiting at the door, and were speedily occupied by the members, who were driven to the arsenal and armories on the Island. They enjoyed the visit very much. Col. Flagler received the visitors, and conducted them through the shops and pointed out the various departments of special interest. The excursion was one of the enjoyments of the session tendered by Dr. R. Baker.

ANNUAL MEETING OF THE WISCONSIN STATE HOMŒOPATHIC SOCIETY.

The fourteenth annual meeting of the Wisconsin State Homœopathic Medical Society was held at the parlors of the Newhall House June 13th. The meeting was called to order by the President, Dr. H. L. Bradley, of Horicon, a few minutes after 10 o'clock. Those present

at roll-call were : Drs. A. Kendrick, Waukesha ; H. B. Dale, Oshkosh ; E. S. Donaldson, Waupacca ; R. K. Paine, Manitowoc ; D. S. Smith, Chicago ; E. W. Beebe, Evansville ; S. J. Martin, Racine ; M. F. Page, Appleton ; C. H. von Tagen, of the Clinical Society of Hahnemann Hospital, Chicago ; H. L. Bradley, Horicon ; L. Sherman, Jas. Lewis, O. W. Carlson, E. F. Storke, A. Schlämilch, Martin M. King, Bandee and L. Pauly, Milwaukee ; T. M. Martin, Delevan ; E. D. Kanouse, Columbus ; W. H. Sanders, Oshkosh ; Messrs. T. Halsey and R. C. Miller, Chicago ; S. C. Hood, Horicon, and R. H. Davis, Milwaukee, students who have not yet graduated.

The secretary read the minutes of the last annual session, held at Fond du Lac. The minutes were approved, after the insertion of the name of Dr. D. S. Smith, of Chicago, who has been elected to honorary membership, but whose name had been unintentionally omitted.

Dr. Sherman, of Milwaukee, moved that R. C. Miller, of Chicago, be employed to take a stenographic report of the proceedings, at a compensation of \$25. The matter was discussed at some length, and the motion was finally defeated, on the ground that it was an unnecessary expense.

Dr. E. F. Storke, of this city, treasurer of the society, submitted a detailed statement of the finances. The receipts from the former secretary were \$20.40, and from the present secretary \$56.00, the disbursements \$42.24, leaving a balance of \$34.16 on hand. Drs. Hale, Martin and Sabin were appointed a committee to audit the treasurer's accounts.

A good deal of indignation was aroused over a saucy letter from Dr. A. C. Kellogg, of Portage City, withdrawing his name as a member of the society. He had never believed in the Homœopathic school, nor did any fair-minded, intelligent man.

Dr. Page, of Appleton, moved that the backslider be expelled for non-payment of dues.

Dr. Martin, of Milwaukee, questioned whether this course would be severe enough.

It was concluded, however, that he was unworthy more attention. Dr. Page's motion to expel was then concurred in without a dissenting voice.

The resignation of Dr. L. D. Coombs, of Colorado Springs, was received and accepted.

A letter from Dr. W. Danforth, president of the Illinois State Association, wherein he stated he would meet the association to-day.

UNPROFESSIONAL CONDUCT.

The secretary moved the appointment of a committee to examine a circular issued by Dr. A. C. Main, of Portage, advertising a special nostrum styled "Homœopathic" preparation for the cure of lung diseases, under the name of lung drops. Extracts from the circular were read and provoked rounds of laughter. The charges were discussed as to the manner of preferring them.

Dr. Storke moved as an amendment the appointment of a committee to investigate the charges of unprofessional conduct.

Dr. Martin wished the motion withdrawn, so that written charges may be preferred, as the code of the society provides. The motion was withdrawn.

The secretary then read the following charge against Dr. Main :

I hereby prefer charges against Dr. E. C. Main, of Portage City, for unprofessional conduct and violation of the spirit of our constitution, and would submit in evidence the accompanying circular.

DR. H. B. DALE.

On motion of Dr. Martin a committee consisting of Drs. Dale, Storke and Page were appointed to canvass the charges.

Dr. E. F. Storke, chairman of the bureau on obstetrics, read extracts from a letter from Dr. R. Martin, on the subject of still-births. This subject is one that daily calls loudly for a remedy. The first great cause is incompetent attendants, for proper midwives, a majority of whom now are totally unfit for the position they assume. The records show that during the past year there has been reported 158 still-births, and of this large number only sixty were sent in by the physicians, leaving ninety-eight to the credit of the midwives. Dr. DeWolf, health commissioner of Chicago, in reply to a letter of inquiry on this subject, says : "At present all women may become midwives in this city if they choose. The State Board of Health are at work investigating the question of competency, and will secure proper legislation next year, so we hope. They are as a class a disgrace to our civilization." There surely should be some remedy to prevent this great loss of life. Legislation is perhaps the most effectual. It is not asking too much if the midwives qualify in their department.

In the above, no notice has been taken of the number of so-called premature births, thirty-three in number, of which the physicians report thirteen, while the midwives or coroner report twenty. There is yet another class that number not a few, whose term of existence

is measured only by minutes, usually from three to sixty, the cause assigned is generally weakness, when it should rather have been incompetency on the part of the attendant. Our fair city takes the first rank in infant mortality, they of that class being more than one-third of all the deaths. It is hoped that these figures may stimulate some to anxious inquiry and investigation to the end of permanent good.

Dr. E. F. Storke, of this city, presented an interesting and elaborate report on "Obstetrics." The subject was freely discussed by those present, many curious and interesting experiences being related.

Dr. Page recited cases of personal observation wherein death had resulted from the ignorance of midwives, whom he considered the greatest enemies to the general health. Their foolish and ignorant practices should be stopped by legislation, and that speedily.

Dr. C. H. von Tagen, of Chicago, freely accorded in the sentiments uttered by Dr. Page.

The forenoon hour having expired, it was voted to hold an evening session for the purpose of receiving the president's address. The convention adjourned until 2 o'clock.

AFTERNOON SESSION.

The doctors convened again at 2 o'clock, with a much larger attendance, a number of delegates arriving on the 1 o'clock train, from the interior of the state. Among the delegates not reporting at the morning session were: Dr. A. H. Dorris, Fond du Lac; Dr. N. A. Pennoyer, Kenosha; Dr. Rush Winslow, Appleton; Dr. W. C. Barker, Waukegan; Dr. Jas. Winslow, Fort Atkinson; Dr. C. T. Miller, Madison; Dr. H. W. Robey, Chicago; Dr. C. Sabin, Milwaukee; Dr. L. A. Bishop, Fond du Lac; Dr. L. E. Ober, La Crosse; Dr. J. S. Walbridge, Weyauwega; Mary E. Hughes, M. D., Julia A. Ford, M. D., Milwaukee; Mrs. M. A. Reis, M. D., Prof. W. J. Hawkes, Chicago; Dr. C. O. Jennison, Dr. McNamara, Rev. M. Wells, E. Stringfellow, Dr. R. H. Williamson, and Dr. G. C. McDermott, Milwaukee.

Prof. C. H. von Tagen, M. D., of Chicago, opened the afternoon hour with a very able treatise on perineorrhaphy, its past and present history, with improved operation and clinical cases. The term Perineorrhaphy, he said is derived from the Greek, the literal translation of which means suture of the perineum, and is used in cases of laceration of the perineum to secure the parts, so as to facilitate healing. The consequence and evils that so often ensue are so complicated and

distressing as well as mortifying to the patient as to exclude her from the companionship of friends, and seriously undermining her health and strength. There is probably no one other so severe a misfortune in the way of an accident that can befall a person. Until within a comparatively recent period this class of cases were considered beyond the pale or relief of surgery. It is most frequently the result of parturition, rarely it has been the result of external violence, as a fall crosswise of a chair, from a violent kick, and in one or two instances from the horn of an enraged deer or cow. Partial ruptures are quite common, and no doubt there are numbers of extensive cases exist to a degree not generally suspected. From feelings and motives of delicacy, timidity or hopelessness of cure, preferring to carefully conceal their true condition, and suffer in silence, numerous evils are entailed. It may be truly asserted that the successful management and cure of these accidents is one of the most brilliant and important triumphs of either ancient or modern surgery. Furthermore, it may be justly added, if there is any class of beings in this world who should be grateful, it is those thus afflicted when relieved. The history of lacerated perineum dates back to the time of Celsus, over 200 years ago, but no operation was ever attempted until many years after. Lacerations of the perineum result frequently in consequence of incompetency of inexperienced midwives and practitioners, and those not properly qualified to guide these cases through these critical periods. Modern surgery is now prepared and has paved the way to successfully overcome these difficulties in the most cases, in a manner decidedly satisfactory.

On motion, a vote of thanks was tendered the professor for his entertaining discourse.

Dr. L. A. Bishop, of Fond du Lac, read a paper on "Sole Leather as a Splint for Accidents to the Joints." Among the reasons he gave why this may be used were: First, easy of access; second, cleanliness; third, cheapness; fourth, ease of application; fifth, the ease with which the shape of the dressing can be changed. He recited several cases wherein he had used these splints with satisfactory results. He spoke emphatically upon the non-use of lotions, advising internal medication in place of them, where splint was used.

Dr. Bishop read another paper on a case of "Sympathetic Ophthalmia." It was a case where one eye was destroyed by a piece of iron from a thrashing machine. After two years the other eye became blind with sympathetic inflammation with the eye already destroyed.

When the eye destroyed by the iron was removed, the other eye rapidly improved. At the end of three months, he made a new pupil to the side of the other, that being wholly occluded by the inflammation, from which the case rapidly improved. After three weeks the man was able to do his farm work, and his vision is now nearly perfect. From this he concluded that it was extremely dangerous to the other eye to allow an injured eye to remain after sight has been destroyed by some foreign body penetrating it; second, that enucleation is the only remedy yet known to the profession that will permanently stay the destruction of sympathetic ophthalmia; third, that there are cases in which an iredeotomy is of great importance to arrest less destructive tendency in the sympathizing eye after the pupil has been occluded, and adhesions have formed; fourth, that many times a foreign body might be removed from the eye when destructive inflammation has taken place, thereby saving the eye of even partial vision; fifth, that Homœopathic remedies are of incalculable value in treating these severe forms of disease, and cases recover under their use that would have been destroyed without them.

Other papers were presented on *Fistula in Ano*, by Dr. R. K. Paine, of Manitowoc; medical literature, Mr. Tappan Halsey, of Chicago; Homœopathic Tinctures as Fluid Extracts, Dr. S. J. Martin, of Racine; clinical medicine, Dr. E. D. Kanouse, of Columbus; Use of Lactate of Iron, Dr. E. S. Donaldson, of Waupacca; clinical medicine, Dr. Dale, of Oshkosh.

The papers were ably discussed by the members and referred to the committee on publication, consisting of Drs. Dale, Sherman and Lewis.

NEW MEMBERS.

The board of censors recommended that the following applicants be elected to membership: Dr. G. McDermott, of Milwaukee, graduate of Cleveland Homœopathic College class 1870; Dr. Joseph Winslow, of Fort Atkinson, Berkshire Medical College, Mass., 1834; Dr. Robert Martin, of Milwaukee, Staring Medical College, Columbus, Ohio, 1875; Dr. N. A. Pennoyer, of Kenosha, Hahnemann Medical College, Philadelphia, 1870. The recommendations were favorably passed upon. Prof. C. H. von Tagen, of Chicago, was elected to honorary membership.

The evening session was opened by the annual address of president Bradley. The substance of his remarks will be obtained in the following synopsis: In 1864 a few noble men organized this society, and

the work has progressed until now the workmen are numerous, the material ample and the undertaking which was once so doubtful now stands assured of success. All who with us have the advancement of science and the welfare of mankind, and their own success at heart, should join us in this great work.

Among the many subjects of interest which challenge our attention at this time, and which I ask you to consider carefully, are two which seem of permanent importance to both physician and patient, to the society and to the people. The first and most important of these is pharmacology, upon which subject there are many different opinions. I am not aware that we have any universally acknowledged authority upon the preparation of medicines. One pharmacist prepares his tinctures according to a theory of his own, or that of some one else. One potenzizes his remedies in one way and another in a different way. While one makes his tinctures from the whole plant, another uses only the root, and a third the top only. One depends wholly upon a knowledge of the preparation, with the provers used, and another rejects it on the ground that such a preparation does not contain the whole of the medicinal properties of the plant. Among the profession we have the same divisions, each party having about an equal number of followers. The student who starts out with a belief in the purity of our medicines, is soon invited to doubt the necessity of being careful of whom he obtains his remedies. He is led to say, I may as well obtain my remedies for half price where I know they are not pure, as to pay double price where I have no evidence that they are pure. Now the aggregate result is that our practice degenerates, our patients are imposed upon under the name of Homœopathy, and conscientious pharmacists lose the custom rightfully theirs. I would suggest that we take this subject under advisement, refer it to a committee with instructions or recommendations that they confer with like committees of other societies, and by comparison, consultation and research ascertain, if possible, the true method upon which all can agree.

The other subject to which I would particularly direct your attention is one which effects each individual practitioner, our particular school, the whole medical profession, and the entire people at large. The subject is so wide in its scope and general in effect, that it must surely secure our careful consideration. I refer to the practice of medicine regulated by law. It has been a reproach to us, whether justly or unjustly, that any old woman, securing a box of bottles

filled with little pills and a domestic work, immediately takes her place as a fullfledged physician. There is no valid excuse for such a state of things. The people have by our enemies been assiduously taught and led to believe that to be a Homœopath needed no preparatory study, no scientific acquirements; that anatomy, physiology and pathology, are by us entirely ignored; and as to surgery, that we reduce luxations and fractures, perform resections and amputations, restore retroversions and flexions, etc., by the indispensable aid of infinitesimal doses of properly indicated medicines. I need not say to this body how unjust and monstrous are these charges. It no longer becomes us to bear these slurs, patience, once evidence of high courage of conscience, having now degenerated into cowardice and pusillanimity. Yet this society take the initiatory step to remedy this evil. Our interests, the welfare of our profession demand it, and the inexorable logic of events point out our course.

A few other topics stand out boldly and seem to challenge attention. Among these is that of medical training in our colleges. Several of the more prominent colleges have met in convention, and have, as I understand, resolved upon a more thorough course of training, a longer term of study, more terms in college, and they recommend a more thorough preparation ere the practitioner receives students into his office. All of this I feel assured our society will encourage.

The balance of the address was devoted to an enlargement upon the suggestion briefly recited above.

At the conclusion of the address, Dr. Kanouse moved the appointment of a committee to consider the suggestions made by the president. Drs. E. D. Kanouse, S. J. Martin and A. H. Dorris, were named as such committee.

On motion, the papers laid over in the afternoon, were read as follows: "Infantile Diarrhœa," by Dr. Dorris for Dr. A. Schlemilch; "Diphtheria," Dr. Dorris; "New Method of Relieving the Pain Attending the Passage of Renal Calculi," by Dr. Roby, of Chicago. The papers advanced several new ideas, which excited protracted discussion.

Dr. H. W. Roby, of Chicago, a graduate of Hahnemann College, Chicago, was elected to membership.

The convention then adjourned until next morning.

[To be Continued.]

WESTERN ACADEMY OF HOMŒOPATHY.

OFFICIAL REPORT.

CINCINNATI, Ohio, May 14, 1878, 11 A. M.

Pursuant to adjournment, the Western Academy of Homœopathy met in its fourth annual and fifth regular session at Cincinnati, Ohio, and the presiding officers all being absent, on motion, Dr. C. H. Vilas was called to the chair. Dr. T. C. Duncan was appointed temporary secretary.

There were present in attendance on its sessions as members, Drs. M. Ayres, S. R. Beckwith, J. T. Boyd, W. L. Breyfogle, J. D. Buck, J. A. Campbell, T. C. Duncan, M. M. Eaton, W. Eggart, G. W. Foote, J. P. Geppert, Chas. Gundelach, W. H. Hunt, A. C. Jones, J. H. Miller, S. B. Parsons, A. H. Potter, C. A. Quirrell, C. B. Sarchet, E. H. Stillson, P. G. Valentine, C. H. Vilas, G. S. Walker and T. P. Wilson.

DELEGATES.

Dr. J. A. Campbell, from the St. Louis Society of Homœopathic Physicians and Surgeons, and from the Missouri Institute of Homœopathy.

Dr. Chas. Gundelach, from the Good Samaritan Hospital, St. Louis, Mo.

Dr. C. H. Vilas, from the Hahnemann Medical College and Hospital, Chicago.

Dr. Philo G. Valentine, from the Homœopathic Medical College of Missouri, and the Missouri Institute of Homœopathy.

Dr. T. C. Duncan from THE UNITED STATES MEDICAL INVESTIGATOR.

Dr. T. P. Wilson called the attention of the society to the fact that a committee from the Ohio State Society, consisting of Drs. S. R. Beckwith, E. P. Gaylord and M. H. Parmalee were in waiting, desiring to present a communication, and he moved they be heard. Seconded and carried.

Dr. Beckwith as chairman, presented an invitation from the Ohio State Society to meet them in joint session this afternoon at 2 P. M., which was accepted, and on motion, Drs. W. L. Breyfogle, T. J. Boyd and T. P. Wilson were appointed a committee to arrange all the details of the programme for joint session hereafter, whereupon the Academy adjourned until 2 P. M.

2 O'clock P. M.

The Academy was called to order by Dr. C. H. Vilas, president *pro*

tem., who announced that Dr. J. A. Miller, first vice-president was present and called upon him to assume the chair.

Whereupon Dr. J. H. Miller assumed the chair, and Dr. T. C. Duncan yielded the secretaryship to Dr. C. H. Vilas, the general secretary, under which officers the Academy resumed the regular programme of business.

No members of the bureau of registration and statistics, or provings, being present, on motion of Dr. W. L. Breyfogle, the reports of these bureaux were postponed, and the Academy voted to proceed to the joint session with the Ohio State Society.

Whereupon the Academy adjourned until 9 o'clock to-morrow morning, and in a body, headed by the president acting, and general secretary, met the Ohio State Society in joint session, to hear the reading of papers.

May 15, 1878, 9 A. M.

Academy met, acting president J. H. Miller in the chair.

Dr. C. H. Vilas presented his bill of expense as general secretary which was referred to the auditing committee.

The president appointed as committee on credentials, Drs. J. A. Campbell, T. P. Wilson and Geo. W. Foote.

Auditing committee, Drs. M. Ayres, S. B. Parsons and J. T. Boyd.

The report of the treasurer was read and accepted, and a detailed statement requested to be furnished to-morrow morning. The Academy ordered the following bills to be paid, they having been approved by the auditing committee. Wiesen, \$32.50, Hogan, \$28.00, and bill of J. M. Kershaw, \$6.25, if approved by the auditing committee.

The board of censors reported the following names favorably, and on motion they were elected members: J. F. Thompson, New Castle, Indiana; J. B. Brooks, Hot Springs, Arkansas; T. J. Williamson, Cincinnati, Ohio; Gustav Schurcht, New Orleans, La.; F. B. Herman, St. Paul, Minn.; Geo. A. Hall, Chicago, Ill.; D. W. Hartshorn, Cincinnati, Ohio; H. P. DeVol, Tonica, Ill.; Theodore Bacmeister, Toulon, Ill.; Thos. C. Bradford, Cincinnati, Ohio; R. D. Valentine, Bellville, Ill.; A. McNeil, New Albany, Ind.; Chas. J. Bergen, Booneville, Mo.; N. A. Pennoyer, Kenosha, Wis.; W. A. Edmonds, St. Louis, Mo.; The Academy then adjourned until 7.30 P. M.

7:30 O'clock P. M.

The Academy met and was called to order by acting President Miller.

It was ordered that the Academy proceed to the election of officers.

Drs. Breyfogle and Ayres were appointed tellers. The result of the election was as follows :

PRESIDENT — J. H. Miller, M. D.

FIRST VICE PRESIDENT — P. G. Valentine, M. D.

SECOND VICE PRESIDENT — W. L. Breyfogle, M. D.

THIRD VICE PRESIDENT — T. Bacmeister, M. D.

GENERAL SECRETARY — T. C. Duncan, M. D.

PROVISIONAL SECRETARY — M. Ayres, M. D.

TREASURER — Geo. W. Foote, M. D.

BOARD OF CENSORS — C. H. Vilas, M. D., chairman, T. P. Wilson, M. D., M. M. Eaton, M. D., G. S. Walker, M. D., A. McNeil, M. D.

On motion, St. Louis, Mo., was unanimously chosen as the place of the next meeting, the time being left to the executive committee.

Drs. J. A. Campbell and P. G. Valentine spoke in behalf of the profession in St. Louis, welcoming the coming meeting.

After a prolonged discussion as to the best method of printing the papers read before the joint convention, the matter was disposed of by the following resolution, introduced by Dr. S. R. Beckwith being unanimously passed.

Resolved, That the chair appoint a special committee of three, as a publishing committee, whose duties shall be to receive all the papers of this meeting, and select therefrom, those that in their opinion are valuable, and distribute them to the journals of Chicago, St. Louis and Cincinnati, represented at this meeting.

The chair appointed as such committee, Drs. C. A. Quirrell, S. R. Beckwith and W. L. Breyfogle.

The auditing committee reported favorably on the bill of Dr. Vilas for expenses, Duncan Bros. for printing, and Beach, Barnard & Co. for printing, and the Academy ordered them paid by the treasurer.

The bill of expenses incurred by the general secretary, in securing a stenographer for their meeting, was ordered paid.

Dr. Jas. A. Campbell, chairman of the committee on credentials, reported delegates present as previously recorded.

After much discussion and many motions and withdrawals, the treasurer was instructed to use his judgement as to settling with the late treasurer.

Dr. J. A. Campbell, chairman of committee on lost records of the society, made a written report, which was accepted, and the committee discharged with thanks.

The Academy then adjourned until 9 A. M.

May 16, 1878, 9 A. M.

The Academy was called to order by the acting president, J. H. Miller, M. D.

The treasurer reported that he was unable to make a report at present, owing to the confused state of the books which he had just received.

The committee on necrology, Dr. C. H. Vilas, chairman, made their report.

A paper on "That New York Resolution," by Dr. E. D. Ayres of Little Rock, was read by title, and referred to the publishing committee.

A paper on "Hot Springs, Arkansas," by Dr. J. B. Brooks, of Hot Springs, Arkansas, was read by title and similarly referred.

The president then announced the chairmen of the various bureaux as follows: Bureau of Registration, Legislation and Statistics — Dr. P. G. Valentine, St. Louis, Mo. Bureau of Provings — Dr. L. D. Morse, Memphis, Tennessee. Bureau of Gynæcology — Dr. M. M. Eaton, Cincinnati, Ohio. Bureau of Clinical Medicine — Dr. D. W. Hartshorn, Cincinnati, Ohio. Bureau of Pharmacy — Dr. T. D. Williams, of Chicago. Bureau of Ophthalmology and Otology — Dr. T. P. Wilson, Cincinnati, Ohio. Bureau of Obstetrics — Dr. J. T. Boyd, Indianapolis, Indiana. Bureau of Surgery — Dr. G. A. Hall, of Chicago. Bureau of Materia Medica — Dr. T. Bacmeister of Touion, Illinois. Bureau of Diseases of Children — Dr. A. McNeil, New Albany, Indiana. Bureau of Anatomy, Physiology and Psychological Medicine — Dr. N. A. Pennoyer, Kenosha, Wisconsin. Bureau of Sanitary Science, Climatology, and Hygiene — Dr. Geo. W. Foote, of Galest urg, Illinois.

The following resolution was introduced and unanimously passed:

Resolved, That the bureau of pharmacy be instructed to prepare a Homœopathic Pharmacopœia.

Whereupon the Academy adjourned to the place and time we agreed on for the ensuing year.

C. H. VILAS, M. D., Gen'l Sec'y.

WESTERN HOMŒOPATHIC CONVENTION.

[Continued from page 573.]

Wednesday, May 15, 10 A. M.

The joint session was called to order and presided over by Dr. J. H. Miller, acting president of the Western Academy of Homœopathy.

Dr. S. R. Beckwith read a paper on Insanity.

Dr. C. H. Vilas presented a paper from Dr. T. D. Williams, of Chicago, chairman of bureau of pharmacy, which was read by title and the bureau closed.

THE BUREAU OF OPHTHALMOLOGY AND OTOLOGY

was then called, Dr. C. H. Vilas, chairman, who announced that Dr. J. A. Campbell would then read his paper on "Lagophthalmus with Ear Complications."

Dr. T. P. Wilson then read his paper on "Studies in Refraction."

Dr. C. H. Vilas then read a paper "On the Effects of Hypermetropia and their Cure."

Dr. C. C. White, chairman of same bureau in Ohio State Society, read his paper on Tinnitus Aurium.

Dr. W. A. Phillips' paper on the same subject was then read by title.

A paper on "Rupture of the Iris, with Cure," by Dr. E. V. Van Norman was then read by title, and referred. The bureau was then closed.

Next in order came the report of

THE BUREAU OF OBSTETRICS.

Dr. G. S. Walker, chairman of the bureau, said that Dr. Potter had almost completed an excellent paper, but having been partially paralyzed he was unable either to finish it or to be present, and then reported a paper from Dr. T. G. Comstock, St. Louis, on the application of the Forceps;" one from Mrs. Dr. Howard on the "Etiology, Diagnosis and Prognosis of Afterpains."

Dr. W. A. Edmonds on "Strangury as an Early Sign in first Pregnancy;" Dr. Brigham on "Retained Placenta;" Dr. Emma E. Sanborn on "Fruit Diet during Pregnancy;" Dr. G. W. Bowen on "Confinement, and how to Avoid the Dangers Incident to it;" Dr. W. Collison on "Laws of Transmission—Paternal and Maternal;" Dr. W. Webster on the "Pathology of Afterpains."

Dr. M. M. Eaton then read a paper on "Abnormal Pregnancies" and illustrated it with some curious foetal anomalies.

Dr. G. S. Walker read a most interesting paper on "Abnormal Pregnancies."

Dr. J. C. Sanders read one on "Obstetric and Regeminal Treatment of Afterpains."

Dr. W. H. Hunt read a paper on "Therapeutic Treatment of Afterpains."

Dr. C. H. Vilas here said he had just received a letter from Dr. Geo. H. Blair, of the bureau of gynæcology, and presented it to the society.

Dr. W. H. Hunt read a second paper on "Post-partum Hæmorrhage, Treated by Hypodermic Injections." Bureau closed.

The convention then adjourned until 9 o'clock Thursday.

TOUR OF OBSERVATION, ETC.

In the afternoon a visit was made to the Zoological Garden, via the incline plane railroad, and at five o'clock the physicians assembled at the Lookout House in joint convention to enjoy a banquet which had been prepared for them. Dr. T. P. Wilson, toastmaster, proposed the following toasts :

The Zoo.— All honor to the liberality and enterprise that enables us to take so good a view of our ancestors.

Responded to by Dr. Breyfogle.

Cincinnati—The Paris of America, and the rest of creation.

Dr. D. H. Beckwith responded to the first part, and Dr. Valentine to the second part of the toast.

Medicine and music, both, when of the right quality, are pleasant to take.

Responded to by Dr. Duncan.

Homœopathy—A lively corpse for a dead one; and a funeral indefinitely postponed.

Responded to by Dr. Sanders.

The Ladies.

Responded to by Drs. Miller and Campbell.

The Press—Up with the times, ahead of the times, and be taken at all times.

Responded to by Mr. Thomas and W. R. Snowden, of the Cincinnati Times.

Some time was spent in viewing the fair city of Cincinnati from this elevated point. The city lies on the north bank of the Ohio river on an inclined plane sloping towards the south. Like Washington, it must be very hot in summer but believe is not remarkably unhealthy,

although the heatstroke must wilt many little ones. The value of *Bryonia* and *Hellebore* in these cases must be great, as according to the experience of the Veteran Pulte.

The party returned to their quarters much pleased with the hospitality of Cincinnati physicians.

MORNING SESSION.

Convention called to order at 9:30 A. M. The first business taken up was

THE BUREAU OF SURGERY.

Dr. H. F. Biggar reported the following papers: Diseases and Injuries of the Knee-joint, by Dr. E. C. Buell; Barton's Fracture, by Dr. J. J. Lobaugh; Luxation of Ankle, with case, by Dr. J. A. Gann; Hydrocele, by Dr. G. A. Hall; Homœopathic Therapeutics of Tetanus, by Dr. Allen.

Dr. Cornell read a paper on "The Bite of a Leopard."

Dr. S. B. Parsons read a lengthy and very valuable paper on the Antiseptic Treatment of Wounds.

Dr. C. H. Vilas here asked the indulgence of the assembly for a few minutes, and stated that heretofore there had always been some trouble in regard to the papers, and he wished to say that he had turned all papers over to Dr. Ballard, secretary *pro tem* of the Ohio Society. Also said he had just received a paper on the death of Dr. J. R. Allen, of Memphis, from Dr. L. D. Morse, which should be given to the committee on necrology.

Dr. Biggar said that Dr. Beckwith had a paper to read, and then said he had a paper from Dr. G. W. Bowen on "Crime the Effect of a Diseased Condition."

Dr. Beckwith read a paper on Tracheotomy, presented a second on Lithotomy, and read a third on the Danger of Hæmorrhage and how to Arrest it.

Dr. Beckwith moved that the surgeons be allowed to retire to one of the lower rooms in order to discuss the papers of this bureau. Seconded, put, and lost.

Dr. Biggar stated all papers were in except his own, which he would read; subject, "Causes, Symptoms, and Pathology of Tetanus." After a few remarks by Dr. Beckwith the bureau was closed.

DELEGATE TO THE FRENCH CONGRESS.

Dr. Sanders moved that Dr. J. A. Campbell, of St. Louis, be appointed delegate to the World's Convention to be held shortly in

Paris. Carried unanimously, and the secretary instructed to furnish him credentials

BUREAU OF MATERIA MEDICA

reported through its chairman, Dr. W. L. Breyfogle, who said he had the honor to present papers from the following members of the Academy, and that they would read them: Drs. Eaton, Geppert, Duncan and Elder. He also presented volunteer papers from Dr. Hodges, of Warrensburg, Mo.; Dr. Morse, Memphis, Tenn.; Dr. Logee, Oxford, Ohio; and Dr. Boyd, of Indianapolis, Ind.

Dr. Breyfogle then read his paper on "The Value of Symptoms." The trembling of the *alæ nasi* accorded to *Lycopodium* he thought due to an insufficient quantity of oxygen. He spoke in high commendation of Hoyne's Clinical Therapeutics.

Dr. Duncan read one on "The Effects of Remedies on Children." He said that infantile therapeutics was most important and a collection of all children symptoms were being made to incorporate in his work on Diseases of Infants and Children.

Dr. Elder one on Alternation of Remedies.

Dr. Geppert one on Our Materia Medica.

Dr. Logee read a paper on a Case of Poisoning by *Rhus radicans*.

Dr. Breyfogle said all papers of this bureau were now in.

Dr. J. T. Boyd read a paper on the Modus Operandi of Medicines.

Mrs. Dr. M. A. Canfield read a paper on the Comparative Method Illustrated from the Cerebro-spinal Group. She compared *Aconite*, *Gelsemium* and *Veratrum viride* in a most capital way.

Dr. Baxter read one on Relation of Symptomatology to the Materia Medica.

[To be continued.]

Consultation Department.

WHERE DID IT BEGIN?

Mrs. S. T., aged sixty-five. Since middle life has suffered from constipation and torpor of liver. Some years since had an abscess in the nates of which I could not learn definitely. A year ago began what she thought to be rheumatism of the right shoulder and chest, and this affection was diagnosed and treated as such until last October, when Drs. N. F. Cooke, and Johnson of Chicago, making inde-

pendent examinations, diagnosed hepatization and scirrhus of lower two-thirds of right lung. A few weeks afterward she came to Buffalo to die, and I saw her first in December, when she had severe paroxysms of neuralgic pain in right shoulder. In a few weeks more these subsided, and there came constant severe pain in the epigastrium. I could never get the patient to describe this as anything but "a great distress." During the last three weeks of her life, the manifestations of anguish from this were so great that her friends and attendants could not bear to see her unless she was constantly under the influence of *Morphine*, which was administered hypodermically. During these three weeks she ate not more than four ounces of food; said "there was no room for it." While I attended her, I diagnosed (not excluding the previous diagnosis of scirrhus of right lung), hypertrophy of liver; also discovered a tumor in abdomen to the right of the umbilicus. Died 10:30 A. M., April 11, 1878. Post-mortem made April 12, in evening. (Pressing engagements for the evening prevented a more careful examination on some points of interest.)

1. Morbid appearance noted was the dark bronze color of the skin.
2. On making the median incision, the sub-cutaneous adipose varied from one to two inches in thickness in the whole length of the body, while the muscular fibre was greatly attenuated, as we afterwards found it to be throughout the body.
3. Right lung atrophied to about the size of a man's fist, and firmly adherent by dense fibrous bands from its upper portion just under shoulder and clavicle. Cavity contained about one quart of clear liquid and considerable sanguineous matter mixed with it. The upper portion of this fragment of lung had evidently been performing its function up to time of death, but was much congested; lower two-thirds hepatized, and melanotic, from its color and the nodules diffused through it. Its appearance would indicate the disease to be of long standing.
3. Right mammary gland atrophied, nipple drawn in to the ribs, and exuding very slightly a sanious matter, but no connection could be traced between the gland and the lung. Disease in this gland began five years ago. Upper third of left lung melanotic, also change appearing to have taken place more recently. Remainder of left lung and heart normal. Mediastinum, as usual in such cases. Melanotic also.
4. Liver hypertrophied to about four times its natural size, its anterior part reaching up to the fourth rib, the thickened left lobe extending over the stomach, and nearly up to and beneath the left axilla. The right

lobe appeared normal in structure, but the roundness of its edges, its hypertrophy and buffy color, together with the whitish nodules diffused through the left lobe, would indicate the first stage of degeneration of a waxy liver. 5. Spleen advanced to third stage of melanotic degeneration. 6. Bladder walls greatly attenuated—distended, containing about three pints of dark urine, though the patient had urinated regularly twice a day. In the other abdominal organs no morbid condition noted. 7. A little above and to the right of fundus of uterus lay an interstitial tumor, in form like a Bologna sausage, about four inches in length by one and one-half in diameter. It was a cyst, its walls of a dense unyielding structure, and filled with a soft, cheesy matter. Under the microscope this matter had the appearance of being composed of the glomerulus, or granule cells of Gluge. Rokitsansky considers them of a fatty nature. The cyst had but a very slight adhesion, and that to the peritoneum posteriorly. 8. The whole nates was a mass of degenerated tissue; superficially it was thick adipose, and underneath melanotic down to the pelvic bones. Only two weeks before death this made its appearance, like an ecchymosis of the surface, soon sloughing and discharging a thin sanious matter, and very offensive. At the post-mortem there was no offensive odor from any other part.

Remarks.—We think this case presents the following interesting points. First, in the history of the case, there had been *no pain* in the right lung or any expectoration to indicate scirrhus. *No pain* in the diseased nates either. Second, from my observation, the pressure of the left lobe of the liver on the stomach was the immediate cause of death. Third, the so-called rheumatism was undoubtedly caused by the tension of those fibrous bands attached to the shoulder and the scirrhus. Fourth, the melanosis appearing in lungs and spleen, and nates, and *another* form of morbid growth in the abdomen, viz., the cystic tumor. Fifth, when a scirrhus lung had been ingeniously diagnosed after all previous examiners had failed to discover it; the hypertrophied liver was supposed to be a hepatized lung, a very natural conclusion, as the liver extended up to the fourth rib. Sixth, the indications for melanosis were, not only the appearance of the lung, spleen, and nates, but the excess of adipose on the body as compared with the attenuated muscular fibre.

We leave it to some more experienced pathologist to decide whether the disease did probably begin in the mammary gland, and extend from that to the lung, or *vice versa*.

BUFFALO, N. Y.

A. R. WRIGHT.

ANSWERS TO CONSULTATION CASES IN MAY 15TH NUMBER.

Would advise A. H. Birdsall to give his patient *Aconite* 200 a powder every three hours till six are taken, then *Sac. lac.* for two or three days or longer if improvement, if not, give the 2000 in the same way.

Henry Neville should give Mrs. D. *Lilium tig.* 200 four powders, five hours apart and wait from four to six days for its effects to develop, if it improves don't interfere, if no change go higher, *always look up, not down.* If he or anyone else wishes to know why any certain medicine is prescribed, I refer them to the *materia medica* where they can read the pathogenesis as well as to cumber the journal with it.

A. M. Cowan describes his case well, and if *Sulph.* does not cure her outright, it will prepare the way for *Sepia*, but he must give it high, never give *Sulph.* under any circumstances below the 200th, but in this instance it will require the 10,000th, one powder after every paroxysm of headache until they become lighter, then only after every other attack.

Frank Duncan's patient requires for that hæmaturia *Nit. acid* at least 1,000, three powders three hours between, then *Sac. lac.* and note the changes, never dig up seed you have planted until it has had time to sprout, if it shows no vitality in four or five days, give the 200th in the same way, but do not repeat if improvement sets in while it goes on.

W. F. W. says nothing about his patient's pulse, if it is slow and full should diagnose hypertrophy of the liver and would think of *Lyc.*, but if she is "cheerful and fond of company" and "wakes at three or four in the morning;" this suggests *Kali carb.*; give the 200th three powders six hours apart and no more medicine for a week or more if improved, if not give the 2000th, in the same way.

Dr. Patchen takes the right view of hypertrophied tonsils, they are a great nuisance, and the cure is of slow growth, but *Sulph.*, *Lach.*, *Baryta c.* or *Apis* are the best remedies for the left side, and *Lyc.*, *Spongia*, or *Bell.* for the right. none of them below the 200th, and when no acute inflammation is present, should only be repeated at long intervals.

Do not think W. F. Thatcher's patient requires *Arsenicum*, certainly not the 3d; slide up doctor, not down. My experience is that *Ars.* will never cure any chronic eruption where there is no red or raw looking surface, but rarely fails where there is. His *Sulph.* 200-

was good, but if it fails, give *Psorin* 10,000, three powders six hours apart and wait two weeks for the result. Can't tell when he "may expect to be cured," but if the high attenuations will not do, nothing can, though it may be driven out of sight by external applications, or perhaps be suppressed for a time by the primary action of crude drugs or low dilutions, which are no better.

C. PEARSON.

CAN'T TALK.

"Short Island" assumes to ridicule the idea that I have *reproduced* scarlet fever by the administration of *Bell.* and would rather call it a *proving* of *Bell.*, or scarlet fever *produced* by its administration. Well, if he believes that scarlet fever or anything else can be produced by placing half a dozen drops of *Bell.* in the 3 decimal dilution, in half a glass of water, and taking a teaspoonful twice a day for two weeks, he has more faith than I have. I insist that it was *reproduced*, having lain dormant in the system for six years. This is the case of the little six year old girl mentioned some time ago, who had scarlet fever when six months old and has never been able to walk or talk. I have succeeded in making her a good "walkist." Now gentlemen, come to the rescue and tell me how to make her talk. She is not tongue-tied nor wanting in vocal chords, as she often proves when anything displeases her. My diagnosis locates the trouble in the brain and I have been giving her *Calc. phos.* 30x twice a day for some time past, but she makes no effort to talk. Has anyone ever had a similar case and what is the remedy?

LONG ISLAND.

[See *Natrum mur.*—ED.]

REPLY TO "J" ON HEREDITARY TRANSMISSIONS.

In the May 15th Number of the INVESTIGATOR, "J." takes exceptions to my views upon the father's influence upon his offspring, as set forth in my article in the January 15th number on the Embryo in Utero. In reading J.'s queries. I cannot but feel, that he has not read my article very carefully, but notwithstanding this, I will try to aid him if possible in getting an understanding of this supremely sublime subject, as I understand it or think I do. I recognize the fact that there are several opinions, some quite elaborate, on this subject, but none seem so satisfactory to my mind as that advanced by the greatest of scientists Emanuel Swedenborg. His work on Generation is a model of scientific research, argument and induction. That both

father and mother contribute their relative, proportional shares to the offspring, no one will pretend to deny; but the character of that relation is the point in dispute. The father is, unequivocally, unmistakably the primal active agent in coition, while the mother is comparatively the passive receptive agent. She imparts nothing at the time of copulation, save a vaginal lubricating fluid to simply subserve the purpose of a more complete union of parts. What the mother does, she does afterward. The seed has been most forcibly ejaculated into her uterus, for implantation some days hence at the foot of the ovum, so to speak, upon the corpus luteum. A sensitive mother now for the first time, feels slight changes of state. The lutea have joyfully entertained the spermogens, and in conjunction with them as their honored guests, rise up and most cordially embrace the ovulum, by bursting the graafian follicles and enter the fallopian palace car for the uterine depot. Now the mother's work is fully initiated, for conception is now an established fact. Everything hence forward necessarily must depend upon the mother. Her surroundings, habits, ways of living, associations, home and abroad, all help to effect the indwelling embryo, for weal or woe, as the mother is affected thereby. The father has imparted to this forthcoming embryo, sperm-germs, as parts of his most interior physical self. They surely can be nothing else than the very essential, spirituous life germs of his entire being. The germs are not for *external use*, they are the genesis of the offspring, hence they must be the *interior*. Being the genesis, it must be the *inmost*, and if the inmost, it must be the soul. Not that the physical sperms themselves are ostensibly or virtually the soul *per se*, but that they are the media through which the life principle from the Divine operates, they are vivified into formative activity. J. seems to doubt the ability of the father to impart his entirety to his offspring in one act, so do I. But his child *cæteris paribus* will resemble him mentally and bodily in direct proportion to his fidelity and nobility of character manifest at the time of copulation. How could it be otherwise. The inmost clothes itself with the outmost, and this clothing commences in the ovaries, and is finished by the mother at the end of lactation. I offer therefore, not two theories, as I speak of, but only one unbroken theory as irrepressible as life itself. This life principle from the father, if strong enough, may overcome much that is distinctively from the mother, and beget a second self, but upon the contrary; if the mother is the stronger party in character, then she reaps the reward. Thus the positive measurably controls the negative

character, in animals as well as in man. Indeed, man at his physical birth, is only born *as a man*, but is *really* not *man*, until he is reborn, regenerated.

O. P. BAER.

Medical News.

Diseases of Infants and Children, Part II, ready.

"How to be Plump" is giving good satisfaction among lean people.

Allopathic M. D.'s.—Thirty Allopathic medical colleges graduated 1938 doctors this year.

Married.—In Buffalo, N. Y., June 13, D. B. Stumpf, M. D. to Miss Louisa S. Bodenbender of Buffalo. We wish the twain success.

Headache as a Symptom of Renal Disease.—Prof. Gairdner, (*Glasgow Medical Journal*, Feb. 1879) lays great stress on the importance of this as a symptom of renal affections, especially the sub-acute types, and the uræmia which may result therefrom.

"And Children."—Looking over the catalogue of the medical department, of Harvard College to find how much attention they give to diseases of infants and children; all I could find were those two words—"and children." Have they no children in Boston? Turning to the medical department of Boston University, I find the explanation "two professors on diseases of children." Oh! Homeopathy is so nice for children you know!

Peculiar Trembling (more of a sensation than actual) of the hands which much disturbs her in writing; shows itself next when writing in any one's presence, and gets worse as soon as she fancies anyone might notice it; also shows itself when she extends her fingers; more marked in right side, Patient, lady, unmarried, aged forty, tall and thin. Cured by *Ignatia*. The remedy was given in 6, 30, 200, 500, 1000. Aggravation from the lowest compelled a change to the high potency, which also aggravated when too frequently repeated. Reported by Dr. A. Claude, in *British Homœopathic Review*, March 1878.

Patients Traveling.—There are two ways of sending off our families. *First way.* Mr. A. and family. "I have here given you a case and book and also written directions for each of you. If this is not sufficient, write me for I know you all so well." They go off in confidence. Baby has a fit. Run for a doctor! Dr. Bigpills arrives, frightens the family for a week, finally succeeds with great skill (?) in saving the child. Lauds science and denounces little pills. Result, family lost to Homeopathy. *Second way.* Mr. B. and family. "You are going to—. Well, I will give you a few remedies for emergencies on the way, and I will give you a letter of introduction to Dr. — a Homeopathic physician, in whose hand I know you will be safe. I will also write him, telling all about your constitutions, giving him the remedies I have found best for you, etc. I will ask him to call on you when you arrive, so as to see you when you are well, then he can understand the case better, when you are sick." Result, staunch friends of Homeopathy and more so of their old family physician. A hint to the wise is sufficient. If any of our readers want the address of the best Homeopathic physician in the place where their families will visit during the summer, we will gladly give such information. Always send a stamped envelope.

Homœopathic Influence.—The Old School National Medical Association holds forth in Atlanta. Atlanta is a very enterprising and interesting city, contributes much to formation of opinion in growth. Homœopathy is but little known in the south. If the national convention could meet in Atlanta, the presence of such a body of men, with the abilities shown in the debates, would give a new idea to the growth, and would contribute to the progress of Homœopathy throughout this constantly-increasing-in-importance-region. Can't you enlist some to help you bring about a meeting here?

Yours truly,

H. P. GATCHELL.

[Cannot see how it can be done. Institute must go to the watering places to —. The Western Academy of Homœopathy will, however, visit the south shortly, for the good of the cause.]

Explanation.—Did you ever try to issue a directory of Homœopathic physicians? If not, you would be surprized at the large number of physicians who would make no reply to your circulars asking for information, but who would have no hesitation about using the "enclosed stamp" for other purposes. Last December and January a printed circular was sent to every Homœopathic physician in the state outside of the city. About one in three replied. A printed postal card asking for office hours, etc., was sent to every Homœopathic physician in the city, so far as I had their names. Those who replied have their hours given. Had I printed only the names of those in the city and state who replied to my questions, I should have presented a list of two hundred only, instead of over four hundred. But I went to the State Board of Health, and obtained as far as possible, the names of all who had registered. Anyone whose name was omitted has himself to blame. As Dr. T. P. Wilson says "there are a great many dead doctors." A supplement to the directory will be issued in August. Now let all who have changed their residence or who have been omitted from the present issue, send in their names *at once*.

T. S. HOYNE.

Homœopathic Medical Society of Western Massachusetts.—The meeting for permanent organization of the physicians of western Massachusetts, was held at the American House, Greenfield, May 23d. The meeting was called to order by Dr. E. R. Morgan. The morning session was consumed in the discussion and adoption of a constitution and by-laws submitted by the committee. The afternoon session was devoted to the election of officers, appointments by the president, and the discussion of medical topics. The following officers were elected to serve for the ensuing year: President, E. R. Morgan, M. D., Shelburne Falls; Vice President, D. T. Vining, M. D., Conway; Secretary and Treasurer, Theo. Foote, M. D., Shelburne Falls; Censors, J. W. Thompson, M. D., Greenfield, A. Harvey, M. D., North Adams, and H. Tucker, M. D., Brattleboro, Vt. The organization is to be known as the Homœopathic Medical Society of Western Massachusetts, and to meet quarterly. The following committees were appointed by the president to report at the next meeting. Practice, A. Harvey, M. D.; surgery, F. E. Bailey, M. D.; pathology, J. W. Thompson, M. D.; materia medica, H. Tucker, M. D.; obstetrics, D. T. Vining, M. D. The society adjourned to meet at the same place on the third Wednesday in August.

THEO. FOOTE, Sec'y.

THE
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Society Proceedings.

WISCONSIN STATE HOMŒOPATHIC SOCIETY.

(Continued from page 39.)

MORNING SESSION.

The doctors of the State Homœopathic Association convened in the second day of their session, in the Newhall House parlors, at 10 o'clock June 14. As a number of the delegates were obliged to depart on the late afternoon trains, the business was more expeditiously transacted, in cutting short the discussions, which had so greatly prolonged the first day's labor.

UNPROFESSIONAL CONDUCT.

The first matter of business was the reading of a wordy circular issued by Dr. Patchen, of Oshkosh, announcing his location in that city, where he would treat certain diseases. The circular was objected to by Dr. Sanders and others, as not entirely professional in its scope, a departure from the recognized rules of etiquette. The subject was discussed, but finally tabled.

Dr. Sanders, of Oshkosh, read a paper on "General Sensations in Contra-distinction to Special Sensations." He took up the idea of the painful sensations accompanying all engorgements and impaction of the tubular organs of the body and the pleasurable sensations following the unloading of them. Dr. Ober, of LaCrosse, read a paper on

“Mental and Nervous Diseases,” and Dr. E. S. Donaldson, one on “The Science of Electro Therapeutics.”

Mrs. Julia Ford, M. D., chairman of the bureau of nervous and mental disease, presented an able paper on this subject. She recognized the fitness and consistency in assigning her to this bureau. Medical literature, as far back as Hippocrates regard the major part of nervous diseases most perfectly exhibited in women. Some writers have explained, and still more absurdly, have tried to rectify her sufferings by generalizations on the abstract nature of the female sex. Whether this is any more logical than it would be to treat some other diseases depending upon physical imperfections with aphorisms concerning the nature of man we will not discuss. These diseases are important, underlying, and in one sense overshadowing all others. Disease is always the voice of inherent law, giving notice in unmistakable language, there is something wrong in the sphere of relations. In many cases where conditions present may be manifested in either sex, the only difference being the habit the profession have fallen into of dignifying man's disease as grave pathological business. But in the case of women only as a nervous attack.

Under the head of mental disease, Mrs. Ford continued: This is an intense age, an age of rapid changes and great excitement. The tendency is to rush and crowd, and cram. Men and women are eager to see everything, hear everything, know everything, and the vibrations in nerve and brain become fearfully rapid. Disease follows, manifested in different degrees. The highly wrought brain becomes congestive, headache, wakefulness, loss of memory, confusion of ideas, insanity, very great and vital dangers overshadow us in this era. Our boasted civilization is destined to certain wreck in this insane thirst for velocity. Our politicians must be more than iron-clad to live through one presidential campaign. A hundred speeches in as many consecutive days, with the bolting of meals at irregular hours. Sleepless nights and exciting debates was too much for the brain of Stephen A. Douglas and Horace Greeley. The beautiful repose of our ancestors is banished in this electric age, which demands lightning speed in everything. The outlook is not hopeful. Existing facts forcing themselves upon our mind should challenge all physicians to be diligent in investigation. Study well the diseases, physical and mental, born of the conditions of the era and day in which we live. Shut up the old books of by-gone ages, for they give no light by which we can solve the problems of mind. Enter this new field with clean hands and pure hearts and reverently seek to refresh these drooping flowers of the soul. For reason is the divine inflorescence of the spirit and insanity is the same white flower deprived of its fragrance and blossom.

NEW MEMBERS.

Dr. T. Phillips, of Platteville, a graduate of Detroit Medical College, class 1872, was elected to membership. Prof. W. J. Hawkes, of Chicago, was appointed to honorary membership.

The proposition to provide a committee on nominations, was opposed by Dr. Ober, on the ground that it was entirely unfair for five men to select the officers to govern so large a society. Although the committee were calculated only to suggest names, they practically made the election. It was concluded to vote by ballot in open convention.

VOLUNTEER PAPERS.

The work of the various bureaus being concluded, it was decided to give fifteen minutes to volunteer papers. First under this head came Prof. Geo. A. Hall, of Chicago, who reported a very interesting case of nephrotomy, performed by him at the Hahnemann Hospital, Chicago. In all the history of surgery there have been but very few cases of successful operation in this disease. Probably not more than half a dozen cases have ever occurred where a large stone has been successfully removed from the kidney. The professor presented two large stones, the size of walnuts, and two smaller ones which he removed in the operation reported.

An interesting paper was read by the secretary, from Dr. J. A. Wakeman, of Centralia, Ill., on the subject of Endo-Metritis. He took ground in favor of the medicated cloth tents, which he had most successfully used. The subject is one of great interest to the profession, and was thoroughly and ably discussed by the delegates.

THE PRESIDENT'S SUGGESTIONS.

The order of business was suspended to enable the special committee to report on the suggestions advanced by the president in his annual address. We would recommend, says the committee, that that portion bearing upon the elevation of medical education as is at present being considered by the several colleges in their anticipated action in extending the term of college study from two to three years; also would urgently recommend great caution to the profession in accepting students who are doubtful in their personal and acquired abilities to take upon themselves the grave responsibilities of the medical profession, and we do hereby most heartily endorse the organization and action of the Inter-Collegiate Convention, consisting of the professors of the several colleges, for the purpose of securing such elevation in medical education, and promise them our hearty co-operation therein, in all proper action they may take and in all proper ways becoming to us. Secondly, we would recommend the appointment of a committee on legislation, who may act in conjunction with like committee who are, or may be appointed by any other medical organization, securing such legislation as shall secure protection to the medical profession and their patrons, as science, civilization and humanity require.

We also recommend that a committee on pharmacology be appointed, whose special work shall be to confer with like committees, who are or may be appointed by any body of our school to secure such uniformity in pharmaceutical preparations as science and safety to the sick require, and thus be able to produce a pharmacopœa of such merit as

shall demand the respect and confidence of the medical profession. Your committee would also recommend that portion of the address which takes into consideration the procuring of diplomas without either personal or acquired merit on the part of those holding them, and are of the opinion that to secure such end, that the appointment of a board of censors, or a visiting or examining board, whose special duty shall be to examine candidates for graduation, should be appointed in such way and manner as may seem proper, and that all candidates for graduation be requested to pass a satisfactory examination by such committee, either separately or in conjunction with the several professors in the several colleges.

The pronounced language of the report relative to existing custom of graduation from the medical colleges, brought forth elaborate discussion. On the one hand it was argued that the lay physician was out of his sphere in attempting to dictate to the professor the qualification of the student. On the other, it was advanced that the professor admitted the right of the physician to better judge of the student's qualification. It was also advanced that college professors were wont to display favoritism, in granting private examinations, and the like. The loose custom of granting diplomas practiced by some colleges, was severely criticised. It was moved to refer the report to a special committee, but the convention adjourned until afternoon without action.

AFTERNOON SESSION.

The convention re-assembled at 2 o'clock. For some inexplicable reason, the committee, not disposed of at the time of the noon adjournment, was not taken up, nor was any reference made to it. The convention proceeded to the

ELECTION OF OFFICERS,

which resulted in the choice of the following named :

PRESIDENT — Dr. H. B. Dale, of Oshkosh.

VICE PRESIDENT — Dr. L. A. Bishop, of Fond du Lac.

SECRETARY — Dr. O. W. Carlson, of Milwaukee.

TREASURER — Dr. Joseph Lewis, of Milwaukee.

BOARD OF CENSORS — Drs. E. F. Storke; Lewis Sherman, of Milwaukee; L. E. Ober, of LaCrosse.

Delegates to American Homœopathic Institute — Dr. L. E. Ober, of LaCrosse; Dr. Lewis Sherman, and Dr. E. F. Storke, Milwaukee.

Delegates to Minnesota Association — Dr. L. E. Ober, of La Crosse; to Illinois, Dr. S. J. Martin; to Indiana, Dr. Lewis Sherman; to Michigan, Drs. Bishop and Barker; to Missouri, Drs. Lewis and Dale; to Western Academy, which meets in St. Louis next year, Dr. Pennoyer; to American Institute, which convenes at Put-in-Bay, Ohio, next Tuesday, Dr. Jas. Lewis, of Milwaukee.

A good deal of feeling was displayed in determining upon the place of meeting for next year. A motion to convene at Oshkosh, on the Wednesday preceding the gathering of the American Institute, next

year, for a three days' session instead of two, as heretofore, was, however, finally concurred in.

A vote of thanks was tendered to landlord Antisdel.

Dr. Dale, of the committee appointed to investigate the charges preferred against Dr. Main, of Portage City, for unprofession conduct, stated that there was no provision in the constitution under which any member could be called to account. His motion to appoint a committee to revise the constitution in this particular, was concurred in, and Drs. Dale, Carlton and Ober were named as such committee.

A LITTLE WIND.

The last incident of the session was somewhat lively in its tendency. The board of censors reported an application of Dr. H. D. Bullard, of Delavan, for membership, but made no recommendation, as they understood the applicant advertised to practice in either school. The question was put in open convention and Dr. Bullard unequivocally and emphatically denied the allegation. Dr. Martin, another delegate from Delavan, excitedly declared he could prove the existence of such a circular. Before the battle array could be made more formidable, a motion to adjourn was put and carried. It was subsequently decided to refer the matter to the censors, who were instructed to report at the next session.

SEEING THE SIGHTS.

After adjournment the Milwaukee brethren provided carriages, and the delegates proceeded in a body to view the sights of the city. The drive embraced the more prominent business streets, and the particular points of interest in the city. An agreeable half hour was passed at the water works, from whence the party went to the Soldiers' Home. A majority of the delegates departed for home on the late afternoon trains, although some remained over until evening.

WESTERN HOMŒOPATHIC CONVENTION.

[Continued from page 47.]

Dr. Owens read one on How to make the *Materia Medica* Interesting to the Student and Useful to the Physician.

Dr. H. W. Carter, chairman of the State Society Bureau, read a paper on How to Study and Apply the *Materia Medica*, and then stated that all papers were now in.

Moved, seconded and carried that the order of business at the afternoon session begin with the discussion of the papers just presented. Adjourned until 2 P. M.

AFTERNOON SESSION — DISCUSSION ON RHUS.

Convention called to order by J. B. Hunt, M. D., and discussion on the bureau of materia medica begun by Dr. Owen. He thought the paper on *Rhus* very valuable, but took exceptions to the statement that toxic doses were not valuable and that *Ithus tox.* and *radicans* were different plants. They both acted alike, the effect beginning at the periphery and extending inwards.

Dr. Haynes said it seemed to him from the character of the papers read when on the subject of materia medica, that we, instead of taking up Homœopathy had taken up Eclecticism. The subject of *Rhus tox.* and *Rhus rad.*, he believed, was decided upon by a botanical committee appointed by the American Institute during its meeting at Niagara Falls four years ago. This committee came to the conclusion that they were one and the same plant. He emphatically denied this conclusion, the plants were not identical. Many botanists who studied in their rooms and perhaps never saw the plants, agree as to the identity of the plants. Pharmacists would give both from the same bottle; they recognized no difference. He had disputed this same subject three years ago, and since that time had given it much attention and, as a result of his observations, he still held that they were two distinct plants and that their pathogeneses were almost as distinct as those of any two remedies we have. The effects of *Rhus tox.* and *Rhus rad.* are entirely different, and the symptoms of the case reported presented a good proving of *Rhus tox.*; and he denied that *Rhus rad.*, would or could produce them. It does not produce those bright scarlet eruptions or spots, but on the contrary those from the poisoning by *Rhus rad.*, are of a dark, brownish-purple color, and they (the spots) will break out in ulcers. The *Rhus rad.*, has a distinct pathogenesy and those diseases which are cured by *Rhus tox.*, could not have been cured by the *Rhus rad.*

Dr. Logee wished to inform the gentleman, who said the symptoms of the case read could not have been the toxicological effects of the *Rhus radicans*, that he took the trouble to hire a man to go with him to the country when the patient was poisoned, and that they found the plant climbing upon a fence and that there was no *Rhus tox.*, growing in the neighborhood for miles around. He was quite well acquainted with the *Rhus tox.*, and knew the difference between its appearance and that of the *Rhus rad.* The former grows from two to five feet high, is erect, and has three oakleaf-shaped leaflets, while the latter is essentially a creeping or climbing plant, growing about tree

stumps, and fences, and twining around them, and has leaves which are ternate and smooth. Another thing, he knew as far as clinical experience was concerned that he could use one as well as the other, that is if the *Rhus tox.*, was indicated he could use the *Rhus rad.*, and vice versa. He had found only one single instance where *Rhus tox.*, was indicated but what the *Rhus rad.*, would answer, and that was a case of wandering pains of a neuralgic character at night. In this case the *Rhus tox.*, was of no avail, but on prescribing the *Rhus rad.*, relief followed immediately. He had taken considerable trouble in this matter to ascertain the truth, and you may rest assured that it was a case of poisoning by *Rhus radicans*.

Dr. Haynes said one was practically a vine running over fences and climbing trees; the other was erect, straight, and grows to various heights, from two feet upwards. But he had seen them grow side by side, and there was so little difference between their appearances that it was almost impossible to tell which was which.

Dr. Slosson — Would like to ask why one variety was called *Rhus radicans*, and the other is simply called *Rhus tox.*

Dr. Logee said one is called *Rhus toxicodendron* because its leaves are similar in shape to those of the oak, and the other, *R. radicans*, because its vines creep along with little radicals or roots.

Dr. Slosson — The *Rhus rad.*, has little radicals or roots by which it climbs and by which it supports itself in its twinings around trees or along fences. The *Rhus tox.*, is so named for the reasons the gentleman has mentioned.

Dr. Owens — He attended the meetings of the committee referred to. They found *Rhus tox.*, growing right straight up; also found a branch or sprout of the *Rhus rad.*, running up over the branches of the *Rhus tox.* Both had stems, the leaves were a little different; those of the *Rhus tox.*, were pinnated, incised and pubescent on the under side; those of the *Rhus rad.*, were smooth, acuminate and entire. He had seen hundreds of these plants, and had seen them growing together as already mentioned. They had found the *Rhus rad.*, sometimes growing right straight up like the *Rhus tox.*, but this was always where there were neither trees nor fences adjacent upon which it could climb. In case of the plants first spoken of where the two were intertwined, we traced both into the ground, and found them growing from the same root. Accomplished botanists have studied the characters of the *Rhus rad.*, and the *Rhus tox.*, and have pronounced them identical.

Dr. Haynes still held that they were distinct and separate plants. He said you might find *Rhus tox.*, growing from two inches to thirty feet high. The *Rhus rad.*, may be found growing in the same manner either large or small. He had seen it growing with a stem two and three-fourth inches in diameter, and extending to a height of seventy feet. Had seen the *Rhus tox.*, three-fourths of an inch in diameter and twenty-five feet high.

Member — As the society had not much time to spare, he thought the discussion of this subject should be postponed until some future meeting, at which, if it was again brought up, the remarks might be illustrated by specimens of the plants.

Dr. Logee said that if the gentleman who did not believe that the case reported was one of poisoning by *Rhus rad.*, would send his address he would be glad to furnish him with a part of the plant which caused the poisoning. He would also be glad to have him or any other gentleman of the society visit with him the place where the poisoning occurred, and they would report to the society at its meeting next year, whether there was any *Rhus tox.*, growing in the neighborhood, etc.

The bureau of materia medica was then closed and the report of the

BUREAU OF DISEASES OF CHILDREN

called for.

Dr. Duncan, chairman reported two papers from this bureau one by himself on enormous infant mortality, and one on mortality in St. Louis, by Dr. Chas. Gundelach of that city.

The report on infant mortality was read in abstract, being too long to present entire. It comprized the work of a number of physicians, showing the comparative mortality of infancy in their respective cities viz., Milwaukee, Minneapolis, San Francisco, New Orleans, Chicago, St. Louis, and Cincinnati. The difference between the infant mortality in the northern and southern cities was surprising, being more than 10 per cent less in the south than in the north. Cholera infantum, convulsions, croup, principally causing the difference. It called attention to the enormous mortality from still and premature births. These the report thought due to the free use of *Ergot*, while the deaths from convulsions, numbering about 10 per cent, could be chiefly laid at the door of *Opium*.

Dr. Duncan urged the Homœopathic profession to give more attention to the study of mortuary statistics, and especially to tracing the reports to their sources. He believed the Homœopathic fraternity

were not responsible for this heavy infant death rate, and he did not think it right to bear odium that belonged to the Allopaths.

This bureau was then closed and the

BUREAU OF ANATOMY, PHYSIOLOGY AND PSYCHOLOGY

reported through Dr. J. D. Buck. He said there were two papers besides his own; one by Dr. Bowen on crime, the effect of a diseased condition, and one by Dr. Lukens on Contagion.

Dr. Lukens read his paper and was followed by Dr. Buck who read a paper on Nutrition.

This paper elicited a few remarks.

Dr. Duncan could bear testimony to the value of oiling as means of nutrition. Had one case which was running down, thought it would only live two weeks, Had whooping cough, marasmus, teething, Old School doctors and tonics. Prescribed *Arsenicum*, but in spite of its marked indication, *e. g.*, restlessness, emaciation, dry skin, drinking often and little at a time, still the child did not mend. It would not eat; tried everything could think of; finally advised rubbing with sweet oil oncè a day. In three days it began to eat, and in ten days it cried for "soup, soup,!" all day long. It ate the whole day, and if awake at night would cry "soup!" (See How to be Plnmp, p. 45.)

Children, like plants, need plenty of water.

Dr. Slosson could endorse what Dr. Duncan had said, and spoke of the value in one case of feeding by inunction, with lard for three weeks.

Dr. Buck spoke of the value of cocoa oil, and thought best to adopt all the means of feeding.

Dr. Duncan would add one caution, if the child fats up rapidly, look out for convulsions.

THE BUREAU OF SANITARY SCIENCE

Dr. H. W. Richardson as chairman, reported through Dr. P. G. Valentine. He read by title a paper from Dr. Hollingsworth on "Cellars" and read an interesting one, in full, by himself on the subject, "Modern cities healthier than the country." Bureau closed.

THANKS, FRIENDS!

On motion, the thanks of the convention were tendered to the physicians of Cincinnati and vicinity, for the very excellent manner in which they have entertained us.

A vote of thanks was, on motion, also given to the faculty of Pulte Medical College, for the use of the college building, and to the students for the handsome decorations.

Whereupon, on motion, the Western Academy of Homœopathy adjourned to meet next year in St. Louis.

This has been one of the best and most profitable meetings of the Academy yet held, and promises well for the future prosperity of the organization.

AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.

The second annual session of this society was opened for business in the smaller hall of the Put-in-Bay House, June 19, 1878, the president, T. P. Wilson, M. D., in the chair. In the absence of Dr. Hills, Dr. F. Park Lewis was elected secretary *pro tem*.

The following members of the society were present :

Drs. T. P. Wilson, W. H. Woodyatt, Geo. S. Norton, W. A. Phillips, D. B. Hunt, F. H. Boynton, C. H. Vilas, D. J. McGuire and F. P. Lewis.

After an able address from the president, the following papers were offered for the consideration of the society: Recent Advances in Ophthalmology, by Dr. A. Wanstall, Baltimore, Md., Embolism of the Central Artery, by Dr. Geo. S. Norton, New York. Myopia, with Results of Examination of Refraction of School Children, by Dr. F. Park Lewis, Buffalo, N. Y. On the Relation of Ciliary and Recti Muscles, by Dr. W. H. Woodyatt, Chicago, Ill. Case of Pemphigus Conjunctivæ, by Dr. Jas. A. Campbell, St. Louis, Mo. Abuses of *Atropia*, by Dr. D. J. McGuire, Detroit, Mich. Relation of Fovea Centralis to Accommodation, by Dr. T. P. Wilson, Cincinnati, Ohio. Anomalous Cases from Practice, by Dr. W. A. Phillips, Cleveland, Ohio.

These papers were all read and fully discussed in this and subsequent meetings held in room 48 of the same hotel. Dr. C. H. Vilas made a verbal report also of some peculiar cases.

The board of censors reported favorably on the names of the following persons who were admitted to membership.

A. H. Winslow, M. D., Pittsburgh, Pa.; C. L. Hart, M. D., Souix City, Iowa; Frances G. Janney, M. D., Columbus, Ohio; E. D. Van Norman, M. D., Springfield, Ohio; L. B. Couch, M. D., Nyack, N. Y.; C. C. White, M. D., Columbus, Ohio; Chas. Deady, M. D., New York, N. Y.; L. Kimball, M. D., Bath, Maine.

It was moved and adopted that hereafter, in order to defray any expenses that might arise, an initiation fee of two dollars, and annual dues of one dollar would be imposed. The officers chosen for the ensuing year, are

PRESIDENT — Geo. S. Norton, M. D.

VICE PRESIDENT — W. A. Phillips, M. D.

SECRETARY AND TREASURER — F. Park Lewis, M. D.

CENSORS—W. H. Woodyatt, M. D., F. H. Boynton, M. D., D. J. McGuire, M. D.

Adjourned to meet at Lake George at such time as the president might appointment.
F. PARK LEWIS, M. D., Sec'y.

NORTH MISSOURI VALLEY HOMŒOPATHIC ASSOCIATION.

The annual meeting of the "North Missouri Valley Homœopathic Association," was held at the office of the president, T. H. Bragg, M. D., Hamburg, Iowa, June 25, 1878. The following officers were elected: W. D. Stillman, Council Bluffs, president; A. M. Smith of Nebraska City, Nebraska, and J. W. Humphrey of Shenandoah, Iowa, vice presidents; M. Pinkerton of Tabor, Iowa, secretary.

We had an interesting meeting, though some came late, on account of delayed trains on the railroad, caused by damage to the track of the K. C. St. Jo's and C. B. railroad. We sadly missed our worthy secretary, C. R. Henderson, M. D., whose untimely death you have already noticed. The president gave us an excellent address; and interesting papers were read by Drs. Stillman and Poulson which will be published in this journal.

M. Pinkerton presented a paper on the "Non-contagiousness of Scarlet Fever." Would like to hear from the fraternity on this subject. Prof. T. S. Hoyne, M. D., was present, and represented the Hahnemann Medical College of Chicago. The next meeting will be held at Council Bluffs, Iowa, the fourth Tuesday in December, 1878. A general invitation is extended to all members of the Homœopathic school of medicine.
M. PINKERTON, Sec'y.

NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.

The above named society held its twenty-sixth annual meeting in Concord, on Wednesday, June 19, and was quite fully attended from all parts of the state. The chair being occupied by the president of the society, Dr. J. H. Gallinger of Concord.

The records of the last meeting were read and approved, after which, Drs. George W. Flagg of Keene, and Chas. I. Lane of Concord, were admitted to membership.

The committee on clinical medicine, epidemics, surgery, materia medica, obstetrics and gynæcology, made reports which elicited interesting discussions, participated in by a large number of members.

The president's address was next given, the title of which was "Reciprocal Needs—The Medical Profession vs. The People." It was a clear and concise discussion of the much talked of medical law,

the position taken being that it was not in any sense, oppressive or unjust; that it simply protected the people from a class of imposters and quacks from outside of the state, destitute, alike of education and honor, and who, when permitted to invade the state, swindle the sick by false pretences; that if the legal profession could rightfully claim protection from unqualified and irresponsible members — surely the medical profession, in whose hands were the dearest interests and fondest hopes of our homes, should also be shielded by law. He denied that the bill was in the interests of the physicians, claiming that the more quacks there are in any community, the more business is there for the legitimate profession to do, as the former, as a rule, make more sickness than they cure; and expressed the hope that the desperate attempt now being made, through the potency of the money and influence of the quacks of Boston and New York, to repeal the law may fail, as he believed it would. Another reciprocal need was the establishment of a state board of health, for which Dr. Gallinger earnestly pleaded. In this matter no man can say the profession is selfish, as the establishment of such a board would inevitably lessen epidemics of various kinds, and thus injure rather than benefit the profession. But the medical profession is a benevolent and humane profession, ever mindful of the needs of the people, and the legislature will act wisely in giving to the people of the state a law creating a state board of health. In conclusion, Dr. Gallinger congratulated the society on the fact that in New Hampshire at least, the bitterness that once existed between the different schools of medicine was fast disappearing, and that the time is not far distant, when education skill and morality will be the test applied to physicians of the various schools, the matter of therapeutics being held in abeyance, and the false standards that once prevailed, will be swept out of sight by the force of enlightened opinion and enlarged views.

The thanks of the society were voted to the president for his address.

Dr. N. R. Morse of Salem, Mass., delegate from the Massachusetts Society, was presented, and made a brief address, after which the society adjourned to the Phenix Hotel for dinner.

AFTERNOON SESSION.

Dr. Gallinger, who was appointed last year a committee to represent the society before the legislature in opposition to the repeal of the medical law, made report of his efforts in that direction, and he was continued as their committee for the present year, being instructed to do all in his power in opposition to repeal.

The election of officers being in order the following were chosen.

PRESIDENT — Dr. T. E. Sanger, of Littleton.

VICE PRESIDENT — Dr. W. H. W. Hinds, of Milford.

SECRETARY AND TREASURER — Dr. J. C. Moore, of Lake Village

COUNCILLORS — Drs. C. S. Collins of Nashua, and A. D. Smith of Manchester.

CENSORS — Drs. J. H. Gallinger of Concord, T. E. Sanger of Littleton, D. F. Moore of Lake Village, E. L. Jones of Lancaster, and W. C. Welch, Jr., of Manchester.

The treasurer's report was read, showing a balance on hand of \$61.25.

After the appointment of committees, delegates to the several societies, etc., the society adjourned, to meet in the city of Concord on the third Wednesday of June 1879.

THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION. SECOND DAY. AFTERNOON SESSION.

Dr. C. H. Vilas reported from the bureau of ophthalmology, with a paper on

INTERSTITIAL KERATITIS DEPENDING ON INHERITED SYPHILIS.

Dr. Campbell — Are the appearances of the eye just described, the same as those of acquired syphilis ?

Dr. Vilas — They are and are not.

Dr. von Tagen — It once fell to my lot to treat a case of acquired syphilis in which the eye was invaded, and where the condition was much as Dr. Vilas has related, but the cornea took on more of an ulcerated condition. In those cases of syphilitic inoculation, the cornea is soon destroyed with perforation and evacuation of the aqueous humor and shrivelling of the ball of the eye. In the few cases that are seen early and recognized, they yield readily to treatment, and before destruction takes place. I have seen eyes destroyed by the syphilitic or gonorrhœal virus, in a very rapid manner, as rapidly as in diphtheretic conjunctivitis, where a few days time suffices to destroy the eye.

Dr. Woodyatt, chairman of the bureau, made a report on

SUPPURATIVE OTITIS MEDIA

which he illustrated with diagrams.

Dr. F. H. Foster presented a paper on

PURULENT OPHTHALMIA.

Dr. A. S. Everett presented his papers as the accredited delegate from the Homœopathic Medical College of Missouri, and was introduced to the association by the president.

Prof. A. S. Everett of St. Louis — I come gentlemen, from the city at the end of the Alton railroad, from the city by the father of waters, where Homœopathy was planted by Dr. Temple, that pioneer of Homœopathy in St. Louis. And it has grown and flourished with us. The college represented, the Homœopathic Medical College of Missouri, has adopted the rule of abolishing the graduation fee, so as to

do away with any sale of diplomas, something that our city has been cursed with. No student not present on the first of November can get a diploma. Our students are advanced and cultivated men, and this move is an advance upon the whole line. It gives me great pleasure to meet with you all in this city of Chicago, and it gives me much pleasure to take you by the hand. (Applause.)

Dr. Woodyatt—There are two points in Dr. Foster's paper, one, the treatment by incision, and the other, the local use of *Hydrochlorate of Quinine*. Some diseases have to be treated by desperate remedies; in such cases there is so much gain to the patient. Although this is not new, it has been omitted by all authors on the subject. The *Hydrochlorate of Quinine* is particularly useful in suppurative diseases of the cornea, and is as useful as *Atropine* in iritis. In one case of cataract followed by suppuration of the cornea, a two grain solution, three or four times a day, was given just after a ten or fifteen minutes use of a hot fomentation. The forms of suppurative disease of the cornea are worth remembering.

Dr. Ayres then read a paper on

ABSCESS IN THE NEIGHBORHOOD OF THE RECTUM AND ANUS.

Dr. E. H. Pratt of the bureau of anatomy, reported several anomalies, and exhibited several wet specimens.

Dr. Tooker presented a paper entitled :

A NEW INDICTMENT AGAINST THE LIVER.

Dr. Colton—I do not see how it is possible to lay at the door of the liver, all these troubles. As for acute rheumatism, I don't think the liver has anything to do with it. But I know from its murmur that the heart is involved. There is a sensitiveness to atmospheric changes producing chronic or acute irritation of the synovial membrane, and the sufferer calls it rheumatism; there is at the same time torpidity of the liver.

Dr. Hawkes—As long as the paper was confined to the physiology of the liver, it was well enough, but there is a mistake made in the pathology. What governs the liver? The nervous system. The morbid condition of the liver is a result not a cause, otherwise how would our infinitesimals cure? How is it that a rheumatism coming on in thirty minutes is caused? has the liver become deranged in this time? And when a remedy is given, and perspiration flows freely with relief to the patient, has there been time to act on the liver itself? It does not need the force of a sledge hammer to do this, but the power has been through the nervous system. This is the Allopathic mistake.

Dr. Tooker—I did not go into the therapeutics of rheumatism, but only mentioned the prominent remedies of all times.

Dr. Hawkes—As a member of a Homœopathic society, I strenuously object to saddling us with the old Allopathic idea of prescribing according to what Tom, Dick or Harry have prescribed in some cases. Are we to be governed by what was prescribed for John Smith's rheumatism six months or a year ago? Shall we give *Salicylic acid* in

every case, or in half of the cases, or in one case, and when shall we give it in any case.

Dr. Beebe — I was, I confess, not altogether pleased with this paper, although I have heard only a part of it. I had been flattering myself that I had discovered something which the profession did not generally know. For four or five years I have been telling my patients that there was some relation between the liver and rheumatism, I was convinced, though that was not the generally accepted opinion. Now here comes Dr. Tooker and takes up what I had considered my exclusive property, and this is why I am disgusted. However, I see by this discussion that some have not yet found out what Dr. Tooker and I have, and that is that a large proportion of cases of rheumatism are associated with derangement of the liver. The time will come when observers will discover the relation between rheumatism and the liver, although we do not know, as yet, exactly what that is. I know this is at variance with the established authorities, but I believe that rheumatism is largely due to the accumulation of effete materials in the tissues of the body. The liver being one of the most important excretory organs, we can readily understand how any interference with the functions of this organ, as, for example, from a severe cold, would cause the worn out materials to accumulate in the tissues. I have seen, and so probably have others, acute jaundice arising in connection with acute rheumatism: On the other hand, when, from some cause, we have an unusual waste occurring in the tissues, the same accumulation of effete material may arise, with no impairment of the hepatic functions. It may even arise from impaired circulation of the blood, thus preventing ready disassimilation. The retention of cholesterine and the consequent disturbance of the nervous system might go far toward accounting for the many nerve phenomena which characterize rheumatic troubles and make us feel sometimes, that this is more a nervous than a blood disease.

This paper touches upon a good many points worthy of discussion and investigation, but the time is too short to allow us to take them up in detail.

Dr. E. H. Pratt — Dr. Tooker was not intending to present this paper, but I told him to read it. Possibly Dr. Tooker is a little jaundiced and he sees liver in everything. You know if we get up on a bright morning everything seems pleasant, but on a gloomy morning we are depressed, and so it may be with the doctor, he simply relates his experience.

Dr. Van Liew — I would like to ask if there is not too much claim to originality in this matter. It is the old Allopathic idea over again. Are not the kidneys also affected in rheumatism, and should they not influence the remedies. I am not pleased with massing a number of diseases together, and calling it biliousness. There are no less than twenty-five or thirty diseases that are called biliousness.

Dr. Smith — This is a bilious subject and is eliciting lively remarks.

Dr. Van Liew has anticipated me and reminds me of the time when

everything was called biliousness. A man was seized with what the doctors called a bilious complaint, and to use the expression of one of them it was "biliousness of the strangest character." He said the man's liver was "rotten." A consultation was held, and one of the doctors objected to the term as it was applied, and said if the other doctor's heart (which was affected) was as sound as the man's liver, he would be a better man. In reply, the former said that if this man's liver was not diseased he would eat it. A post mortem examination revealed a perfectly healthy liver, and the doctor was called upon to eat it.

Everything used to be called biliousness, it was a useful term to the doctors. Hardly a cut could take place without the liver being blamed. I have been asked about the Hot Springs of Arkansas. Having had rheumatism and neuralgia, I went to the Hot Springs to get away from the east winds, and I would have no hesitation in sending a patient there from the cold east winds of this latitude. The valley bends toward the northwest, so that no east winds can enter it. The water has medicinal properties, but they have no particular merit. One spring contains arsenic, another alum, and another iron and so on. In connection with the water, medication goes on the same, and the doctor's advise or with-hold the water according as they see fit. In some instances the patient is not permitted to go into the baths, but is medicated instead. The Allopaths there, are learned and courteous, and treated me very well, but that was a matter of course, as we were gentlemen together. We have Homœopathic physicians there, and they have better results with their patients, than those under Allopathic treatment.

Dr. Ballard — I was not aware that the liver is ever responsible for gonorrhœa; but now I clearly see that besides its many sins this one may be laid at its door. Dr. Tooker charges the liver with being the father of rheumatism, and Dr. Beebe cries, "Amen!" and says that rheumatism is due to pent-up poisonous material which the wicked liver has distributed through the system. We know that suppression of a gonorrhœal discharge is often followed by an attack of rheumatism. That this rheumatism was the result of pent-up poisonous material, has never been doubted; but I have never supposed that the liver was the cause of the trouble. Henceforth we shall have no reason for questioning the veracity of our patients when they cannot imagine how such a thing could possibly occur. Now we can calm their troubled spirits by informing them that it is but the elimination of pent-up poisonous matter which their liver had distributed through the system, and congratulate them on their escape from rheumatism.

Dr. Mitchell delivered a report on

PHTHISIS PULMONALIS.

Dr. Hawkes — I am glad to be able to agree with the sentiments of the paper, as it will go to show the unfairness of the charge of Dr. Pratt, that I am anxious for a quarrel. I have no quarrel with indi-

viduals; I fight only on principle. I agree with the theory of the nervous origin of the disease. It is in accordance with my previously expressed views. In this case it was from irritation of the nerves supplying this part, and was either direct, by irritation at the nerve centres, or reflex, by irritation at the peripheral extremity. It must have been from irritation at the centre, as there could have been no reflex irritation without an irritant. In proportion as we look for disease in the nerve-centres, other things being equal, we will be successful.

Dr. Foster—I am glad to see the ancient doctrine of the pulse revived as it is in this paper. What with the phonograph, evolution and other subjects, the pulse has been allowed to fall out of sight. I have read large medical books in which there was no mention made of the pulse. In other diseases this is a valuable indication as to the condition of the patient in the progress of the disease. The pulse is forgotten in the *materia medica*. I have read many authors on this in which every other part of the body was described but not the pulse. It would be a good thing if for a year or so a careful study of the pulse were made. In inflammatory affections it is one of the few reliable signs.

Adjourned to meet at 9:30 A. M.

THIRD DAY — MORNING SESSION.

The meeting was called to order by the president, Dr. Vincent.

A communication was read from the Missouri Institute of Homœopathy, accrediting Prof. W. C. Richardson as the delegate from that body.

A paper on Cocco-Bacteria Septicemia, translated from the German by Dr. Dal, was received.

Dr. Parsons, of Kewanee read a paper on

THE PSYCHOLOGICAL ORIGIN OF DISEASE.

Dr. Cooke presented a paper on

ELECTRICITY.

Also one on

THE DIAGNOSTIC VALUE OF PAIN AS A SYMPTOM IN CANCER.

Dr. R. N. Foster moved "that a committee of three, one from Chicago and two from other parts of the state be appointed by the chairman to call on the health commissioner of this city, Dr. Oscar C. DeWolf.

First, to convey to Dr. DeWolf our sentiments of esteem for himself and his office.

Second, to express our sympathy with the work of sanitary reform in which he is engaged.

Third, also with every effort toward the advancement of a superior medical education. Carried.

The president appointed on that committee Drs. R. N. Foster, of Chicago; M. B. Campbell, of Joliet, and F. L. Bartlett, of Aurora.

Dr. H. B. Fellows read a paper on

EPILEPSY

and suggested that the name of his bureau be changed to neurology.

Dr. R. N. Foster delivered a paper on

POST PARTUM HYGIENE.

Dr. Colton — I believe that where the abdominal muscles have been considerably stretched, the woman should remain in bed the customary nine days.

Dr. Gully offered the following resolution :

Resolved. That we the members of the Illinois State Homœopathic Medical Association, return our sincere thanks to the gentlemen of the Chicago Academy of Physicians and Surgeons, for the very nice entertainment and sociable last evening. Carried.

The bureau of materia medica being called for,

Dr. Woodward read a paper on

THE CAUSES OF THE DIVISION IN OUR RANKS.

Dr. Hale — While I agree in the main with this paper, I think strong exceptions should be taken to some of its assertions. Remedies have a double action, a primary and secondary. To say that the secondary symptoms are of little use in the treatment of disease is a fundamental error.

The characteristic symptoms in Hahnemann's *Materia Medica*, are those of the primary symptoms of drugs, and seven-tenths of the symptoms in the chronic diseases are also primary. This was what caused Hahnemann to go high and higher in his attenuations in order to avoid aggravations and make good cures. But secondary symptoms are just as important and valuable as primary : and if we fully understand their importance we shall be just as successful when selecting remedies from their secondary symptoms as when we select them from their primary. Those who do not appreciate this fact, suppose that when a material dose is used, the effect is palliative or anti-pathic. Such is not the case. A medicine is Homœopathic to disease, whether selected from its primary or secondary effects. For example : *Camphor* is primarily Homœopathic to cerebral congestion and spasms, and in such cases high potencies should be used. The secondary effects of *Camphor* are those resembling cholera, therefore *Camphor* does no good in choleraic symptoms unless given in appreciable doses. *Aconite* is primarily Homœopathic to chill with vaso-motor spasm, secondarily to fever, active congestion and inflammation. To be successful with *Aconite* the higher dilutions should be given in the cold stage, and low dilutions in the hot stage, of fevers. Then there are often cases of disease where the patient is suffering from such unutterable anguish and pain that no time can be spared to select the true simillium, and we are driven by every prompting of humanity to give a palliative, as *Opium*, or some anæsthetic. But to cure our patients we must give a remedy that is primarily or secondarily Homœopathic to the case. No medicine can cure unless it is Homœopathic. The law of similia is the universal law of cure. All the real cures made by Allopathists are owing to the Homœopathicity

of the drug or drugs given. It is a mistake to claim that Hahnemann's great cures were made with high dilutions. Some of his best cures were made with crude doses, as will be seen by reference to his Lesser Writings. Dr. Woodward may suppose that *Opium* is only palliative for diarrhœa, but *Opium* causes diarrhœa secondarily. It often cures painful diarrhœa by its secondary action, for Hahnemann says all the pains of *Opium* are its secondary effects. I might go on indefinitely, to show where the secondary action of drugs is not taken advantage of by our school. If they understood this action, and the law of dose which belongs to it, they would not talk so much about palliatives, but claim all cures, rightfully, as belonging to us.

Dr. Barker— I was never good at splitting hairs when a young man, and I am too old to learn now. Thirty-four years ago I first adopted Homœopathic principles. My preceptor used the low potencies, from the third to the sixth, and I got to using them. I have not cured all my cases, some died in spite of my treatment, and many got well in spite of my treatment. When sent for, I try to relieve and if I know anything that will relieve I do not hesitate to give it. I often give *Morphine*, and afterwards give *Atropine* or *Nux vom.* I claim to be a strong Homœopath, but I have not cured ovarian tumors with the hundred thousandth of *Kali bichromicum*, but I have cured ovaritis with *Atropa*, and when the fever runs very high, *Aconite*, every hour till the fever passes off or sensibly remits. Then *Atropine 3x* and *Nux 3x*, alternately, at intervals of two hours. If there is great heat and tenderness, I generally use a compress wrung out of cold water, often changed and covered with dry flannel.

But I do not wish to have any controversy with those who differ from me.

Dr. Hawkes— Dr. Hale has expressed my sentiments exactly. It is not a question of potency; it is a question of curing the patient. It is true, as Dr. Hale says, the cure must be made in accordance with the Homœopathic law, and, if the Homœopathic law is a law of nature, as I believe it is, it is universal in its application to all diseases. It becomes our duty to learn the law as far as possible; and if we do not know how to relieve a patient under the law, then use the best means at hand. But that does not lessen our duty to learn what the materia medica teaches us. And for a man to say that, because he failed to relieve a patient, then the Homœopathic law had failed is presumptuous. It implies that he knows all that comes under that law; knows all the law has taught in the past; knows all that Hahnemann knew and taught; knows the indications for all remedies that have been proved in the past, as well as those to be proved in the future, which is impossible. This is a broad statement, a wide assertion. When we are called to a patient it is our duty to relieve his sufferings as quickly as possible, but should we give *Morphine*? What is the effect of *Morphine*? Its effect is to deaden the nervous system so that it cannot feel pain. Pain is the voice of nature crying for relief, and is the true physician's best guide to the seat and char-

acter of the cause of the pain. Deadening the nervous system by *Morphine* or any of its equivalents is virtually choking off nature's voice calling to us for relief, and pointing to the spot where she suffers, thus leaving us to work in the dark.

Better let the patient suffer a little while than to complicate the troubles and retard the final recovery, or risk the patient's life by paralyzing the governor, the nervous system, with *Morphia*; study the case to the best of our ability even if we should be obliged to go home and consult the materia medica. The remedy will be found because it does exist. I have treated a case and failed, and months afterwards, perhaps, have come across a remedy which, in all probability would have cured the case. I attributed the failure to myself, my knowledge was too limited, my experience too short, and I did not consider it my duty to condemn the law, but did think it my duty to learn all about it, at least, as much as I could.

I had a case here a short time ago which had been treated by some of the best Allopaths in the city; two of them were very prominent, and the third was nearly as eminent. The patient had been given up to die by all three. It was a case of puerperal septicæmia and subsequent ovaritis. They gave her *Morphine* for ten days; gave it to allay the pain in order to let nature work, as they said. Why did they not let nature work? Why handicap her with large and increasing doses of *Morphia*? They gave her up to die, and she would have died if she had kept on taking the *Morphine*. I condemn the use of *Morphine* in these cases. *Morphine* is only useful as a dernier resort, a last means when you acknowledge yourself beaten. In curable cases it is almost as criminal to give *Morphia*, as it is to suppress syphilis, which is the worst practice and is the most fertile of all the sources of chronic disease, and is especially conducive to the establishment of epilepsy, paralysis, chorea, etc., and those physicians who do this are blameable for the results.

Dr. Mills — If Dr. Woodward means that in extreme cases of uterine hæmorrhage he would, if necessary, call external means to aid the remedy, I am with him. But if *Ipecac* is indicated, and I believe it to be indicated, I would use it before thinking of mechanical means. I would not wait a great length of time for its action. In dangerous cases not fifteen minutes, or ten minutes. If the remedy then failed me, I would then stand ready to call to my aid any means under heaven. But the properly selected remedy *does not fail*, and I have yet to be driven for the first time to any other resort than the Homœopathic remedy.

Dr. von Tagen — There are a number of objectionable features in the paper that I could reply to, but will simply confine myself to the terms used, as *criminal*, *arrogant*, etc. These are strong terms to apply and I presume are equally applicable to myself, as well as to others who use and advocate the single remedy, and high potency.

I am willing to accord the utmost liberality to others, to think and to act as they please in the premises and I demand the same in return

In my early education in the science of Homœopathy I was taught to use the lowest potencies; mother tinctures, etc., also to alternate, and my preceptor was a strong advocate of both these features, remaining so until his death, which was recent. It never seemed satisfactory to me when a patient recovered after the use of two or more remedies given. I would frequently ask myself the question, which of the remedies performed the cure? I could never then decide. Observing at different times prompt and satisfactory cures reported with the single remedy and high potency, I was induced to turn my efforts in that direction. Experience soon demonstrated this method the better way. My first cure made was one of fœtid catarrh, of many years standing, with two or three doses of *Silicea* 200. I continued thus, mostly in chronic cases with much better results. I do not confine myself to the high potencies now exclusively, but also use low and exceptionally the tincture, but always use the single remedy.

The paper charges criminality and arrogance, as before-remarked, but if I can prove by practical demonstration that I can cure diseases with the single remedy, I would ask the question, Is there not more certainty in thus prescribing, than when two or more remedies are administered? If I impart such knowledge to a brother practitioner, and try to show him the better system, and to my mind, the more certain way, am I to be charged with ignorance, arrogance and criminality? On the other hand, should the patient die while under the administration of a high potency, well selected and according to the law of *similars*, and to the best of my judgment, I do not imagine nor am I criminal, arrogant nor yet censurable, much less ignorant.

Dr. Ballard—I wish to plead guilty to this charge. I am a Homœopath, and emphatically announce myself as such; but I am not a Homœopath according to that paper. Ten years ago I knew but little more than is contained in this paper. There are many points in Dr. Woodward's paper that I would like to answer, but as I cannot do so without getting mad I will let them pass. But I will say that a man holding the position of professor of materia medica in a Homœopathic medical college who tells the students that fifteen minutes is all the time required to make a Homœopathic trituration, shows mighty little grace in denouncing as fools those who are trying to follow Hahnemann's teachings.

Dr. Fellows—There is one point in this paper to which I would like to call attention: that we are not to rely on Homœopathic treatment in desperate cases. If the Homœopathic law of cure is true, it is in just such bad cases that we should depend on the law, and seek with our greatest knowledge to apply this law with exactitude. We have no time in these cases to dally with empiricism, while we have a law to guide us; less dangerous cases will answer for such experiments. If you have a severe case of pleurisy, by all means treat it Homœopathically, affiliating your remedies with great care, even in uterine hæmorrhage. Homœopathy has not left me in the lurch yet. I have yet to lose one case of uterine hæmorrhage, and I have had cases desperate enough to frighten any one.

Dr. Ballard — I fully agree with Dr. Fellows. I rely on the Homœopathic remedy in all cases.

Dr. Cooke — This discussion seems rather profitless. We have discussed this matter every year for twenty-four years, and we cannot agree any more than two men are psychologically alike. It is our boast that we should have liberty in certain things. I hope the committee on the president's address will be allowed to report, and so close this discussion which may last all day.

Dr. Smith — Is the amendment that has been passed retroactive, or does it go into effect at once? The board of censors have, I think, not done well in rejecting a candidate's name when he has a diploma.

Dr. Cooke — I think this matter should be decided by the president. The president ruled that the amendment became effective from the moment of its passage.

The committee on president's address reported as follows:

Your committee on president's address beg leave to report: That the recommendations of the address concerning state boards of health and charities meet with our approval. In relation to the president's remarks on the "Medical Outlook," your committee cannot coincide with the assertion that no progress has been made. Great strides have been and are still being made in the direction of reform. Greater rigor is exercised in requirements for graduation, but we regret to say the requirements for *admission* are still too much neglected. But this like the other needed reforms must be left to time, the growing sentiment of community, and much may be expected from "college conferences," such as that held recently at Indianapolis.

HOMEOPATHY.

Your committee believe that the "great trial of Homœopathy has long since been successfully passed. It has no longer danger to apprehend from its enemies. Its only dangers — if any — will proceed from its own household. Declaratory, declamatory, and defamatory resolutions concerning principles fixed as the immutable hills are impolitic, unwise and degrading. Independence of thought and action is and should be as inalienable to medical as to political citizens.

The spirit of the address meets our hearty approval. Respectfully submitted,

W. DANFORTH,
N. F. COOKE,
JOHN W. STREETER, } Com.

On motion the report was accepted and adopted.

Dr. Hawkes then read a paper on

CHARACTERISTICS.

The president announced that discussion on Dr. Hawkes' paper would be suspended in order that an anomaly might be exhibited to the members.

Dr. C. H. Evans — The case is one of *fragilitas ossium* occurring in childhood. This disease as you know is one peculiar to old age but in

this instance commenced in infancy. When about two months old the first fracture occurred from simple muscular action, and from that time to the present, others have taken place either from the same cause or from slight force, until she has sustained no less than forty-three fractures. Although now fifteen years of age, the deformities are such that she appears no larger than a child of four or five years of age. The long bones are all broken and have united at various angles; there is an extensive curvature of the spine, and the sternum and anterior part of the chest are tilted forward and upward. The left tibia is curved almost like the letter S and has a sharp edge. The members are invited to come forward and examine the curiosity.

The case was examined by all present with considerable interest. There being no discussion on Dr. Hawkes' paper, Dr. Burt read a paper on

PROPHYLACTIC TREATMENT OF SCARLET FEVER.

Dr. Hobart—In my paper on scarlet fever in the Half-Orphan Asylum, which I read yesterday, there was a larger per cent. of cases reported from the nursery than from any other room. There the diet was very largely composed of milk—much more so than in any other room. We had thirty-nine cases, and all recovered but three. Two of these were from the nursery. These we had where milk was most used, the largest per cent. both of cases and mortality. This, however, is explained by causes entirely foreign to the milk. I believe that milk is beneficial, and even indispensable in scarlet fever, but simply as a food. Its great value has been amply tested. The question of food is sometimes as important as that of medication; but we must not confound the two. I have no proof that milk is a prophylactic in scarlet fever.

At this time the board of censors reported favorably upon the names of the following candidates:

B. P. Marsh, A. M. M. D., Bloomington; Mortimer Ayres, M. D., Rushville; R. F. Hayes, M. D., Freeport; Miss E. M. Porter, M. D., Chicago; E. W. Wood, M. D., Oak Park.

The name of John N. Clark has been proposed, and although he has a diploma, he is not here to answer whether he has attended two full courses of study or not. His name will therefore be laid over another year.

R. N. TOOKER,
L. C. GROSVENOR, } Board of Censors.
M. B. CAMPBELL, }

On motion those reported favorably by the board were elected.
Adjourned to meet at 2 P. M.

AFTERNOON SESSION.

Called to order by the president at the usual hour.

A communication was read by the secretary, from Dr. Woolsey of Normal, expressing regret for his absence, and inviting the Association to meet at Bloomington next year.

Dr. Delamater read a paper on

INFANTILE PARALYSIS CAUSED BY SYPHILIS.

Under the bureau of pharmacy, a paper was contributed by T. D. Williams.

The bureau of jurisprudence being called for, Dr. Kippax read a paper on

INSANITY IN RELATION TO CRIMINAL RESPONSIBILITY.

Dr. Foster, chairman of the committee to visit the health commissioner, reported as follows :

REPORT OF COMMITTEE TO VISIT DR. DE WOLF.

Your committee, pursuant to instructions made a call of professional courtesy and respect to the commissioner of health, and conveyed to him the high esteem of this body.

Dr. DeWolf received your committee very cordially, regretted his inability to be present at the last evening's banquet, expressed himself freely as in favor of the growing courtesy between the two so-called schools of medicine. Declared his own therapeutic independence, and his willingness to respect a similar independence in all others. Preferred the honored name of physician, to any of the minor designations. Fully appreciated that the Homœopathic physicians of Chicago had cordially acquiesced in his sanitary efforts in Chicago. The interview was entirely satisfactory, and your committee agreed with Dr. DeWolf in mutual good wishes, and the hope that all men of all schools would continue to labor constantly for the advancement of true medical science, and that such courtesies as those would hereafter be more frequently exchanged, and thereby a better mutual understanding be established among physicians in general.

R. N. FOSTER,
M. B. CAMPBELL, } Committee.
F. L. BARTLETT,

The report was accepted.

A paper on Pott's disease, by Dr. Eldridge was read by title.

A bust of the late Dr. G. D. Beebe, was then unveiled by Dr. Cooke.

Dr. Pratt moved that the next meeting be held at Freeport. Carried.

Dr. Duncan moved that the physicians of Freeport, be constituted the committee of arrangements. Carried.

The treasurer's report was then submitted as follows :

Treasurer's report, May 23, 1878.

| | | |
|---|----------|---------------|
| Cash received during the past year..... | \$ 98 00 | |
| Former Treasurer | 50 00 | |
| During this Meeting..... | 122 00 | |
| TOTAL..... | | 270 00 |
| Paid for use of hall at Peoria..... | \$ 5 00 | |
| Postage (Treasurer)..... | 4 00 | |
| Credit on Duncan Brothers' Bill..... | 6 00 | |
| TOTAL..... | | 15 00 |
| Balance..... | 255 00 | |
| Still Due | 146 00 | |
| | | 109 00 |
| From Dr. E. M. P. Ludlam | | 33 65 |

We have examined the report of A. G. Beebe, treasurer, and find it correct.

L. PRATT.

W. J. HAWKES.

J. S. MITCHELL.

The association then proceeded to the election of officers, with the following results:

PRESIDENT — Dr. Willis Danforth of Chicago.

FIRST VICE PRESIDENT — Dr. W. J. Hawkes of Chicago.

SECOND VICE PRESIDENT — Dr. F. L. Bartlett of Aurora.

THIRD VICE PRESIDENT — Dr. J. C. Burbank of Freeport.

SECRETARY — Dr. T. C. Duncan of Chicago.

TREASURER — Dr. A. G. Beebe of Chicago.

BOARD OF CENSORS — Drs. Keener, Campbell, Grosvenor, Bascom and Tooker.

BUREAUX.

CLINICAL MEDICINE — Drs. A. E. Small, chairman, Chicago; L. Pratt, Wheaton; F. H. Van Liew, Wheaton; A. W. Woodward, Chicago; J. Keck, Barrington; R. F. Baker, Davenport, Iowa; J. R. Kippax, Oak Park; T. J. Merryman, Champaign; J. S. Mitchell, Chicago; S. E. Wisner, S. Evanston; J. H. Beaumont, Freeport; R. B. McCleary, Monmouth; G. E. Cowell, Elwood; F. S. Whitman, Belvidere.

OBSTETRICS — Drs. R. N. Foster, chairman, Chicago; Sheldon Leavitt, Chicago; John Moore, Quincy; L. Dodge, Chicago; Miss E. Porter, Chicago; H. F. Thole, Dwight; L. C. Purrington, Chicago; W. C. Barker, Waukegan; I. N. Wilkins, Chicago; A. H. Potter, Maquon; A. Stockwell, El Paso; L. C. Grosvenor, Chicago.

DISEASES OF WOMEN — R. Ludlam, chairman, Chicago; J. A. Vincent, Springfield; Helen J. Underwood, Chicago; M. J. Chase, Galesburg; S. P. Hedges, Chicago; F. L. Bartlett, Aurora; J. P. Gully, Geneva; E. M. Hale, Chicago; F. C. Gale, Lacon; Mrs. Sabin Smith, Chicago; J. W. Streeter, Chicago; H. W. Roby, Chicago; M. C. Sturtevant, Morris; R. N. Underwood, Chicago. R. N. Tooker, Chicago.

DISEASE OF CHILDREN — Drs. S. P. Hedges, chairman, Chicago; E. M. P. Ludlam, Chicago; A. E. Bailey, Hyde Park; J. P. Willard, Jacksonville; W. R. McLaren, Oak Park; D. A. Colton, Chicago; H. M. Bascom, Ottawa; T. C. Duncan, Chicago; J. P. Mills, Chicago; H. M. Hobart, Chicago; J. H. Miller, Abingdon; E. H. Stillson, Knoxville; E. Perkins, Peoria; Helen A. Heath, Chicago.

SURGERY — Drs. W. Danforth, chairman, Chicago; G. A. Hall, Chicago; A. G. Beebe, Chicago; Chas. Adams, Chicago; M. B. Campbell, Joliet; S. E. Trott, Wilmington; J. C. Burbank, Freeport; E. W. Taylor, Freeport; H. W. Stennett, Chicago; J. Antis, Morris; T. Putnam, Farmington.

OPHTHALMOLOGY — Drs. W. H. Woodyatt, chairman, Chicago; C. H. Vilas, Chicago; F. H. Foster, Chicago; G. R. Woolsey, Normal; S. J. Ricker, Aurora; S. J. Bumstead, Decatur; J. F. Beaumont, Freeport.

ANATOMY — Drs. E. H. Pratt, chairman, Wheaton; H. P. Cole, Chicago; Chas. H. Adams, Normal; H. P. Cole, Chicago; H. N. Baldwin, Chicago; J. H. Miller, Abingdon; R. B. Johnson, Morrison; J. P. Garvin, Alton; S. Bishop, Bloomington; F. B. Hayes, Freeport.

PHYSIOLOGY — Drs. R. N. Tooker, Chicago, chairman; C. B. Gatchell, Ann Arbor, Mich.; A. L. Van Patten, Mt. Carroll; C. S. Ruden, Beecher; H. B. Wright, Bloomington; Louis Goechel, Chicago.

PATHOLOGY — Drs. M. Ayres, chairman, Rushville; J. E. Morrison, Hyde Park; C. S. Eldridge, Chicago; M. S. Carr, Galesburg; Wm. M. Wilkie, Chicago.

HISTOLOGY — Drs. M. C. Bragdon, chairman, Evanston; J. Dal, Chicago; S. R. Mason, Sheffield; Geo. E. Hall, Chicago; A. R. Bartlett, Aurora; C. Mitchell, Chicago.

HYGIENE — Drs. T. C. Duncan, chairman, Chicago; W. S. Johnson, Hyde Park; R. B. Brigham, Indianapolis; A. E. Small, Jr., Lincoln; E. H. Stillson, Knoxville; Chas. F. Ely, Chicago.

MATERIA MEDICA — Drs. J. W. Hawkes, chairman, Chicago; A. W. Woodward, Chicago; T. S. Hoyne, Chicago; W. H. Burt, Chicago; C. A. Jaeger, Elgin; E. A. Ballard, Chicago; T. Baumeister Toulon; C. S. Fahnestock, La Porte, Ind.; H. N. Keener, Princeton.

ELECTRICITY — Drs. N. F. Cooke, chairman, Chicago; N. B. Delamater, Chicago; D. A. Cheever, Peoria; J. Dunn, Bloomington; Henry Meyer, Chicago.

CLIMATOLOGY — Drs. H. P. Gatchell, chairman, Mt. Airy, Ga.; McCann Dunn, Bloomington; G. A. Corning, West Bend, Wis.; O. H. Mann, Evanston; Thos. H. Trine, Chicago; A. W. Blunt, Chicago.

PSYCHOLOGY AND NERVOUS DISEASES — Drs. N. B. Delamater, chairman, Chicago; E. Parsons, Kewanee; W. D. McAfee, Rockford; J. A. Bell, Naperville; H. B. Fellows, Chicago; C. D. Fairbanks, Englewood; W. R. Wilson, Hoopstown; Mary E. Hughes, Milwaukee; C. N. Dorion, Chicago; E. S. Bailey, Chicago.

CHEMISTRY AND PHARMACY — Drs. T. D. Williams, chairman, Chicago; H. N. Small, Chicago; W. H. Buck, Woodstock; J. J. Gasser, La Salle; Thomas Eccles, Sterling; J. E. Gross, Chicago.

MEDICAL EDUCATION — Drs. R. Ludlam, chairman, Chicago; J. S. Mitchell, Chicago; H. Smith, Sycamore; J. A. Styles, Freeport.

MEDICAL JURISPRUDENCE — Dr. J. R. Kippax, Oak Park.

STATISTICS — Dr. T. S. Hoyne, Chicago.

NECROLOGY — Dr. A. E. Small, Chicago.

MEDICAL LITERATURE — J. P. Mills, Chicago.

PROVINGS — Drs. E. M. Hale, chairman, Chicago; J. E. Gilman, Chicago; M. F. Page, Appleton, Wis.; E. W. Wood, Oak Park.

LEGISLATION — Drs. D. S. Smith, chairman, Chicago; J. H. Miller, Abingdon; M. B. Campbell, Joliet; M. Bascom, Ottawa; J. A. Vincent, Springfield; G. W. Foote, Galesburg; E. K. Westfall, Bushnell; S. J. Bumstead, Decatur; J. S. Mitchell, Chicago; W. Danforth,

Chicago; T. C. Duncan, Chicago; J. P. Willard, Jacksonville; E. Perkins, Peoria; B. P. Marsh, Bloomington.

DELEGATES.

Delegates to the American Institute of Homœopathy.—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; 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 State Society—W. Danforth, M. D., Chicago. *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. H. Burt, M. D., Chicago. *Maine*—S. J. Ricker, M. D., Peoria. *Iowa*—F. Duncan, M. D., Osage. *New Hampshire*—T. J. Merryman, M. D., Champaign. *Vermont*—E. Parsons, M. D., Kewanee. *Minnesota*—L. E. Ober, M. D., LaCrosse. *Missouri*—A. H. Potter, M. D., Maquon. *California*—L. Pratt, M. D., Wheaton. *Canada*—W. H. Woodyatt, M. D., Chicago. *Germany*—J. Dal, M. D., Chicago. *British Congress*—R. Ludlam, M. D., Chicago.

Dr. Duncan offered the following :

Resolved, That the Committee on Hygiene in connection with the Committee on Diseases of Children, and on consultation with the State Board of Health, be requested to prepare some general rules of health. Carried.

Dr. A. G. Beebe—I would move to amend section one of the by-laws by striking out all that part following the words "initiation fee." Our membership is becoming lessened every year from members being dropped for non-payment of annual dues. The amount soon reaches several dollars, and it is not convenient at the time to meet it, and so they are dropped from the list by default. The cost of publication of the proceedings is more than each copy is worth to the member, and I would have the publication of proceedings abolished. The papers and discussions are old and stale by the time they are printed and are nearly all are published in the medical journals.

Dr. Cooke—I believe the publication of the proceedings might be abolished, but I would have the annual dues continued.

Dr. Duncan—The proceedings are published for as small a sum as it is possible.

Dr. Ballard—I would not have the annual dues remitted, but would it not be as well to use the money for the publication of a new book or a translation made.

Dr. E. H. Pratt — I would move to amend by fixing the sum at one dollar.

Dr. Bragdon — I move that the initiation fee be fixed at five dollars, and no annual dues.

Dr. E. H. Pratt — My object was to have a fund to pay for the publication of valuable papers in some periodical.

Dr. Beebe — All journals will publish valuable papers. Valuable papers ought to be worth something in themselves. The back dues are the cause of our losing many members. I want to see a large membership.

Dr. Bragdon — I would substitute three dollars for the initiation fee and no annual dues. Carried.

The question as amended was then put and carried.

Dr. R. Ludlam read a paper on

MEDICAL EDUCATION.

Dr. Duncan then offered the following resolution :

Resolved, That the committee on Medical Education be instructed to prepare a course of medical reading, preparatory, collegiate and post-graduate, giving the names of the text-books.

Dr. Beebe I don't know who the publishing committee are, but in view of the resolution passed, I move that every member shall be allowed to publish his paper where he chooses.

Dr. Duncan — I move to amend that the papers be referred back to the writers, and that whatever journal publishes them, shall be required to furnish copies containing it, to the members.

Dr. Bragdon — I don't know what right we have to expect a journal in New York to furnish copies to persons in Illinois.

Dr. Mills — Now that the dues are remitted, there is additional reason for the members to subscribe for the journals.

The motion of Dr. Beebe was put to vote and carried.

Dr. Beebe offered the following resolution :

Resolved, That, as an association having for its object all investigations and other labors which may contribute to the formation of medical science, we hereby declare our firm belief in the principle "*similia similibus curantur*," as constituting the best general guide in the selection of remedies, and fully intend to carry out this principle to the best of our ability; this belief does not debar us from recognizing and making use of the results of any experience, and we shall exercise and defend the inviolable right of every educated physician, to make practical use of any established principle in medical science, or of any therapeutical facts founded on experience, and verified by experiments, so far as in his individual judgement they shall tend to promote the welfare of those under his professional care.

Dr. Barker — I do not see the use of passing resolutions when we do as we have a mind to.

Dr. Cook moved to lay the resolutions on the table. Carried.

Dr. Duncan gave notice that he would introduce an amendment to the constitution at the next meeting changing the scientific committees.

Dr. Duncan — I move that the thanks of this association be tendered to the proprietors of the Grand Pacific Hotel. Carried.

Dr. Smith moved that the thanks of the association be tendered to the president for his services. Carried.

Dr. Ballard moved that the thanks of the association be tendered to the press for their able and impartial reports. Carried.

The president then thanked the association for their support during the session just concluded.

Adjourned to meet next year in Freeport.

Hospital Department.

HAHNEMANN HOSPITAL CLINICS

SOME OBSERVATIONS ON THE UTERUS DURING LABOR.

BY S. LEAVITT, M. D., PROFESSOR OF OBSTETRIC ANATOMY AND MECHANISM OF LABOR IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

That which follows will serve for an outline of this wonderful organ in its relations to other structures in its immediate vicinity, at the close of the ordinary period of utero-gestation. Preserving more or less the original pear-shape, it occupies the abdominal cavity, with its larger extremity directed upward, and its smaller end downward. When the woman is in the erect posture, its long axis is inclined obliquely to the horizon, the fundus uteri looking upward and forward, and the cervix downward and backward, its longitudinal diameter approximating a right angle with the plane of the pelvic brim. Anteriorly are the abdominal coverings, the intestines having been pushed aside during progressive uterine development. The bladder when distended, occupies the hypogastric region, interposed between the abdominal and uterine walls; but when empty it retreats behind the symphysis pubis. From a length of three inches the womb has reached a longitudinal measurement of twelve or thirteen inches. Its fundus before impregnation dropping just below the plane of the superior strait, now stretches to the ensiform cartilage, while its lower segment, with cervix, dips to a certain extent into the pelvic cavity. If labor is actually at hand, the smaller extremity of the gravid womb may be found protruding through the brim to a con-

siderable extent into the excavation. But such descent prior to the advent of parturient effort, is by no means a constant or uniform occurrence, as in many instances the relative proportions of foetal head and maternal pelvis will not admit of it. Hence in one case the examining finger can scarcely reach the presenting part, while in another the firm resisting head is felt through the anterior uterine walls, but a short distance within the vulva, though dilatation be inconsiderable, and the cervix be looking toward the sacral hollow. The os tinæ at this time is more or less patulous, so that the finger can be introduced within the cervical canal. The os internum in the case of a multipara may also be open, so that the finger tip can press the presenting foetal surface through the intervening membranes, or on the other hand it may be tightly closed as though constricted by a firm cord. The cervix itself has lost its cartilaginous feels characteristic of the non-pregnant condition, being softened throughout its entire extent. A few days before labor the cervical canal begins to expand and form part of the uterine cavity, and finally, as labor supervenes, dilatation consists in an expansion of the os tinæ.

Now, following out the course of nature, we find that, during the first stage of labor, few, if any, changes occur in the relative position of the uterus. The os slowly yields under the influence of mechanical forces admirably calculated to effect expansion. As this process approaches completion, there is generally some further descent under the bearing efforts of the abdominal muscles. Meigs says, "There is no labor in which the anterior segment of the circle of the os uteri does not descend lower than the crown of the pubal arch in front." This is the minimum. In general the attenuated cervical walls are carried downward to a much greater extent, as has been demonstrated to the observation of every attentive practitioner. Cases have been reported in which this movement was so greatly exaggerated that the rim of the cervix actually protruded between the thighs before the os uteri was fully dilated.

We are safe in saying that the lower segment of the uterus, represented by the tense cervical tissues, generally descends, with the foetal head, a considerable distance into the pelvic cavity. This is easily demonstrated by a study, in connection with the bony pelvis, of our ordinary experience. Making allowance for the soft parts, upon introducing the finger beneath the sub-pubic arch, and placing its tip at the most common location of the os uteri, we find that this point is a considerable distance below the plane of the supe-

rior strait. Furthermore, if we recall, at the same time, the frequent low position of the foetal head at the very commencement of labor, the inference is obvious in confirmation of the foregoing observation. After complete dilatation, retraction takes place in a vast majority of cases, so that the os uteri encircles the foetal neck. Experience teaches, however, that retraction is not always accomplished with the utmost facility, an impediment existing in compression of the uterine walls between the head and its bony boundaries. An example of such a complication is found in the case of the anterior lip which is often so crowded and held, as to become tumified, and constitute an obstacle to the parturient process. The frequency of such an implication of the posterior lip cannot be estimated, but it is fair to presume that it is often held in a similar manner. Any manual interference under these circumstances is not often demanded, for, after the head has accomplished its movement of descent, the natural efforts are fully adequate to the emergency, effecting relief by proper retraction, though at the expense of some delay.

Having adverted to the exaggerated degree of uterine descent which is sometimes observed, reference should also be made to the *excessive retraction* which exceptionally takes place. Michælis was the first who observed it, but Bandl the first who brought it strikingly under professional notice. The observations made by these, were added to by Litzmann, and later by McDonald and Duncan. The last describes it as "premature uterine retraction," and says that, when it is present, the fundus is higher in the abdomen than it otherwise would be, the os having dilated and slipped upward over the foetal surfaces to so great an extent that, upon palpation, the lower margin of the uterine body can be felt midway between the symphysis pubis and umbilicus, or even higher. When this occurs the cervix is greatly stretched, and the vaginal canal elongated, by excessive contraction of the uterine longitudinal fibres. The effect of this condition on labor is to render it weak, though the efforts appear to be active and vigorous. The pains are often excruciating, but, as the body of the womb forms merely a cap over the lower foetal parts, little progress is made, and unless the possibility of this complication be recognized, the attendant will be greatly puzzled to divine the cause of delay. Retraction of the uterus to a considerable extent is sometimes the result of labor a long time obstructed, owing to the protracted and powerful efforts which nature puts forth to overcome the obstacle. But, when so occurring, it cannot properly be considered

premature, as it is in the first instance. In either case, however, the real condition is essentially the same, and is attended with considerable risk of vaginal and cervical laceration.

There is a practical side to this inquiry which deserves attentive consideration, and that consists in the relations of the uterus to the pelvic diameters. Nature has ordained that the foetus in forsaking the nidus in which it has been tenderly nursed and kindly protected, for the more rigorous experiences of the open world, shall make a transit not the pleasantest or easiest. Fortunately, in the larger proportion of cases there is a correspondence or adaptation of dimensions which admits of a slow but sure and safe passage. But in some instances the relations are so ill adapted that the physiological process of parturition may well be compared to the hyperbolic image of a camel passing through the eye of a needle. In our text-books on midwifery we are taught the average dimensions of the pelvis and of its counterpart as well, I mean the foetal head. Authors disagree somewhat, as might be expected, in the dimensions given to certain diameters, but not materially on the general size of the canal and cranium. They further teach that certain soft parts infringe upon certain measurements, as, for example, the iliacus and psoas muscles upon the transverse diameter, and the rectum upon the left oblique, but we are left to learn from observation or reflection that the *uterus itself* modifies the capacity of the brim in a marked manner.

It has already been demonstrated that the uterus during labor descends to a considerable extent, and the inference to be drawn from this fact is obvious, namely that, if the foetal head is enclosed by the uterine tissues, and the latter descend with the former into the pelvic cavity, the various diameters of the pelvis, especially at the brim, must be decidedly modified. Moreover, upon investigation and reflection it is plain that the uterine tissues have a marked influence upon pelvic dimensions, not only in the latter part of the first stage of labor, and the early portion of the second, but also at a period which antedates that by several days. In a large number of cases the head sinks into the excavation before the advent of labor, but this can occur only when the head is relatively small or the pelvis capacious. Unquestionably, however, it would take place much oftener were it not for the modifying effect of the uterine walls or pelvic diameters. Again, after labor sets in, if the cranial measurements closely approximate the pelvic dimensions, the head will not

be able to descend until retraction of the womb occurs, or the head undergoes a tedious process of moulding which would not be demanded but for the interposed uterine tissues.

From an accurate conception of the relations of the womb to other maternal parts, as well as to the foetus itself, we arrive at certain conclusions which are highly practical and important in their nature and effect. From time immemorial, the parturient woman has been encouraged to aid the spontaneous efforts of nature by bringing into play, in a most effective manner, the rectus abdominis, transversalis and oblique muscles. If the accoucheur fails to give directions regarding the bearing efforts, the other attendants are sure to exhort the woman to put forth her utmost exertion. Though explicit direction with regard to the stage of labor at which co-operative voluntary urging should be encouraged are given by most obstetrical authors, and, what is better than all, are plainly indicated by nature herself, we find many practitioners falling into the common error of nurses and old women, urging their patients to strain every muscle long before the first stage of labor is brought to a close in full expansion of the os uteri. Not only is exhaustion prematurely incurred by such futile efforts, but with every contraction of the uterine and abdominal muscles, the womb walls are pounded against the firm pelvic brim, to no purpose. If the head and pelvis are of standard dimensions, a powerful and long continued exertion of the voluntary muscles may after a time, drive the head, into the superior strait. But this is accomplished at the expense of great tissue compression and if arrest of the head should under these circumstances ensue and be continued for a great length of time, the uterine walls would be pretty sure to suffer as a consequence. If the linea-ilio-pectinea is sharp, or the sacral promontory abrupt, perforation of the womb walls might result as an immediate occurrence, or be consecutive upon sloughing.

As a sample of evils resulting in consequence of the conditions last described, case 104, given by Elliot in his *Obstetrical Clinic*, may be cited. The woman died two days after delivery, and the following is taken from Dr. Elliot's account of the autopsy. "In the median line posteriorly, just above the junction of the body with the cervix, was a perforation about the size and shape of the button-hole of a waistcoat. The edges were clean. Extending downward from this in the mesian line of the posterior walls, *internally* for about one inch, was a solution of continuity, involving about one-third of the thick-

ness of the organ. Anteriorly in the mesian line was a loss of structure, similar in character, but less extensive. The uterine sinuses displayed coagulated blood when laid open. No other was observable, and these were, it will be noticed, just at the points where pressure was experienced from the head on the promintory and symphysis."

In certain cases of labor, women suffer most agonizing pains, recurring at regular intervals, and yet one hour succeeds another without progress in the direction of uterine dilatation. A careful study of the case leads to no definite conclusions regarding the cause of delay, there being no apparent contraction of the pelvis; no evidence of an unusual quantity of liquor amnii to paralyze uterine vigor from over-distention; no rigid os defying the natural efforts, and yet the tedious process goes on. The final conjecture is that irregular contraction is the immediate cause of delay, and upon this the medical attendant rests.

This theory may be true as far as it goes, but I venture the suggestion that the primary cause of disorderly action on the part of the uterus may be due to the severe compression to which this organ is subjected at the superior strait. Weary from watching such a case, the attendant at last practices manual dilatation, only to find the os thoroughly dilatable, and delivers the woman instrumentally with moderate traction. If then, upon careful investigation we discover in a tedious case, severe, though intermittent compression of the character described, may we not conclude that interference will afford fewer probabilities of ill-consequences, than the with-holding of aid?

This question of uterine descent is also of interest in connection with the study of delivery through a contracted brim. If the forceps are indicated in such a case, the propitious moment for operating should be chosen with great discretion. Modern practice has shown that a skillful use of the forceps through a partially dilated os, is not ordinarily attended with much increased risk, but such an operation should be carefully avoided in pelves whose diameters are markedly contracted. It is plain that, if there is just room for the bare head of the child to pass, and then only after some moulding has been effected, it would be scarcely possible to drag the same part through the brim when enclosed by the uterine walls. It is highly important here that dilatation and retraction of the os take place before the forceps are applied, as otherwise severe, and perhaps fatal contusion

and laceration will be the result. In rare instances the demand for interference may be inexorable at an earlier period in labor, when the good judgment of the medical attendant, and his consultants, will mark out the most auspicious course.

Consultation Department.

FOR DR. LONG'S CASE.

Have recently cured a case of four months standing, taken from Allopathic hands, with *Sodium bichlorate*. W.

NO AMPELOPSIS TRIFOLIATA.

Noticing in your issue of June 15th, a case of poisoning by *Ampelopsis trifoliata*, by Dr. Haynes, I hasten to make a correction. *There is no such plant in existence as Ampelopsis trifoliata*; and the doctor wastes his valuable energies in making any observations concerning a plant which cannot be identified. T. F. ALLEN.

UMBILICAL HÆMORRHAGE.

Mrs. —, was confined February 27; she did well; babe healthy and strong to all appearances. Cord came off seventh day. On the thirteenth day it began to bleed, and next day it died. What could have caused it? It was the shortest cord the doctor ever saw. N. J. A. S.

[It is difficult to tell the cause, but it was doubtless due to patulous arteries. See Diseases of Infants and Children, Part I., where the subject is fully discussed.]

CURING CHILLS.

I see in your June 1st number that a "Doctor B.," of Rockville Center, L. I., has a "specific" for intermittents, that not only cures the "chill" every time, but also "saves a vast amount of brain fag." Now I don't care a fig for the "brain fag," but I have two or three

patients who have the "chills" badly, and I can't cure them; and if "Dr. B.'s" "specific" is not a secret, I do wish he would tell me, through your pages, what it is, so I can get "a reputation for curing chills," and help my poor suffering patients.

C. A. NORTON.

INFORMATION WANTED.

Will Dr. R. N. Foster please enlighten a Homœopath in regard to the remedies (?) used in his case of puerpural embolism? What is McMunns' *Elixir of Opium*? and the indications—key-notes, if you please—which indicate the remedy? And as I see he is a professor of obstetrics, perhaps he can also give us the characteristics and indications for the different kinds of soothing syrup. These are all *popular* remedies, and the profession should learn to use them intelligently.

INQUIRER.

CARNOMANIA.

I have a patient who has been through "Old School" treatment, "Indian," and almost every other treatment under the sun. About three months ago I was called, and found the following case:

Female, about sixteen years old, round, full face, picture of health, red cheeks, temperament bilious, menstrual function normal. Eats well, sleeps well, has canker some, lips sometimes look rough and dark. The trouble is, the patient has not, for almost two years, walked; no swelling of feet or legs, but both are always cold; all the weakness seems to be in the ankles; the feet turn over; patient cannot seem to lift the feet from the floor. I find some tenderness along the spine, that is, about over the dorsal and lumbar vertebræ. The sense of feeling is very poor on the bottom of both feet. I have given *Nux vom.*, 3 and 30, *Strychnia*, 3, *Merc. sol.*, 3, and used the battery. The patient can now get around the room by holding on to chairs, etc., drags her feet after her. Is some better than when I began treatment. What is the matter with my patient, and what will cure her?

AMESBURY, Mass.

C. A. NORTON.

[Guess, spinal congestion with carnomania, i. e., lack of confidence in limbs. Remedy: *Sepia*, and training her to walk and have confidence in her understanding.—ED.]

Children's Department.

EFFECTS OF REMEDIES ON CHILDREN.

In nearly all works on general practice there is a section devoted exclusively to Diseases of Children but in our works on materia medica, so far as I know, none of the symptoms are labelled children's symptoms; yet we all know that there are symptoms, objective symptoms, that belong exclusively to infantile life. Hering in his Analytical Therapeutics recognises this, and in his first volume gives the mental symptoms of the remedies developed in the child in a separate chapter. Many of these symptoms are clinical, and picked up by many observers. We are especially desirous of collecting all infantile symptoms, and ask our readers to aid us. Yours fraternally,

T. C. DUNCAN.

DIABITIS MELLITUS OF CHILDHOOD.

Redow (*Memors de la Societe de Biologie*), observed it in thirty-two cases, and thinks it could be more frequently detected if the urine of the children were more frequently examined. It is more frequently connected with a parental diathesis, as gout, scrofula, or a mental affection; most children were between nine and twelve years. Of the symptoms, polyuria is constant, polyphagia in four-sixths of the cases, emaciation sets in quickly; pulmonary affections are rare, only in one case was hæmoptæ observed. The children mostly succumb to marasmus. A constant symptom also, is the change of character, at first they are restless and irritable, finally taciturn and morose. The disease may last from a few months to two years. Prognosis is not absolutely fatal, as ten cases recovered through anti-diabetic diet, and when such treatment is followed out from the very outset, of the disease, there is more hope of recovery.—*N. A. Journal Hom.*, February, 1878.

HINTS ON DISEASES OF INFANTS.

Inherent weakness at birth is the cause of very great fatality, the infant being too feeble to perform the various vital processes necessary to sustain life, or it succumbs at the first approach of a malady, be it mild or severe.

It has been sagaciously remarked by Dr. W. T. Garduer, "that the safe and wholesome feeding of the infants of a large community, depends absolutely upon preserving for its proper use the whole stock of available sustenance provided by nature in connection with the whole number of births in that population." Whenever, therefore, either rich votaries of fashion, or poor victims of necessity, abstract from the supply of natural infantile food in a community a considerable amount, deterioration of health and abridgment of health in children must follow.

Of the various modes in which vast harm is done chiefly through ignorance in the feeding of infants brought up by hand, it would be out of place for me here to enlarge. Much has been written thereupon by a number of medical men within a few years. Nothing better has come under my notice on this part of the subject, than the "Rules" issued in 1872 by the Obstetrical Society of Philadelphia, the wide dissemination of which amongst the poor of our large cities would, I believe, be of great service.

The *worst* errors often committed are, first, giving infants *stale* milk; second, *watering* the milk overmuch; third, substituting *farinaceous* or other food *incompetent* to supply tissue waste and maintain life. As to the first of these points, it ought to be understood, that, in hot weather milk becomes practically and effectually stale before it begins to sour, and that, to delicate infants, every hour counts, in the danger added by the keeping of their food.

Watering milk has become a by-word, and not without reason. Prof Chandler reported officially, a few years ago, that on the average, in New York one quart of water is added to every four quarts of milk. Prof. Babcock of Boston, found that ten out of twelve samples of milk served in that city were adulterated with water from 10 to 25 per cent. Adulteration of milk is extensively practiced and water is not the only added ingredient. Medical opinion has undergone some improvement in late years, in enjoining less considerable *intentional* additions of water to the milk given young infants.

The unsuitableness of *starchy foods* for infants under five or six months of age, and their insufficiency *alone* at any period, are matters

now well understood, at least in the medical profession. In a word no food for infants, be it Liebig's or that of any one else, can fully substitute good fresh milk, if not from the mother's breast, then next best, that of a healthy wet nurse; failing these, milk from the cow, the ass, the ewe or the goat, either of which will do, under favorable circumstances, with proper care, though always with a lowered probability of life.— *Public Health Reports.*

CONGENITAL VAULTED PALATE.

This is a condition where the palate arches very high. The mouth is usually narrow, and in fact the whole face and head is narrow. There seems a lack of bony development, while the cartilages, as a rule, are abnormally prominent. An English physician found this condition of the palate in nearly every case of congenital idiocy examined by him. In the cases examined by the author, the malar bones were poorly developed. The speech was indistinct, as would be expected, especially in sounding those letters where the tongue strikes the roof of the mouth.

There is no reference to this subject in any other work on diseases of children.

This is a congenital defect that should be early recognized, and the diet should be directed to developing the bony system. If there is also present an imperfect cerebrum, attention should be given to quicken mental action. The two remedies that promise most in these cases, are *Calcareæ* and *Phosphorus*. Perhaps *Calcareæ phos.* would be all-sufficient. This remedy might be given one day, and *Sulphur* the next, as recommended by Grauvogl in cases predisposed to hydrocephalus. The action of these remedies on nutrition is often wonderful. The food should be well salted.

SALIVARY CATARRH — PTYALISM.

Ptyalism, or drooling, is a frequent symptom in infancy, and one that has been lightly estimated. It is without doubt an index of the excited condition of the salivary and buccal glands, that is pathological. As we have already intimated, the absence of saliva retards dentition, so also does a hypersecretion. When the saliva flows out of the mouth in almost a constant stream, it produces a drain upon the system that seriously interferes with nutrition. This condition is known as ptyalism, and although often due to *Mercury*, still it may arise without it. A cold may cause this form of catarrh, but it is more frequently excited by the eruption of the larger teeth. I am satisfied that one of the ill-effects of profuse salivation, or sialorrhœa, is to produce a car-

tiliginous condition of the gums. While a mild secretion of saliva without doubt softens the gums, an excess produces a toughness of the tissue, due to the great abstraction of fluid.

Insalivation.—The older the child, the less apparent is ptyalism during dentition. Because the child does not “drool,” we must not conclude that this form of catarrh is not present, for the flow may pass down the alimentary tract, and escape observation, giving rise to serious trouble, as the following case illustrates :

George, youngest child of the late P. P. Bliss, aged eighteen months, had suffered all summer with diarrhœa. Had frequent changes of diet, air and physicians, but steadily grew worse. The stools were profuse, frequent and watery. The odor was like that of decaying meat, scented with onions. Although the child had been fleshy, the fifteen to twenty passages per day, for months, had reduced him to a mere skeleton. Being a fleshy, alkaline child, I sought for the cause of this severe and protracted lienteria, among the glands. After trying various remedies and forms of diet, I at last concluded that as there was a garlic odor,* and that a severe ptyalism had been suddenly arrested months before this, that this salivary secretion was pouring down the alimentary canal, giving rise to these profuse and frequent stools. He was at once put upon a starchy diet, mainly, and *Creosote*, and the whole trouble was arrested. The saliva began to appear at the lips, and this was followed by the easy and rapid eruption of four tardy molars.

ATROPHY OF THE SALIVARY GLANDS.

There are cases where these glands are all unnaturally small. This is doubtless the case in children whose faces are narrow, especially at the angle of the jaws. Their size has doubtless much to do in the development of the lower part of the face. If large, they will add to the breadth; if small, the jaws will appear narrow. Their atrophy will have a marked effect upon the nutrition of the child, as the acid elements will be in the ascendancy, and the digestion of starch will be much interfered with. Such a child will need much albuminous food to thrive well, and we need not expect it to be fleshy unless we can coax the glands, by a liquid diet, to take on greater functional activity.—*From Diseases of Infants and Children, Part II.*

*The odor of onion is attributed to the presence of the *Sulphocyanide of Ferrum*, while the active principle of the saliva is supposed to be the *Sulphocyanide of Potassium*. The cyanide uniting with the albumen might give rise to this odor.

Ophthalmological Department.

A CONTRIBUTION TO THE STUDY OF SUPPURATIVE OTITIS.

BY W. H. WOODYATT, M. D., PROFESSOR OF OPHTHALMOLOGY AND OTOTOLOGY, IN THE CHICAGO HOMŒOPATHIC COLLEGE.

Read before the Illinois Homœopathic Medical Association.

During the past few years a good deal has been written and spoken on the subject of suppurative inflammation of the middle ear. This has been done because it seemed necessary to the accomplishment of two distinct purposes; first to overcome the widespread indifference to the real and vital significance of the disease, and second, to present the clear pictures which careful investigation has revealed of the causes, course and consequences of the different forms of this very prevalent malady and their improved methods of treatment.

Those who have been made familiar with the various presentations of the subject as they have appeared in fragmentary form, cannot but regard the efforts toward general enlightenment as thorough and exhaustive. To such, this paper will present nothing new. But in the very nature of things many to whom these words are addressed, cannot have had that intimate acquaintance with all the facts contributed as they have been from many quarters, that would render further remark superfluous or trite, and to these we wish particularly to address ourselves.

The sentiment that a "running ear" is harmless and will get well of itself, has been so thoroughly impressed upon the public mind, emanating first from the profession, and finding many echoes in the populace, that the present generations will pass away before all the deaths attributable directly to this mistaken notion will have occurred. The long period of time which often separates the inception of the ear trouble from the fatal termination, and the peculiar form or location of the last disease, have blinded the eyes, alike of the casual observer and suffering patients, to the close connection between the affection of the ear, and say that of the brain.

It is gratifying to note the more intelligent appreciation of this connection which now exists in the professional ranks, and to observe

the results accomplished in those who have received the wiser instruction, to have the "running" stopped by the best known means as soon as possible. The changed attitude of physicians and patients is evidence that the efforts referred to have not been fruitless. But on the other hand we are reminded of the necessity for unremitting effort in the same direction by the startlingly frequent announcement of deaths from neglected otorrhœa.

Some marked experiences of the past few months have directed my thoughts strongly in this channel. Cases have sought relief from the complications of this disease, when the hope was scarcely warranted that prompt intelligent treatment of the primary trouble would place the patients out of danger. And these people had neglected treatment either because they had learned that it was scarcely ever beneficial, or that the inconvenience of the discharge was all they required relief from. To refute both these positions seems theoretically like a work of supererogation and yet in practice the work has to be done almost daily. It should be borne in mind that an abscess of the brain started by a carious process in the middle ear, may develop so slowly as to exhibit its fatal action after the primary-disease has been cured. And it not unfrequently occurs that the treatment in such cases is erroneously regarded as the exciting cause of the brain trouble. This conclusion has caused such a prejudice against treatment, that some patients cannot be persuaded to undertake it. By comparing the results following the improved method of treatment of to-day, with the results obtained under the older methods of treating suppurative inflammation of the middle ear, we are taught that success is gained through a clear knowledge of the anatomy of the parts involved. Knowing this, good judgment dictates methods and remedies adapted to the location and character of the pathological changes. Routine cases yield to a routine treatment, if either can properly be said to exist, but the really important cases lie outside of these, and are of commanding interest. These latter are imperfectly comprehended and consequently are inefficiently treated. We will devote the time allotted us to the brief consideration of some of these extraordinary or outside cases, satisfied that when some peculiarities in the anatomy have been pointed out and the treatment indicated which is demanded in consequence, that a renewed interest will be felt in a class of troubles which have hitherto been very irksome because so intractable, and that the treatment will produce very satisfactory results.

We are not unmindful of the fact that many cases devoid of any marked peculiarity, do not get well rapidly, but this is more frequently because good measures have been badly applied, than because they have been overlooked. All recognize the value of cleanliness in this disease, but many times it is not maintained because the syringe used is too small and without sufficient force. The ordinary glass ear syringe so frequently used because of its cheapness is almost useless. In some cases no syringing can be done without aggravating the difficulty, and the cleansing must be done with absorbent cotton, carefully introduced and moved over the surfaces. A healing perforation of the drum head is often injured and the disease prolonged because the syringing or swabbing are done mechanically and without reference to the condition of the parts at the time. A little scale which is about to seal over the opening in the membrane being thus roughly removed may protract a case for weeks. Other cases in which all else has been done properly, are kept from getting well because the canal of the ear is kept plugged with cotton, which prevents the discharge from escaping and the pure air from entering. These errors in the execution of good measures are to be overcome in the complex as well as in the simple cases.

The name of the disease indicates its seat, the middle ear, but this little six sided chamber of apparently insignificant dimensions, presents many points in its structure which demand individual study. We can understand accurately the peculiar phases which the disease assumes only by duly considering the shape of the chamber, its mucous lining in its tortuous windings around the bony contents, in and several pouches and cavities, and the intimate relation the chamber through the bears to many important parts adjacent. All the possible features that might present under different circumstances are not to be discussed now. Our study will be confined to those aspects which derive their peculiar characteristics from their location in the cavity of Prussak, or in the anterior or posterior pouches.

THE ANATOMY.

The external surface of the drum-head as we see it with the ear-mirror presents in its upper segment near the superior margin, a double curved line such as would be made, if a cord was suspended loosely from the short process of the malleus in the centre to the margin of the tympanic ring anteriorly and posteriorly. This line indicates the lower margin of the anterior and posterior pouches of the middle ear. These are to be studied from within. The posterior

pouch is an irregular triangular cavity about three millimetres high, and four broad. It is made up by a "supplementary leaf to the drum-head" which stretches between the posterior margin of the bony ring of the tympanum and the malleus. The leaf or appendix is composed of fibrous tissues like that of the true layer of the drum-head and though covered with mucous membrane is not a simple reduplication of it. The apex of the cavity is inward, its base outward, and along its posterior concave edge runs the chorda tympani nerve. This pouch was first accurately described by von Troeltsch in 1856 and named the posterior pouch or pocket of the membrani tympani.

He says that, "in the cadaver we often find the two inner surfaces of this pocket grown together either partially or totally as a result of catarrhal processes in the cavity of the tympanum." The anterior pouch is lower and shorter than the posterior, is composed of mucous membrane and lies anterior to the malleus. Immediately above and between these two there is a third cavity bounded below by the short process, behind by the neck of the malleus and in front by the membrane flaccida or Schrapnell's membrane. This is known as the cavity or pouch of Prussak. It communicates posteriorly with the posterior tympanic pouch. Its anterior wall is composed of loose tissue as the name indicates, is devoid of a true fibrous layer and is easily distended.

ACUTE INFLAMMATION OF PRUSSAK'S CAVITY.

Upon the reports of carefully observed cases, the statement is made that acute inflammation of Prussak's cavity frequently occurs as an independent affection. It may run its course to resolution or assume a chronic form by its continuance and extension. The subjective symptoms are tinnitus, pain, deafness, although in some cases, tinnitus was the sole symptom. Objectively we find the membrana flaccida reddened as also the part of the canal immediately adjoining. The drum head is likely to be dulled and slightly infiltrated. When pain is present, and this is the rule, it is often intermittent and the case is likely to be regarded as one of "common earache" and treated without any special reference to its seat. That the treatment should fail, will not surprise us when we consider the mechanical conditions that are to be overcome. The cavity is well enclosed, its outlet is indirect, and not large in health, but now made smaller or closed entirely by the swelling which the inflammation has caused. The enclosed space is soon filled with the exudation, and it in turn increases the original process and thus the disease extends.



The remedy in these cases is puncture of Schrapnell's membrane. The incision usually releases a little mucous or pus, sometimes only blood, but it is pretty certain to relieve the pain, allay the tinnitus and arrest the disease. The principle of the treatment is not new, and its application only requires a definite idea of the seat of the trouble.

CHRONIC FORM.

If the disease is not checked in its acute stage, the flaccid membrane ruptures under the combined influence of the pressure and the ulcerative changes; the cavity only partially empties itself, the usual means of cleansing fail to reach the spot, and as a result we very frequently find a polypoid granulation springing up, filling the cavity and perhaps extending into the external canal, at the same time the disease may extend downward into the middle ear proper, there set up a chronic catarrhal condition or lead to suppuration and perforation of the drum-head with all the symptoms that belong to that process.

An inflammation occurring primarily in the drum cavity may involve one or all of the other pouches and present quite a similar appearance to the one first described. Or the drum cavity may in the progress of the case take on a healthy action, the perforation in the drum-head heal, and yet leave the little pouches in a diseased state, carefully enclosing their polypoid growths. Whichever of the pouches may be the seat of this form of the disease, the course is tedious and prone to resist any treatment not aimed directly at the centre of the trouble. But of the three, Prussak's cavity presents the most unfavorable conditions for recovery. When the disease is centred in this space, the discharge is usually not copious and may not be noticed sometimes for two or three successive days. It will then be quite profuse at first, very offensive, and gradually diminish again to disappear and recur over and over again. Sometimes quite early in the case, the short process may become carious, which will be suspected from the odor of the discharge, and confirmed by the introduction of a fine probe well into the cavity. The bone frequently escapes entirely, and in other cases may only become involved after the disease has existed for a long time. Polypi either small or large are nearly always present.

TREATMENT.

Cleanliness is a prime essential in the treatment of these cases, as in the other forms, and the means of accomplishing this, deserve special attention. A small syringe with a long slender nozzle can be introduced through the speculum under good illumination and carried

directly to the cavity, or it may be reached by a probe tipped with absorbent cotton which can be passed directly into the cavity, or as far as the growths there will allow. This may have to be done every day, and will of course, have to be done by the physician. After removing all secretion from the parts, the polypi is to be touched with some such agent as *Nitrate of Silver*, *Chloro acetic acid* or *Chromic acid*. The silver may be delicately applied by fusing a small quantity and dipping into it the end of a fine probe to which a little will adhere. Either of the acids can be applied on a little piece of cotton rolled up in a slender pencil, and passed in with a probe or delicate angular forceps. Care must be taken not to touch the canal or the drum-head. When powdered *Alum* or other substances as powder are to be used, they may be blown in through a tube of small calibre, passed well up to the cavity.

Medical News.

Dr. C. N. Dorion has gone to Waukesha, Wis., to practice.

Dr. Hiram, Hughes, of Savona, died at his residence, last Sunday evening, of consumption, aged sixty seven years.

Dr. T. W. Bartlett (from Chicago Homœopathic College), has located at Sioux City, Iowa, with Dr. John Bailey, successor to C. L. Hart.

Michigan University.—Prof. E. C. Franklin was elected to the chair of surgical therapeutics, vice Prof. J. G. Gilchrist, resigned. Prof. F. was made dean.

Diseases of Infants and Children, with their Homœopathic treatment, Part II, out. This part takes up the diseases of the alimentary tract—the most important are in the child, being the most easily deranged. This part will be a great help just at this time.

Lady M. D.'s.—July 3, 1878, messenger entered and handed us \$3.00, saying, "this is to renew Mrs. Dr. —'s subscription." We turned to our ledger to give credit, and saw her subscription expired July 1, 1878. This is but a sample of the usual promptness of our lady subscribers.

Dr. Foote's Home for the treatment of inebriates, opium, and mild nervous affections, Stamford, Conn. Dr. F. writes: "I am curing about 100 per cent. of inebriates and opium eaters. These are," as he remarks, "astonishing and verified facts." Dr. Foote is an able and reliable man.

New Tract.—"The Homœopathic Law of Cure," is the title of a spicy little tract, by T. M. Triplett, M. D., which has reached its second edition. It is a terse, spicy, pungent putting of the case. that



draws the Allopathic fire every time. Here is a sample: "The Allopaths don't believe in statistics. They are not to be blamed for that; statistics don't come out right for their side." "Homœopathy will do for babies." This is babies' time. Scatter these tracts and increase your business.

The Illinois State Board of Health.—*Mr. Editor:* It will serve a good purpose, and save me some trouble, if you will print the following items in relation to the work of the State Board of Health: The Board consists of seven members; has been in operation one year; has had thirteen meetings in various parts of the state; has issued certificates to 4,950 physicians and midwives, each of which is signed by its seven members; has examined 366 applicants for the license to practice, and rejected 221 of them; has driven 1,200 unqualified practitioners out of the state; has stopped eight colleges from giving two graduating courses in one year; has refused to accept or to recognize the diplomas of eight medical schools; has revoked six certificates for gross unprofessional conduct and advertising; and at its meeting in Decatur, June 27, authority was given to revoke the certificate of another physician, accused of being an abortionist, in case the facts presented were proven. It gives me great pleasure to state that, in every particular, and without exception, the "mixed board" has worked harmoniously.

Yours, etc. R. LUDLAM, M. D.,
Member State Board of Health.

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Children's Department.

CHOLERA INFANTUM.

BY J. C. MORGAN, M. D., PHILADELPHIA, PA.

"*Cholera Infantum*" is a phrase of loose application. The cholera of infants, however, has a definite character; although several varieties may be allowed. And the subacute relics of this, and even the chronic marasmus which may follow, are not essentially different from like troubles in the intestines, etc., otherwise brought on.

The *clinical varieties* most important to notice are yet intimately connected, pathologically. These are the gastro-enteric, the hepatic, and the cerebro-spinal.

The *gastro-enteric* is marked by mucous irritation and congestion, with variable exudations; vomiting and purging, tending rapidly to exhaustion.

The *hepatic* includes the biliary flux also, or this may exceed the other. Or, most important, as more common, causing or maintaining the morbid stools, *inertia* of the *secreting cells* of the liver. Lastly, the *cerebro-spinal* variety is evidence of the part played in all forms, by the nerve centres; which in this form overshadows all else, but may be traced in both the others. Thus, the complex of pathological derangement is always, *in varying proportion*. 1. Central nervous irritation. 2. Hepatic inertia, irritation or congestion. 3. Gastro-intestinal irri-

tation and congestion. Hence, the abundant flux, the altered secretion, and the marked nervous symptoms, even to convulsions; hyperæmia of the brain, and hydrocephaloid, when the stage of exhaustion supervenes. Each of these forms suggests its own group of remedies.

Febrile irritation often marks its confirmed stages. Indeed it is fair to assume that the early symptoms really correspond to the chill-stage of any ordinary febrile attack. The same may be said in regard to convulsions, and all spasmodic states. Reaction — “fever” — naturally succeeds, and, as often asserted, may therefore afford encouragement, rather than the contrary.

The gastro-enteric symptoms are very deceptive guides to remedy-selection, taken alone. Indeed, pathological discrimination may help here, in a special manner.

The nerve symptoms and the hepatic derangements should be clearly made out, in order to read the simile to each case. This is a trite, but true statement, and may help many irresolute prescribers to firm ground. Fever is largely of the nervous type of symptoms. *Aconite*, *Bell.*, *Fer. phos.*, *Gels.*, *Ipecac.* are severally indicated.

Hepatic derangement is most marked in the sub-acute stage, by unhealthy, foul, discolored secretion from the bowels. In no case should the liver escape suspicion, when foul stools are present, and *Mercurius* or *Pod.* may be given more widely than is often supposed by us. So, also, other liver remedies, as *Cham.*, *China*, acting on the hepatic nerve centres, etc. Nervous symptoms often are the reflex of the abdominal disorder; or on the other hand, central nervous irritation may be primary, and the bowels and liver troubles secondary. (This is a practical application of the “centric and excentric” in pathology and therapeutics.)

Should central nervous irritation be the primary cause of the attack, *Belladonna*, *Chamomilla*, etc., will stand among the first of the remedies for cholera infantum. Their “peripheral symptoms” will be found in the case also.

But, in the majority of instances, peripheral (excentric) irritation decides the attack; oftenest through the cutaneous nerves, in hot weather, or the dental nerves, in dentition, or both combined. For such cases, which pretty surely have some fever, *Aconite* may be useful; but *Ferrum phos.* and *Gelsemium*, are oftener required, being excentrics, or peripherally acting drugs, (full of central nervous sympathies, however.)

Should the gastro-intestinal origin of the case be apparent, then, of course the excentrics, *Ipecac*, *Pulsatilla*, *Veratrum*, etc., would be clearly demanded.

This diagnosis of the remedy by the inception point of the attack, is also only another mode of prescribing according to the causal indication, as we do every day in Homœopathy, in all diseases.

Again, brother Duncan has often urged upon our attention "the acid child," the child which makes an excess of lactic acid, as the particular victim of summer complaint. Now ordinary lactic acid production is, aside from mere indigestion, so far as we can tell, directly related to the "glycogenic function of the liver"—its excess, also. So that here again, in the "acid child," the indication is not for soda, etc., in food or medicine, as an ant-acid, but for *hepatic remedies*, as the prime point of its therapeutics!

There can be no doubt that the liver has been a superstitious object in the past, but the reaction in the profession has been even worse. Kuss' *Physiology*, Murchison on the *Functional Diseases of the Liver*, etc., should be here consulted.

It is important to notice the clinical difference, at least in protracted cases, between babies without teeth and older ones with a mouthful.

The latter have less to fear from dietetic sources. Their salivary glands are developed, *pari passu* with the other masticatory and digestive organs, hence they have ability to digest ordinary food, whereas, a young babe often fails to be nourished by anything other than the breast. In addition, the young infant has before it a chronic dental irritation, which the other suffers from not at all, or only until it has cut its canines; the "eye and stomach teeth."

In both, (as in grown people) hot weather, and other atmospheric irritants, and the various causes of indigestion and nervous irritation, are salient points in the etiology, and commanding causal indications in the therapeutics, of "summer complaint." But these operate variously, according to age.

Amongst the many infant foods, one is, I think, too little used, viz., "Prepared Barley"—an English preparation sold everywhere, and which often agrees when others fail.

Change of air in subacute cases of summer-complaint, is of such vast importance that it should never be forgotten. Change from confined city quarters to country or sea air, often works promptly; a marked change, from the first moment, as it were, being seen in the

general vitality. A ride in a steamboat or carriage ; a picnic or other excursion, should be frequently resorted to by those who can do no more.

The effects are doubtless due to several things, first, the heat is exchanged for cool breezes ; foul air for pure air ; monotonous scenes for novelty and natural excitement ; motion for stagnation.

The effect of carriage-riding has lately been alluded to in the INVESTIGATOR favorably. It is remarkable that on first reaching home after a ride, the child is apt to have one large, watery stool. This, however, need not discourage.

Lastly, during such excursions, this caution must always be given ; be sure to protect the patient from both the hot sun and cold winds ; which have often counteracted all the advantage, by positive bad effects.

One case only is appended, showing the use of *Ferrum phos.*

May 22d, 1876. Baby B, aged fourteen months—has but few teeth—delicate organization. Being so very ill, called on a physician near by, at night. His record is: " Strains ; passes every fifteen to twenty minutes ; green watery stool, odorless ; sometimes hashed ; several stools with white mucus ; stools scanty. Rolls its head ; eyes half open ; moans ; face pinched ; (when feverish, previously, was red ;) has had *Chamomilla* and *Aconite* from the mother ; fever still comes and goes. Starts in sleep. Retches with stools, but does not vomit ; urine scanty ; pulse 160 ; respiration accelerated ; bowels better toward morning. (Sent *Belladonna* 6000 ; night.) Called 10 A. M., and found symptoms as above ; gave *Sulph.* 200 every two hours, until seen by me that afternoon. Then all symptoms decidedly worse—feverish, pinched ; stomach and bowels irritable. Anterior fontanelle pulsating. Prescribed *Ferrum phos.* 30, every one to two hours (next day, three to four hours), with immediate relief for all the urgent symptoms. The remaining looseness was met and arrested in a few days by *Natrum sulph.* 30, *Rheum* 200, *Cham.* 200, *China* 200.

Another important medicine, but little known in Homœopathy, is *Rhatania* ; indicated by thin fetid stools, without other marked symptoms.

SEASON HINTS ON CHILDREN'S DISEASES.

This summer weather seems to be made up of rapid alternations of hot, dry spells, followed rapidly by cool damp ones. We will therefore be obliged to study our cases with these two points in view. The chief question to decide will be, was the child ailing for some days or was it taken suddenly during the hot or cool spell? The best way to get at that, is to inquire as to its eating, sleeping, stools, urine, thirst, etc., for several days. One hot day had the following cases.

CASE I. High fever, headache, flushed face, don't want to eat. Ailing for several days, *i. e.*, since the cool change. Examined throat found follicular pharyngitis, ptylism, due to obstructed and congested liver, I guessed. The symptoms called for *Merc. bijod.*

CASE II. Child had diarrhœa for several days; now stools small, slimy, bloody. Diagnosed dysentery; cause, cold arrested functional activity of the liver. *Merc. cor.*

CASE III. Alkaline child had been riding in sun; well before, now dumpish; no appetite, no diarrhœa, but languid and restless. Thirsty, drinks often, little at a time. Diagnosticated heat-stroke, arresting digestive functions. Remedy *Arsenicum.*

CASE IV. Child, ten months, had diarrhœa for two days (hot), profuse green watery stools every hour. First were white (chyle), then yellow, now green. Had heat-rash for some time. Fed on condensed milk; head square on top, with open fontanelles and *sagittal sutures.* Diagnosed cholera infantum setting in on hydrocephalus acquired, developed by the *Lactic acid* dissolving the *Phosphate of Lime* out of the blood. The heat rash shows the acidity of this vital current. Back of all, a constitutional predisposition to hydrocephalus — a previous child at the breast dying at an earlier age. *Calc. phos.* had been given to arrest this. Prognosis grave; changed food to more alkaline. Remedies *Arsenicum, Belladonna, Merc., Verat. alb., Apis, Phos.,* according to indications. Child still lives but it is a question about its intelligence should it survive. Later. This child is coming up on *Pod.*

CASE V. Child fifteen months cutting canine teeth. During a previous hot spell suddenly taken with vomiting and profuse white, then yellow diarrhœa, that *Arsenicum, Belladonna,* and *Thuya* arrested. Was taken after midnight (hot day) with severe diarrhœa, aggravated by eating, restless, thirsty, drinks often, little at a time, very prostrate. Diagnosed heat effects; remedy, *Arsenicum.* Later. Profuse yellow gushing stools called for *Croton tig.* Later still, *Arsen.*

CASE VI. Following a cold spell seemed to have cold; slightly chilly then feverish; prostrated; won't eat; not thirsty; vomiting soon after taking anything acid; two years old cutting canine teeth. Previous child died of hydrocephalus. This one delicate, easily upset. Diagnosed indigestion. Remedy *Arsenicum*. Food, diluted milk, in small quantities, till digestion is restored.

These offhand sketches may help to picture children's diseases, as they are now met in Chicago, and the influences that impress the indications.

T. C. D.

July 10.

ON CHOLERA INFANTUM.

THERAPEUTICS OF THE LAST OR HYDROCEPHALOID STAGE.

The treatment of hydrocephaloid and of earlier stages of cholera infantum must be adapted to the general anæmic condition. In many cases carefully selected Homœopathic remedies, seasonably administered, will cure by removing the predisposing cause. But hygienic measures must not be neglected. Suitable diet and plenty of fresh air are required. Sometimes a change of air is indispensable. Such little sufferers are usually overfed, and the quantity of food must be restricted on account of defective assimilation. Cow's milk is very apt to disagree and when taken it is often ejected in coagulated lumps since it contains too large a proportion of caseine. Various kinds of food suitable in any stage of cholera infantum, are prepared from wheat or from a mixture of wheat and barley. Many use oat-meal gruel, beef tea, rice flour, wheat flour, starch to which the upper of milk is added, after standing awhile, etc. Sometimes the little patient will best relish the piece of beefsteak, chewing small pieces and swallowing only the juice.

Jahr and Lehwerkert depend upon *Phosphorus*, *Calcarea carb.* and *Zincum* as specifics in hydrocephaloid.

The following are the principal remedies with some of their indications:

Æthusa.—The milk disagrees and it is immediately vomited in coagulated lumps; after stool and vomiting a semi-comatose condition; pupils dilated and insensible to light.

Apis.—Child screams out very sharply when asleep or awake. (Compare *Zinc*.) Urine generally scanty.

Arsenicum.—Great prostration; pallor; emaciation; great thirst with drinking, but little at a time; striking the head with the fist.

Borax.—Constant vomiting; painless stools; child makes an anxious face on account of downward motion.

Calcarea carb..—Leucophlegmatic temperament; fontanelles large and slow to close; muscles soft and flabby; much head-sweat during sleep; child makes an anxious face when lifted from the cradle.

Calcarea phos.—Complexion dirty white or brownish; skull very soft and thin, crackling like paper when pressed upon; peevish and fretful children (*Cham.*); diarrhœa with much flatulency during dentition; greenish thin stools.

Cuprum acet. or met.—Convulsions coming in the lower extremities, or in the fingers and toes, with much throwing about of the limbs, frothing at the mouth and choking in the throat; spasms preceded by violent vomiting of mucus.

Ipecac.—Constant nausea with occasional vomiting; stools fermented and of many colors, or as green as grass; paleness of the face and blueness around the eyes, catarrhal symptoms as concomitants.

Iris.—Great irritation of the gastro-intestinal tract; nausea and vomiting of sour fluid; colicky pains every few minutes in the epigastrium; stools thin, watery, copious, tinged with bile.

Kreosote.—Constant vomiting and greedy drinking; belching or hiccoughing when the child is carried.

Natrum mur.—Vomiting and diarrhœa; worse during the day; general emaciation; great emaciation, of the cervical muscles.

Phosphorus.—Child drowsy, wants to sleep all the time; after drinking water, it is vomited as soon as it gets warm; stools white, green or watery, gushing out like water from a hydrant; loss of hearing.

Veratrum albi.—Cold, clammy sweat on the forehead; skin generally cold and damp; great debility; pulse very small and weak; great thirst for cold water; great prostration after stool.

Zincum.—Feet constantly fidgety; on awaking the child appears frightened and its head rolls from side to side; during sleep it cries out (*Apis*) starts and jumps.

SYRACUSE, N. Y.

H. V. MILLER.

EXPERIENCE IN CHOLERA INFANTUM.

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

Ipecac, 2x and 3x, have never failed me for continuous nausea and vomiting. Sleep with eyes half open, catarrh of chest, whitish coating on tongue. It is a remedy that is not suited to long, protracted cases. The first symptom is my main reliance.

Belladonna.—Stupor, head hot, easily startled, rolling of head. Child awful cross, cries a great deal. Sometimes lethargy with cool face; venous passive congestion of head, veins showing very plainly; frequent desire to moisten mouth; dry heat; distended abdomen tender. I have found *Bell.* the best remedy for spasmodic symptoms occurring in this disease, 3x to 30x potency.

Aconite, 3x.—Teething children, great restlessness, high fever, biting, fists. Stools small, frequent.

Chamomilla 3x.—“ Ill-humor, children crying much and are stilled by being carried about.” Stool smelling like bad eggs, and chopped white and yellow.

Podophyllum, 3x 6x.—Profuse, frequent, gushing, painless, and curative in prolapsus, (watery stools); moaning, grinding of teeth, half closed eyes. rolling of head during dentition. Curative for yellow mucous stools like carrion, jaundice.

Rheum, 1x.— Sour smell of body, breath and stool.

Croton tiglium, 6x 10x.— Yellow, watery, coming out like a shot; aggravation from drink and food.

Calcareo carbonicum.—Sweat (profuse) of head while sleeping. Vomiting of sour food, curdled milk during dentition. Scrofulous children, large heads, open fontanelles, (light hair). This gives me excellent satisfaction in hard cases.

Mercurius dulcis, 3x.— Specific for mucous and serous diarrhœas in children.

Mercurius solubilis, 3x 6x.—A precious remedy. Colic before violent tenesmus during and after stool. Increase of saliva; eyes dull; face pale, earthy, yellow; tongue soft, flabby, coated whitish, yellowish. During dentition, stool scanty. Debility, perspiration on least exertion; sour smelling night sweat; jaundice; great thirst for cold drinks.

Veratrum album, 3x to 6x.—Stools, greenish, watery flakes, brownish blackish; frequent, profuse, severe colic burning stool. Paleness, cold sweat, chilliness, shuddering; weakness after stool; sunken eyes; cold, pale, or bluish face and lips; great thirst for large quantities of very cold water; after vomiting great prostration.

Sulphur, 3x to 30x trituration.—Stools change after repeated relapses; case seems to linger; stools very excoriating. Evidence of the psoric diathesis.

Silicea.— Psoric derangement.

Phosphoric acid.— White, watery diarrhœa, painlessness, absence of debility, although it continues a long time. I have seen a few just such cases and cured them with *Phos. acid.* 1x to 6x. I have used the following with success in some cases of chronic summer complaint: ℞ *Subnitrate of Bismuth*, ʒjss; *Gum arabic*, ʒss; *Ipecac.* grs. ij. Mix and divide into twenty-four powders, and order one taken every four hours. Alternate with *Phos. acid* 1x, *Nux* 3x, or *Lactopeptine*. Diet, new milk and cream and raw beef. This applies to a case of six

weeks to ten weeks standing, and age one and one-half years to two years old. This first prescription has a wonderful power in controlling the irritation of the bowels, and deterring to the surface. Anæmic children must have a preparation of *Iron* and I have seen good results from its use.

Cina (*Santonine* I use 1x 3x trituration).—Paleness around nose and mouth; picking, boring nose; urine whitish; grinding of teeth during sleep, during dentition.

Nux vomica, 3x 6x.—Sensitive to light, noise, jar, strong smells; mouth sore, bad smell from mouth. Constant urging, tenesmus during stool. After stool, cessation of pain and tenesmus.

Baptisia, 1x in autumn; tendency to typhoid symptoms.

Quinine.—Malaria in fall. Mix a little with *Olive oil*; apply over stomach and abdomen.

Hepar sulphur.—Abuse of *Mercury* or *Cinchona*; suppression of scabies.

Ethusa cynapium.—In summer, dentition, violent vomiting of curdled milk; stupor, spasms, thumbs clenched, pupils fixed, dilated, eyes staring; worst form of cholera infantum.

Arsenicum album.—Undigested dark, black, watery stool; lips dry, black; tongue same. Vomiting immediately after eating or drinking; great weakness and restlessness; burning thirst for a little water; drinking very often, 6x to 12x.

Cantharis, pale, reddish stools like scrapings of intestines; bloody.

China.—Stools undigested, yellow, watery. Stools painless, worse every other day. Great weakness and inclination to sweat.

DIET.

Rice coffee is a favorite with me; corn coffee is good; beef tea is also valuable. I have had but little experience with Horlick's Food, but it has worked like a charm in three cases; changing the food is all that was required. I think diet should be closely studied in these cases. For the heat of the head in some cases, cold water applied is valuable; stupor; fix the water so that it will drip on the head drop after drop; can be done with a cloth in water and hung over side of vessel. When the little one is uneasy from this, change to another spot. Dr. Bowen (of Madison), uses tepid water in these conditions (stupor) working the hair up with a brush or comb. He thinks it favors evaporation. I have often applied cloths (wet in the dilution I was giving) to the abdomen. I do not know as it is beneficial, only some think more is being done.

URÆMIA A CONCOMITANT OF CHOLERA INFANTUM.*

AN EXTRACT FROM A LECTURE BY R. LUDLAM, M. D., PROFESSOR OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN IN HAHNEMANN MEDICAL COLLEGE, CHICAGO.

According to most modern authorities, an attack of cholera infantum may be divided into three stages. In the first, the symptoms indicate some derangement of the digestive functions, but more especially of innervation, as shown by increased sensibility and excitability. In the second stage, the alimentary symptoms are the more prominent. Gastric disorder, vomiting, colicky pains and a troublesome and exhausting diarrhœa ensue. Because of cerebral complications, the third stage is the most dangerous.

It is to this latter class of symptoms that I desire more particularly to direct your attention. In most cases of cholera infantum you will remark that, with the amelioration of symptoms proper to the second, and the advent of those of the third stage, there occurs a derangement of the *urinary* function. The urine becomes scanty in amount, and is more thick and turbid than is natural. Its specific gravity is increased. There may or may not be strangury. This partial suppression of the urinary flow is not accounted for, as the nurse will tell you, by the copious watery stools which the little patient has had, neither by the profuse and constant perspiration in which the skin is bathed. It is the rapid evaporation of the sweat from exposed surfaces which leaves them cool and clammy. The hands and arms, which are thrown wildly about, and the feet also become cold and cadaverous. Sometimes the fingers resemble the "washerwoman's fingers" of epidemic cholera.

In a majority of examples of cholera infantum, you possess in these symptoms — the relative degree of urinary and of perspiratory, as well as of calorific derangement, a safe criterion of the gravity of the attack, and of the danger to be apprehended from the "determination to the head," which carries off so many thousands of children annually. Hence their prognostic value, and hence also the necessity for knowing their pathological and therapeutical significance. Let me explain this matter, for you will find nothing of it in the text-books.

Whether we accept the proposition that the primary stage in this disorder is due to some lesion of the brain, a theory which is supported by fact, it would appear that the exciting cause or causes of cholera infantum must operate through the nerve centres, as most intangible causes of disease certainly do. For this reason the cerebro-spinal system, which is most vulnerable in the young, is implicated at an early stage of the disease. This early and decided implication renders it particularly susceptible to morbid contingencies. One of

[* This lecture was delivered in July 1864, and printed in the old series of THE MEDICAL INVESTIGATOR in the following month. Being out of print and beyond the reach of many of our readers, seasonable and practical, we think best to republish it verbatim.— EDITOR.]

these contingencies is the retention of urea in the blood. Its non-elimination is evidenced in the scanty flow of urine, as well as in the free diaphoresis which is the outlet for the aqueous, but not for the post-organic elements of the urine.

It does not follow that structural lesion of the kidneys is necessary to produce this result. The especial conditions of that organ which favor the accumulation of urea in the blood are many of them unknown to us. There may be dynamic and intangible causes at work to derange the renal function.

You are aware that serious consequences frequently ensue from simple retention of the urine in young children, who are otherwise healthy and robust; also in pregnant women, and in those who have recently been delivered. You know that urea injected into the circulation will act as a toxic agent, giving rise to convulsive and other nervous phenomena which are pathognomonic of this peculiar poison. It is possible in this manner to institute a sort of "proving" of urea. Indeed, as I shall show you presently, we have a chart of its effects upon the human organism.

Imagine a case in which an infant of ten months has been ill for several days with the "summer complaint." The little organism is weakened and prostrated, the vital energies sapped by the excessive alimentary secretions and the nervous and muscular wear and tear. The atmosphere has become more impure, the heat and discomfort of the season more intense and intolerable, and the symptoms correspondingly serious. There is more of languor and debility. The skin is cold and clammy, and at the same time loose and flabby, excepting upon the forehead, where it is tense and shining, the eyes are hollow and have a vague, unnatural expression, the stools are less frequent, the vomiting is somewhat relieved, the urine is partially or almost wholly suppressed, and there is complete insomnia.

Here is a favorable condition for such an agent as urea to develop its worst results. The brain and all the nerve centres, are especially vulnerable to it. This is an internal source of zymotic complication. The blood brings the urea into contact with the gray neurine in the nerve centres of the brain, the spinal cord, and with the ganglia of the great sympathetic. The symptoms which result are closely akin to those of the collapsed stage of Asiatic cholera. Indeed they differ only in degree, and the reason thereof is apparent. The specific cause of epidemic cholera impresses the nerve centres in a similar manner to that which produces the cholera infantum. But the depurating process carried on by the kidneys is suppressed or entirely suspended at an early period of the disease, and clonic painful crampings are the result. By and by the parallel is more strongly marked. The cramps give place to collapse, and the adult victim of a fearful scourge dies in much the same manner as the infant which is sacrificed to a more familiar but scarcely less fatal form of a disease of the same type and species.

I have drawn upon the black-board a table of the symptoms proper

to the last or cerebral stage of cholera infantum, and of those which indicate uræmic poisoning. By a reference to this table you will recognize their close similarity and possible identity.

THE THIRD STAGE OF CHOLERA
INFANTUM.

Urine.—Partial or entire suppression of flow; in quality thick, turbid, and frequently albuminous. This symptom *anticipates*, but never follows the remaining symptoms.

Sensorium.—1. Listlessness, fretfulness, unrest, insomnia, dislikes visitors, and strangers especially.

2. Delirium during sleep, or upon waking. Child awakes crying. It turns and twists the body, rolling the head from side to side, and moaning piteously.

3. Delirium, with repetition of the same word or syllable over and over again.

4. Drowsiness, passing into stupor or coma, with absence of epileptiform symptoms.

5. Lies in an imperfect sleep, dozing, with half-closed eyes, which are insensible to external impressions.

6. Is rational, when there is no coma, and between the convulsions. Sometimes the mind is exceedingly active.

Eye.—1. Sunken, hollow, with a vague expression. Pupils are sometimes dilated and again contracted.

2. Dimness of vision. Amaurosis, which is partial or complete. Appears to see objects not discernable to others.

3. Strabismus.

Ear.—1. Increased sensitiveness to noise. Too much noise may set him into convulsions.

2. Deafness, partial or complete.

General Sensibility.—1. Morbid sensitiveness to touch or motion. Dreads to be moved.

2. Paralysis of nerves of sensation, which may be general or local. Dr. Condie has seen a case of this disease in which the little patient felt nothing although a fly alighted upon the eye-ball.

URÆMIA.

Urine.—The same.

Sensorium.—1. Irritability, with total loss of sleep and rest.

2. Delirium during sleep, or when falling asleep. Restless tossing about and rolling of the head.

3. Wild delirium, which, according to Frerichs, "is characterized by a reiteration of the same word for a long time."

4. Coma, with possibility of arousing the patient at first. Afterwards, profound coma, without the asphyxia of epilepsy.

5. Apoplectic somnolency, which is partial or complete.

6. Intellect clear, when not comatose or convulsive.

Eye.—1. Inexpressive. Pupils may be either dilated or contracted.

2. Impaired vision, with transient, partial, or complete paralysis of the optic nerve. *Muscæ volitantes*.

3. Squinting of one or both eye-balls.

Ear.—1. The same.

2. Temporary or permanent deafness.

General Sensibility.—1. The same before the soporose condition is established.

2. Partial or complete loss of sensibility of the surface of the body. *Anæsthesia*.

The Motar Function.—1. Deranged muscular movements. Clonic, convulsive ditto.

2. Convulsions of a clonic nature, which are more or less general and frequently repeated.

3. Paralysis, general or partial, in which voluntary motion is deranged or wholly lost. Rigidity and loss of power in one or more limbs.

4. Paralysis of the bladder and rectum.

Skin.—1. Bloated features.

2. General œdema, with sallow or pale hue of skin. Sometimes the skin is cyanotic as from defective osmosis.

3. Swelling of the hands and feet.

Post-mortem appearances.

Brain.—1. Disorganization of the brain from softening of its tissue.

2. Red spots, from effusion of blood.

3. In some cases, effusion into the sub-arachnoid tissue and the lateral ventricles. Serous effusion upon the brain.

The Motar Function.—1. Irregular spasmodic contractions of voluntary muscles as in Chorea St. Viti.

2. Spasms with loss of consciousness. These may be general or local. Rigidity of muscles.

3. Partial paralysis, especially of the lower extremities. Paraplegia.

4. Paralysis of [the] sphincters versicæ and ani.

Skin.—1. Puffiness of the cheeks and eye-lids.

2. Sallow and anæmic hue of skin. Skin sometimes blue and congested.

3. œdema of the extremities.

Post-mortem appearances.

Brain.—1. Brain anæmic, infiltrated, and of diminished consistence.

2. Inter-meningeal apoplexy.

3. Excess of serum in the spinal cavity and within the cerebral ventricles. This serum contains urea.

Rilliet and Barthez are of opinion that "Cholera Infantum occurs at an age in which functional derangements of the nervous system without lesions of organs are most frequent." Morland says: "It is universally conceded that very few structural changes of consequence and often *none whatever* are found on necroscopic examination—after death from the mere action of uræmic poisoning, in the cerebro-spinal system."

The parallel between these two columns of symptoms is strongly marked. Add to this the fact that inflammation of serous and mucous membranes is an almost certain consequence of uræmic poisoning, and we shall recognize that the symptoms of meningitis with effusion, as also the aphthous lesions of cholera infantum, may really result from this cause. The kidneys fail to deplete the blood of its urea. The serous and mucous membranes improvise a compensatory performance of the renal function. The vicarious excretion does not find a sufficient outlet. The consequence is that these structures become seriously diseased, and hence a frequent source of fallacy in *post-mortem* examinations. * * *

It is no mere accidental circumstance that this parallel between the cerebral symptoms of the third stage of cholera infantum and those of uræmia is so striking. We do not claim that every case of the former disease is also one of uræmia. Many examples thereof recover

during its first stage, and others, perhaps, without the development of brain symptoms. But, doubtless there are many more in which the symptoms which the physician has to combat are really referable to uræmic intoxication. We claim that these latter should not be overlooked. When, after having treated the case for some days, and left the patient convalescent, you find him to have grown suddenly worse, and that brain symptoms of an alarming character are developed, almost without warning, you will need to comprehend their cause and significance. Under such circumstances, it is folly to talk of "metastasis," and all that sort of thing. Such unmeaning phrase should never be employed by the profession of our day. It will not satisfy either an intelligent parent or physician. There must be some adequate cause, some valid reason for this change in the character and gravity of the symptoms presented.

As the cerebral complication increases, and a fatal termination impends, in the last stage of the cholera infantum, the symptoms are found to bear a close resemblance to a spurious form of hydrocephalus, termed by Marshall Hall, Gooch, West, and others, hydrocephaloid disease. There are good reasons for believing these disorders to be identical. West, for example, does not recognize the cholera infantum as a disease which prevails in Europe, but says the hydrocephaloid affection is especially prone to supervene upon infantile diarrhœa, pneumonia, and cerebral congestion. Another remark of his is sufficient of itself to render the identity of this spurious form of hydrocephalus and the later stage of cholera infantum tolerably certain. He says: "It is important, too, to bear in mind that they (the symptoms) are not equally apt to come on in the course of all diseases, but that those in the early stages of which considerable cerebral irritation has existed, are much more likely to assume the character of this spurious hydrocephalus when the bodily powers are exhausted." * * * *

The view which we have advanced finds confirmation also in the results of some of the most appropriate and popular remedies for symptoms which are common to the third stage of cholera infantum, to uræmia from suppression of urinary flow, and to the hydrocephaloid affection. *Aconite*, *Apis*, *mellifica*, *Cantharis* and *Helleborus niger*, are prominent remedies for this cerebro-urinary complication. They seem most appropriate to derangements in sympathy and function between the cerebro-spinal centre and the genito-urinary apparatus. It is questionable if either of them has ever been the means of curing a well developed case of hydrocephalus, but that they have been of service in the spurious form of that disorder, whether idiopathic or symptomatic, there can be no doubt. And this result has been attained not by virtue of any mere diuretic properties, but through a specific curative relation to the tissues and functions which have been implicated.

The key-note of indication for *Cantharis* or *Apis* has been recognized in a troublesome strangury, or a marked suppression of the

urinary flow. These remedies have been unwittingly given, and good results have followed. Such results have a wider significance than the physician may have imagined. Other organs, as the brain and spinal cord, and other tissues, as the serous and mucous membranes, which have been involved in the disordered action, are relieved of embarrassment, and the symptoms of evil augury are made to vanish. A glance at the provings of these remedies, and more especially the experience of a single summer as a practitioner, will establish the value of the pathological and therapeutical deductions which I have now presented for your consideration.

CHOLERA INFANTUM.

BY P. W. POULSON, M. D., COUNCIL BLUFFS, IOWA.

Read before the Missouri Valley Homœopathic Medical Association.

This disease is most frequent during the hot season from June to September. It is epidemic and from some atmospheric origin, and even the very best treatment is often not sufficient to overcome its malignant type.

As all species of cholera, so is also the infantum dangerous by its quick course and the rapid way in which the system is exhausted. The violence of the diarrhœa and excessive vomiting, the painful gastric symptoms and congestions bordering on collapse, makes this disease a special study for the practitioner, who makes children's ailments a specialty. As in cases of uræmia the few resting spells are only indicating renewed attacks in which the prostration gradually works into the fatal spell of convulsions.

There is very little doubt that this catarrh of the bile-duct is caused by blood poisoning. Only the disposition is hereditary, but the disease is the product of different causes, which principally develop themselves during the summer's heat, and is generally in a reflex action with dentition. We observe that the bottoms, where a damp, cold night air is exchanged with a burning sunheat reflecting all day, and where no shade trees offer protection for the dwelling, is the very place we find the real hot-house for cholera infantum.

Under such circumstances is teething one predominant cause, and especially when the child is raised on cow's milk, and that is indiscriminately mixed from numerous cows, and those are allowed to run all over bottoms and eat sunflower and stramonium leaves. Also from want of cleaning the bottle and allowing milk to decompose in

the rubber tube and get the milk acid to combine itself with the volatile oil in the rubber, and form a radical poison for the ganglia nervous system of the abdomen. Some children are also in a constitutional sense ripe for the disease by having a scrofulous or tuberculous hereditary organization. In fact any dyscrasy from birth is able to lay the foundation on which conditions will raise up the structure.

We have all observed these distressing symptoms which attend the disease, the frequent screams and thirst, and the force by which the irritable stomach rejects again all its contents. At first mothers pay little attention to the ailment and overlook the sero-mucous vomiting as to be anything but serious. Generally, first when the uneasiness and screams increase and the child's discharges become mixed with bile and with mucous flocculi, and the offensive odor of the evacuations from the bowels are most annoying to all present, then first is the doctor commonly requested to call, and often only too late.

During the commencement of the disease the stools are very frequent, sometimes four to six during an hour, until a general exhaustion is evident, when these discharges are often omitted for hours and the child will lay prostrated and uneasy, and the dreaded convulsions will come suddenly, and consume the feeble strength yet left of the little sufferer. The hippocratic faces will appear and the skin will be cold and clammy, exactly as in a collapse of cholera asiatica.

There is very little doubt, that aphthæ as a specie of fungus here as in Asiatic cholera is at the bottom of the disease; and that the intestines and stomach are infested by the depredation, before and during the latter stage of the disease shows itself on the tongue and fauces.

In our prevention of cholera infantum we must inquire into the cause of the aphthæ, and avoid the use of milk from mothers, who are living exclusively on meat diet, and who are troubled with chronic diarrhœa, or are of a tuberculous diathesis. Also ought to be avoided the milk from cows, where fed on slops from distilleries and hotels. Children's rooms must be well ventilated; it must be facing to the east or south side, and the sunlight must not be excluded by heavy curtains. The house must not be located on a cold, damp ground in the neighborhood of ponds and marshes. People, who have residences on the bluff, or at least on high, dry ground, know very little about any kind of epidemic disease, and are not in any probability of losing their children from cholera infantum. Dur-

ing the last period of the disease is very often the brain more or less oppressed by effusion or congestion and even inflammation of the tunicas, which account for the rolling of the head and cessation of urine and the finally coma and cramps. In some cases, where the gastric irritation is predominant, we will discover a dark colored tongue, caused by venous congestion, and often shining fauces as the carbonization of the blood is progressing.

The eyes are generally only half open, and a glassy, staring look appear with a more, or less dilated pupil. Exactly as in Asiatic cholera is the pulse very quick during the first part of the disease, but becomes gradually more feebly, and is at last not perceived by any external examination of the radius and carotids. Also the temperature which is very high during the first stage of the disease, becomes later very reduced, and sinks under a cold and clammy perspiration. The throat which is intense during the hot stage is gradually entirely extinct before the collapse sets in, and the general dyspnœa prevent the child from swallowing even water. Flatulence and tympanitis setting in during the progress of the disease are more slowly substituted for a sunken and drawing in abdomen, cold and moist and laying in great folds as we find it in Asiatic cholera. As cholera is commonly rapid in its course, also is the cholera infantum, and very often will a few hours or days terminate it fatally for the patient.

The prospect of affecting a cure of this disease is not always favorable. Every practitioner knows that, and very few feel very satisfied when called to attend a case of cholera infantum. Much glory gives not always much money, but a non-glory gives seldom money, and the public does not always comprehend the formidable obstacles which a physician has to combat with.

The treatment of cholera infantum must be as already stated also of a hygienic nature. Good ventilation, fresh pure air, no well water — but fresh cistern water — and arrow-root for food and drink, or cool toast water. The custom to give children well or hard water to quench the thirst with, produced severe aggravations and a forcible ejection of it at once. The cistern water contains less carbon and more oxygen, and is pure except what little phosphoric acid it contains and is not charged with the qualities of *Calc.*, *carb. ferr.* and *Sulph.*, which we discover in common well water.

As the prognosis of cholera infantum is very unfavorable, also is the

TREATMENT

not the very sample of all therapeutics, but the most confusing for the young practitioner has been in the selection of the specific

remedy. We have too many remedies merely on the list, and in fact only a couple of specifics.

Chininum arsenicosum is beyond doubt the only supreme specific, and next to that comes *Creosotum*. Those two remedies will cure seven-eighths of all curable cases of true cholera infantum. When the disease sets in during teething, we have in *Creosotum* the true specific, and during the hot season when intermittent, bilious fevers, dysentery and cholera morbus ravages the community, we can depend on *Chin. ars.* as the greatest specific in cholera infantum. Besides these two remedies we have no specific in that disease, but we have a few remedies which are very well to call attention to. Those are :

Athusa cynop. by constant vomiting of coagulated milk and incipient convulsions with frothy foam from the mouth. *Carbo. veg.* and *Pedophyllum* in involuntary stools, and prolapsus ani and *Hell. nigr.* in suppressed secretion of urine ; with *Sulphur* in cerebral congestion ; *Veratrum album* when any motion of the child produce a sickness and vomiting. Cold, clammy sweat, and great prostration. Hippocratic face and sinking into collapse. Violent thirst and calling for cold water. Stool whitish watery discharge, full gray flakes. Rice water stools. *Apis*, *Ipecacuanha* and *Acon. rad.* are also of value. *Chininum hydrocyanicum* is a remedy of great service in some severe cases of cholera infantum, and a specific in protracted cases, where extreme exhaustion exist. The characteristics are : Green stools, offensive and involuntary ; cutting pains in the bowels ; tenesmus and burning at the anus ; violent thirst ; dry tongue ; retention of urine ; feeble rattling breathing ; irregular pulse and a cold epidermis. *Arg. nit.* in excessive painful discharges with great violence and vomiting. Besides the general treatment mentioned, we ought also to draw our researches from hydropathy, as an important agent in all acute diseases, and especially those which are prevalent during hot weather.

Of first importance is the wet pack. It must be resorted to at once, and at the start of the disease. When the evacuations are very frequent some physicians have laid the sufferer on straw and poured water, one or two buckets full over the patient every hour or one-half hour. Reaction sets in generally very soon, and the internal congestion is relieved. The abdominal bandage is of great advantage in treating cholera infantum, that it ought never to be omitted.

In every case the general sponge bath should be given the child every two or three hours, till we discover a reactive, moist and relieved epidermis.

Gynæcological Department.

ANTEVERSION AT FULL TERM.

BY MRS. HELEN J. UNDERWOOD, M. D., CHICAGO.

Read before the Illinois Homœopathic Medical Association.

MR. PRESIDENT, BROTHER AND SISTER PHYSICIANS :

The subject which I desire to present to-day for the consideration of the institute, has not, so far as I have been able to learn, received from the profession the attention which I think its importance deserves. This is anteversion at full term, as a fruitful cause of delay and protraction in parturition.

This condition, owing to its frequency, has, I believe, no equal in producing these tedious and painful results. Anteversion may, or may not have existed previous to, or during, pregnancy; that it manifests itself at full term is evil sufficient for the day. From my own experience, I am led to the conclusion that these cases—and I doubt not we have all met with such, and much to our dissatisfaction too—where week after week, friends, patient and physician are kept waiting in prolonged suspense, for the first symptoms of actual labor, are in a majority of instances thus delayed by anteversion. The pressure downward of the fœtus, and the muscular contractions which, in the normal position, help to gently dilate the circular fibres of the lower portion of the uterus and prepare it for delivery, are lost when the os uteri lies up against the sacrum, and the anterior wall of the uterus low down in the pelvis.

When at last the long looked for summons arrives, we find upon questioning our patient, that most of the hardest pain is just above the pubes. She usually asserts that the pains are doing *no good*, but that something will surely be ruptured just at the point where she feels the most intense pain. Poor sufferer! It is not strange that this is her fear; the greatest wonder is that such does not actually occur in many unaided cases.

The pendulous abdomen which Richardson refers to, in anteversion during pregnancy, I have not found to be a diagnostic symptom.

In fact, I have seen this symptom more marked where the quantity of amniotic fluid was excessive, than in any patient where anteversion existed. The abdominal walls, especially above the pubes, are in the latter case, usually very tender to the touch.

The one unfailling proof of this condition is found by a thorough digital examination per vaginam. When, in many instances, the uterus will be found with the fundus lying anteriorly and below the umbilicus, and the os tincæ far back and up against the sacrum, and often a difficult object to reach. ●

The physician who finds this condition ought not to leave the patient until the position is corrected. There may be instances where the drawing forward of the mouth of the uterus, and the pressing back of the fundus, will replace the organ and enable labor to go on normally; but I must admit that my experience has not been so favorable as to make me very sanguine in regard to such easy righting of position at full term. The larger share of such cases that I have been called upon to treat have been very obstinately set in their forward ways, and would, as soon as liberated one moment from the restraining force, fall into the old position again, and this would be the result of loosening the hold upon the uterus up to within a short time of delivery, or until the os uteri was fully dilated.

When the hold is loosened, and the fundus tips forward and down again, the pains will usually cease, or they will take on a wandering form that will only exhaust the patient and make no progress. It may be urged that nature will, if given time enough, overcome this mal-position, and ultimately complete the delivery. This may be true, as it doubtless is that in time all human sickness and suffering would terminate, if there were not a physician in the land. I will only give the history of two such cases to illustrate that it is at least tedious to treat them on the "expectant plan." The first one of these, as you may judge, was rather mortifying to my professional pride.

One night, as dark and stormy as it was ever my fortune to be called out into, a message arrived from the college, requesting me to go and attend a charity case, several blocks off, near the East River. Taking a second year student with me as an assistant and pupil, we started off through the pouring rain. Reaching the patient, we found her in such intense pain that her attending neighbors had feared all would be over before we could arrive. Upon examination I found that here was a case of complete anteversion at full term, and it was with the greatest difficulty that the mouth of the uterus could be reached.

I told the patient that I should be obliged to hold her in position or she would not be delivered that night at least.

She being a charity patient, was, as that class usually are, very much opposed to submitting to any inconvenience in order to comply with the wishes of a physician, and in this case it would have been a tiresome task for both the physician and patient; and as she so strongly objected to receiving the necessary aid, I thought I would test remedies and position, with external manipulation to assist her.

The pains were severe, and the groans very loud, but there was no progress made during the night. At daylight we left her with remedies to take until there should be some prospect of her being ready to receive assistance, when she was to send for us. We waited ten days or so, and receiving no call, we walked around there one day to learn how she had been and was. We found her groaning and on her bed yet. She said she had had no rest from pains since she was first taken sick; but very honestly informed us that she had concluded, since she was so very sick, she needed to have a *doctor* see her, and had sent for one. In a few moments a tall stripling appeared, and reported himself to be the doctor. To his tender mercies and skill we left the woman, and left the house; but not without a smile at the treatment we had received.

But here we had learned the value of waiting for nature, unaided, to do everything. Ten days of agonizing pain had not sufficed to accomplish what doubtless with our aid, might have been done in as many hours.

The second case was nearly the opposite of the first, in so far as regards the physicians, and the treatment received by them. An Old School M. D., older and taller than the New York doctor, had been called in to see this woman, two weeks previously, and had told her that there was nothing to do but to wait.

Her pains continued, and he was sent for again and again, but with like results. His advice was always "we must wait till nature is ready." *This* patient felt certain that her pregnancy had existed, as continued, two weeks over nine months. The doctor was recalled, and the last night he attended her, he sat quietly sleeping by the kitchen fire, his nap only interrupted occasionally to ask the husband how his wife was getting on. After daylight the husband began to feel anxious to have some one tell *him* how his wife was getting on, so he discharged that doctor and came for me.

Upon examination I discovered that an obstinate anteversion was

retarding progress, and that in order that the patient might have her sufferings limited as much as possible, I should be obliged to hold the mouth of the uterus forward, and this was no trifling task, and could not be done while napping in the next room. At 2 o'clock the next morning I was able to leave her comfortable, and with a nice babe.

These cases I give as illustrating the fact that where anteversion exists at full term, days of suffering do not accomplish the desired result of replacing the uterus, dilating the os uteri, and delivering the child. I have tried many devices to assist such cases, but have found none so effectual as the one so tiresome for physician and patient, of holding the uterus in proper position by hooking one finger into the anterior portion of the mouth of it, and thus not letting the organ tip forward so that the pains will cause the contractions to fall in such line as to dilate the os and expel the fœtus.

The force required to do this for hours together may cause the fingers and hand to cramp, but the physician is not the one whose comfort is to be looked after. We are employed, and it should be our aim, to relieve the suffering of the patient, and safely expedite parturition. Often, to complicate the difficulty, it will appear to be impossible for the patient to lie on her back, so that we cannot receive the aid from gravitation which is so desirable.

I have also met a few cases where the condition caused the placenta to be retained until the same aid was given as in the child-birth. Also where the uterus had to be kept up by a pessary in order that any discharges might be thrown off from the uterus.

Under all these circumstances, and after having witnessed so much suffering from this mal-position, I am surprised that writers upon obstetrics have almost universally ignored this condition and its perils.

If this paper should be the means of calling attention to this condition, and of thus drawing forth ideas that may help us to relieve the sufferings of motherhood, I shall feel that it has not been written in vain.

OVARIOTOMY.—In four cases of ovariotomy *Rhus tox.* 200 was the principal medication used in the after treatment by Dr. Lipincott.—*Hahnemannian Monthly.*

A NEW UTERINE MOTOR.

BY E. M. HALE, M. D., PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS IN THE CHICAGO HOMŒOPATHIC COLLEGE.

Read before the Illinois Homœopathic Medical Association.

Although there are many medicines, which have a reputation as uterine stimulants, there are really but few which can truly be called *motor-stimulants*, i. e., agents which have the power to imitate the pains of natural labor.

We have already *four* medicines which seem to possess this power. namely: *Secale*, *Ustilago*, *Caulophyllum*, *Cimicifuga*. Although these medicines have a general motor action on the uterus, they differ in their special manifestations. Thus, *Ergot*, if given in doses of fifteen or twenty grains, or thirty to sixty drops of a fluid extract, usually causes remittent pains and contractions. There is no perfect intermission between the pains, and if the dose is increased, or the smaller doses continued, the pains become constant and unintermitting, and end in a persistent rigid contraction. It is this power of *Ergot* which renders it so useful to finish a lingering labor, after the head is at the ostium vaginæ, or when the forceps have to be applied; to contract a wearied uterus so firmly that hæmorrhage cannot set in; or to contract firmly, a uterus that is bleeding from a flaccidity of its muscles. But this same quality renders *Ergot* inadmissible in the first and second stages of labor, when we do not want permanent contractions.

Ustilago, I imagine does not differ materially from *Ergot*. It belongs to the same family of fungi, and probably produces the same kind of contractions, and can be used in similar conditions.

Caulophyllum however, according to all our experience, seems to stimulate the natural pains of labor. It simply intensifies them, and it has the power of originating uterine contractions of a normal character, contractions with definite intermissions marked by intervals of absence of pain. It is of great value in the first two stages of labor when the uterus requires aid, and when *Ergot* is inadmissible, and will often be of equal service in the last stage, but it cannot be relied upon with the same confidence as *Ergot*, to prevent hæmorrhage following labor, or to assist the use of forceps.

Cimicifuga, has some resemblance to *Caulophyllum*. It regulates as well as intensifies the inefficient contractions of the womb in labor. It is this regulating power which makes *Cimicifuga* most valuable. It is indicated when the pains from the first are irregular in *force* and *intensity*. But the pains are always located in the uterus, and do not

extend to other portions of the body, except to go into the thighs. In this it differs from *Pulsatilla* which seems also to have a regulating power, but of a different character. I do not consider *Puls.* a uterine motor, but a uterine irritator. *Pulsatilla* pains are curiously erratic, affecting now one side of the uterus, then the other, or they may leave the uterus and go to the bowels, stomach, or any muscular structure at a distance from the uterus.

This irregularity of uterine pains alone indicate *Cimicifuga*. It is of little value in the final stage of labor, and rarely if ever used to prevent hæmorrhage or aid the use of the forceps.

It has been claimed that *Quinine* and *Cannabis indica*. are uterine stimulants, but from insufficient data. I believe they increase feeble uterine pains from their general stimulating power over the nervous centres, and the vaso-motor apparatus. Neither are *Gelsemium* or *Morphine* uterine-motor remedies, although they have an undoubted power over slow and painful labors. But this power resides in their action on the circular fibers of the uterus and its cervix. These fibers they relax when rigid, or spasmodically contracted. Under the use of these medicines they cease to constrict, and allow the longitudinal and expulsive muscles to do their work.

I have given this brief *resume* of the action of the above medicines in order to better introduce to you a new uterine motor lately brought to notice. It is the *Mistletoe* known to botanists as *Viscum album*.* It is found growing the world over, but chiefly in the temperate and sub-tropical climates. When writing my *New Remedies*, I found mention of it in Vol. XXII of the *British Journal of Homœopathy* in a paper by Dr. Wm. Huber, translated from the *Leischrift des Ureins der Homœopathica*. In this paper he reports many cases of chorea, epilepsy, sciatica, rheumatism, periostitis, etc., and also one case of *retained placenta*, and one of *metorrhagia*. In the case of *retained placenta* there was *slight uterine pain, fetid leucorrhœa, rigors and sweats*. After two doses of *Viscum 3*, she had a violent rigor, followed by severe

* *The American Mistletoe not Viscum Album*. Since my paper was presented to the State Society, I find that Dr. E. S. Crosier has examined the American Mistletoe and finds that it is not the *Viscum album* of Europe, but belongs to another genus. Our mistletoe is the *Phoradendron flavescens* of Nuttall, and although considered by Putsch to belong to the genus of *Viscum* has long since been acknowledged to belong to that order, *Loranthaceæ*, only two of the twenty-five genera being indigenous to North America.

It will not answer, therefore, to give the *Viscum album* of the Pharmacies as a uterine motor, but the medicine must be prepared from the fresh or carefully dried plant, and be called for by its proper name, *Phoradendron flavescens*.

uterine labor-like pains, and expulsion of the decayed placenta. In the one case of *metorrhagia* there was no pain but profuse discharge of blood, sometimes fluid, sometimes in clots. In the other there were severe labor-like pains extending from the sacrum to the hypogastrium and thighs, and even to the head and upper extremities. There was also rush of blood to the head. The blood was blackish and clotted. Both cases recovered rapidly under the use of *Viscum* 3. So many medicines are claimed to be useful in such cases, that I rather looked upon these cures by *Viscum* as possibly coincidences, especially so as Dr. Huber said nothing about the special affinity of *Viscum* for the uterus.

Nor have I even been able to learn whether his use of the medicine was based on any provings, or previous clinical experience. It will be observed that the various diseases covered by *Viscum* in the hands of Dr. Huber, are similar to those in which *Cimicifuga* is as useful. It may be found that *Viscum* and *Cimicifuga* are very near analogous, both capable of curing rheumatism, chorea, sciatica and vertigo, as well as being uterine motor stimulants.

(I have purposely avoided making any comparisons between these medicines, and *Gossypium*, because the testimony relating to that drug is so contradicting and so unsatisfactory. If any physician can report any trustworthy evidence relating to the use of cotton root, illustrating its supposed power as a uterine motor, he ought to do so, in order that we may be able to settle the status of that medicine, and its proper place in our therapeutics. But we will pass on to the more recent evidence relative to *Viscum album*.)

Dr. Wm. H. Long of Louisville, says that for ten years he has used the mistletoe as an oxytonic, having been led to do so from observing that farmers, in the part of the country where he had formerly practiced, were in the habit of giving mistletoe to such of their domestic animals, as failed to "clean themselves" or expel the placenta after the delivery of their young.

In 1857 he first used an infusion in the case of labor, in which the second stage was delayed through inefficiency of the uterine action. Contractions followed in twenty minutes. He has since used it in decoction in a large number of cases, and does not recall an instance of its having failed to stimulate the uterus to contract. He believes in its superiority to *Ergot*. 1. Because it acts with more certainty and promptness. 2. That instead of producing a continuous or tonic contraction as *Ergot* does, it stimulates the uterus to contractions that

are natural, with regular intervals of rest. Consequently it can be used in any stage of labor, and in primiparæ where *Ergot* is not admissible. 3. It can always be used fresh, does not deteriorate by keeping and is easily prepared.

He has used *Viscum* in many cases of menorrhagia and hæmorrhage from the uterus, with gratifying results, and has taken pains in such cases to give *Ergot* and mistletoe a competitive trial, with the object of testing their relative merits; he unhesitatingly pronounces in favor of the latter. Indeed, cases in which *Ergot* given in powder, decoction and fluid extract failed to give any relief, the *Viscum* acted promptly.

In post partem hæmorrhage, the results have been no less satisfactory, than in labor and menorrhagia; firm contraction of the uterus being secured in from twenty-five to fifty minutes after administering one to two doses of the mistletoe.

According to Dr. Long, the remedy may be administered, either as an infusion, tincture or fluid extract, but he considers the latter to be the most convenient. The former he directs to be made by taking two ounces of the dried, or four ounces of the green leaves, pour on these one pint of boiling water, cover closely, and allow to stand until cool enough to drink. Two or four ounces may be given at a dose and repeated in twenty minutes if necessary. The green leaves impart a disagreeable taste that is lost in the process of drying.

He has also used an alcoholic tincture, made by taking eight ounces of the dried leaves and saturating them with boiling water and adding alcohol enough to make one pint; but he does not think this as efficient as either the decoction or fluid extract. It should stand ten days before ready for use. *Viscum* makes a nice fluid extract of a dark brown color, which possesses all the virtues of the parasite.

The best time for gathering mistletoe is in November, after a few frosts have fallen, and before the sap freezes, though it may be gathered and used at any period of the year.

When gathered it should at once be spread out to dry, as it will mould in a very short time if kept in a box or sack. It is best to dry it in the shade.

Viscum abounds in the western country, and is found in greatest quantities on the walnut and elm trees, though it grows sparingly on a few others, as the red and black locust, oak, etc. So far as Dr. Long is aware, there is no difference in its properties or strengths made by the kind of a tree on which it grows.

My experience with it is very limited, having used it in only one case of metrorrhagia, when the symptoms were like those of Dr. Huber's second case. I gave a few drops of the 1x dilution, European *Viscum*, and it arrested the flow in a few hours.

I regret that I have had no occasion to use it in tedious labor, since I saw the above report of Dr. Long.

I understand that it can be procured in the form of fluid extract at some of our pharmacies, prepared according to Dr. Long's formula. But this preparation is objectionable because it contains cloves and other spices, for the purpose of flavoring the medicine. A pure hydro-alcoholic tincture should be made from the freshly dried plant.

A case is reported in the *American Journal of Obstetrics* (July, 1878), in which very inefficient labor pains were promptly increased to normal intensity by one drachm of the fluid extract. There are also other favorable reports in various journals.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

HARLEM, N. Y., June 23.—Prevailing diseases are. (1.) Erysipelas. (2.) Measles. (3.) Malarial fever. Remedies indicated: (1.) *Ars.*, *Rhus tox.* (2.) *Aconite*, *Bry.*, *Ipecac.* (3.) *Ars.* T. F. SMITH.

GENESEO, N. Y., June 24.—Prevailing diseases: Pertussis and influenza. Remedies used: (1.) *Drosera* 30, *Coral rub.* 3. (2.) *Allium sat.* 12, (almost specific) *Arsenicum* 30, *Sticta pul.* 3, *Euphrasia off.* 1.

J. A. WEST.

RUSHVILLE, Ill., June 21.—Prevailing diseases are: (1.) Whooping cough. (2.) Bronchitis, pneumonia. (3.) Diarrhœa in children. Remedies used: (1.) *Dros.*, *Merc.*, and *Hyos.* (2.) *Bry.*, *Phos.*, *Kali b.* (3.) *Nux* and *Cham.* M. AYRES.

JONESVILLE, Mich., July 1.—Prevailing diseases are: Bilious, remitting and intermitting fevers, which are unseasonable, as we do not have them until September and October usually. Remedies used: *Gels.* 2x, and *Bry.* 6, with *Pod.* 3 and *Nux* 3, cure them so far.

H. M. WARREN.

FRANKLIN, O., June 14.—For the past year very healthy, and especially during the last few months. A general imppecuniosity prevails. Remedies needed: *Aurum met.* and *Argent. met.*

G. S. FOSTER.

PHILADELPHIA, Pa., June 10.—Prevailing diseases are: Rheumatism, diphtheritic sore throat, coughs and bronchial affections. Remedies used for rheumatism, *Caul.* Angina faucium, *Apis* for twenty-four hours, then *Ars. iod.*, for swollen glands. Coughs, etc., *Nux*, *Bry.* and *Ipecac.*

H. NOAH MARTIN.

GRIGGSVILLE, Ill., June 13.—Prevailing diseases are: (1.) Whooping cough. (2.) Bilious complaints. (3.) Intermittents complicated with neuralgia, very frequently of the sciatic nerve. Remedies used: (1.) *Aconite*, *Bell.*, *Ipecac.*, *Dros.*, *Kali b.*, *Ars. Cupr.*, does not seem to be much indicated. Many adults are having a sympathetic cough and some a well developed whoop. *Bell.* and *Ipecac* do me better in the 200th, the others in the 3d. (2.) *Bry.*, *Merc.*, *China*, *Nux*, *Sulph.*, *Puls.*, *Ipecac.* (3.) *Ignatia*, *Nux*, *Ars.*, *China*, *Sulph.*

T. M. WATSON.

KIRWIN, Kansas, June 7.—No prevailing diseases for April and May. Very dry and very healthy. One case of inflammatory rheumatism, two intermittents, some colds and diarrhoea, one of consumption. First, *Rhus tox.* 2x cured. Second, *Ipecac*, *Bry.*, *Ars.*, *Nux* 3x cured. Third, the usual remedies. Fourth, *Ipecac*, *Ars.*, *China* 3, and *Sulph.*, 3 cured.

N. B. HOMAN.

BIG FLATS, N. Y., June 24.—Prevailing diseases are: Bronchial pneumonia, diphtheria, scarlet fever, typhoid fever. Remedies used: *Aconite*, *Bryonia*, *Bell.*, *Rhus tox.*, *Merc. sol.*, *Merc. iodat.*, *Nux*, *Ars.*, *Phos.*, *Lach.*, *Conium*, *Mur. acidum*, *Sulph.*, *Nitric acid*, *Gels.*, *Thuya*, *Hep.*, *Spongia.*, *Canth.*, *Ver.*, *China*, *Bapt.*, *Ipecac*, *Acid mur.*, *Berb.*, *Colch.*, *Stram.*, *Dig.*

T. W. READ.

ROCHESTER, N. Y., June 19.—Prevailing diseases are: (1.) Bronchitis. (2.) Pneumonia. (3.) Diphtheria. (4.) Laryngitis. (5.) Pleurapneumonia. Remedies used: (1.) *Bry.*, *Ars.* (2.) *Bry.*, *Phos.* (3.) *Lach.*, *Iod.*, *Sulph. acid.* (4.) *Spongia*, *Aconite*, *Kali bich.*, *Hepar sulph.* (5.) *Arn.*, *Bry.* *Turt. emetic.*

A. B. CARR.

MORRISON, Ill., June 25.—Prevailing diseases are: Typho-malarial fever, hepatic derangement, and pharyngitis. Remedies indicated: First. *Gels.*, *Bapt.*, *Bry.*, *China*. Second. *Merc. sol.*, *Pod.*, *Nux vom.* Third. *Bell.*, *Merc. sol.*, *Phyt.* Potency generally not above 3d.

C. N. HAZELTON.

MANCHESTER, Conn., June 1878.—Prevailing diseases are: (1.)

Diphtheria with severe lumbar pains and lameness, approximating spinal meningitis. (2.) Whooping cough. (3.) Bronchial catarrh. Remedies used: (1.) *Merc. prot., iod., biniod., or cyan., Kali bich.* and *Mur.* as a gargle, *Bapt.* and *Ithus* more especially for back. (2.) *Drosera, Hepar, Corallium.* (3.) *Hep., Kali hydriod.* O. B. TAYLOR.

RACINE, Wis., June.—Prevailing diseases have been, during the spring months: Measles, scarlatina and diphtheria. The last two frequently malignant. Remedies used: (1.) *Aconite, Puls., Bell., and Bry.* (2.) *Bell., Aconite, Bry., Merc. biniod., Ars.* (3.) *Bell., Rhus, Bry., Merc. bin., Ars.* For croupal symptoms *Kali bich.*

CHAS. S. DUNCOMBE.

ARKANSAW, Wis., July, 5.—Prevailing diseases are: Cholera morbus, encephalitis and one case of hydrocephalus; not much sickness since April. Remedies indicated: (1.) *Ars., Verat. alb., Bry., Bell., Camph.* (2.) *Bell., Aconite, Bry., Gels., Ars.* (3.) I saw the case one day before it died and could do nothing then. INVESTIGATOR is very welcome.

W. R. CHURCHILL.

ST. LOUIS, Mo., June 26.—Prevailing complaints are: Cholera infantum, cholera morbus, measles, scarlet fever, tonsillitis. Cholera infantum calls for *Cham., Ars., Bry., Camphor, Apis, Calc. c., Verat. alb., Phos. acid.* Constitutional remedies; *Sulph., Calc. sulph., Calc. phos., Silicea.* Give the remedy for the local difficulty during the day, and a powder of the constitutional remedy night and morning. Constitutional treatment and fresh, pure air will save most of the babies, while purely local treatment with confinement to the house, will prove of little service in recovering the little ones from the dangerous complaint. *Pure air* alone is not enough, but a *change of air* is frequently necessary. The atmosphere of a certain district although it may seem to be pure, is often especially obnoxious to the sick body, and a change to another locality, will help it at once. With the first symptoms of disease, I send the little ones off, two, three or four miles from their residence, out into the country, starting at daylight in the morning, and keeping them out until eight o'clock at night. The wet bandage is also of service. A whiskey toddy three or four times a day is wonderfully helpful in building up the little ones, and overcoming the waste and exhaustion attending this disease. Sponging the body with whiskey and water, (warm or cold as seems most pleasant) is helpful. Salt-water baths are also useful. A drug is not always the medicine most needed by a sick body. The first thing, as it seems to me, is to place it as far as possible, amid natural, healthful surroundings, based

on sound hygienic laws, and then give the indicated remedy. To give the remedy and omit the common sense laws of health, is too much to expect of any drug, and naturally it will fail to help the little one if the common sense is left out.

J. MARTINE KERSHAW.

COLLINWOOD, O., June 24.—Prevailing diseases here are: Pneumonia, intermittent fever, rheumatism and cholera infantum. For the first I use with the most benefit, *Bry.*, *Gels.*, 3d decimal. The intermittents yield readily to *China* and *Ars.* 3d decimal. I have had an obstinate case of articular inflammatory rheumatism, that would not yield to any of the ordinary remedies, so tried a remedy that I heard of as being successful in another case, viz., *Kerosene and Salt*, a strange remedy certainly, but nevertheless a successful one. I wrapped the parts with a solution of one part of salt to ten of the oil, which had the effect of raising a succession of blisters from the elbow to the finger ends. The blisters contained a serum of an opaque consistency, that on opening omitted a peculiar strong odor. I then dressed with dry, warm flannels and the swelling soon subsided, and the patient has now the complete use of the arm. Will some of your many contributors please explain the Homœopathicity of this combination.

W. W. WALKER.

NEW BERLIN, N. Y., June 27.—Prevailing diseases just now are scarlatina and diphtheria. Neither of a severe order. The first succumbs very readily to *Bell.* 3, *Gels.* 1. The second controlled by *Aconite* 3, *Bell.* 3 or *Gels.* 1, and *Merc. bin.* 2, with a gargle of *Kali per.* THE INVESTIGATOR is "Boss."

F. D. BROOKS.

TUNNEL CITY, Wis., June 14.—Eight cases of typhoid remittent (children remittent.) Suddenly attacked with rigors, headache, and pain of the back and limbs, delirium, cheeks flushed, tongue white, late, light brown, thirst, vomiting, confined bowels, rapid pulse, skin hot, no eruption. Pyrogenetic stage, two or three days. Acme stage, three to four days. Lysis stage, four to six days. Temperature from 6 A. M. to 6 P. M., 93° to 96°. 6 A. M. to 12 M., 93° to 94°, pulse, soft. 12 M. to 6 P. M., 94° to 97°, pulse, quick and feeble. 6 P. M. to 9 P. M., 96° to 99°, pulse, wiry and small. 9 P. M. to 12, 99° to 101°, pulse, jerking and quick. 12 to 3 A. M., 101° to 104½°, pulse flutter. 3 A. M. to 6 A. M., 104½° to 99°, pulse intermittent, in recovery range from 94° to °. Remedies: *Aconite* 1x, *Bapt.*, *Bell.* 3x, *Hyos.* 1x, *Ars.* 3x, *Ipecac* 2x. Diphtheria sore throat, *Bapt.*, *Bell.*, *Kali permang.* Coughs, *Ars.*, *Sang.*, *Nux vom.*

J. J. C. MEAD.

POTENCIES.

One drop of tincture to ninety-nine drops of water, make the 1st centesimal *potency*, but it is the 100th *attenuation*. One drop of the 1st centesimal *potency* and ninety-nine drops of water make the 2d centesimal *potency*, and it is the 10,000th *attenuation*. One drop of the 2d centesimal *potency* and ninety-nine drops of water make the 3d *potency* and the 1,000,000th *attenuation*. That is, that by this process, the original drop of tincture is so attenuated, that one drop of the 3d *potency* contains only 1,000,000th part of the original drop. Dilution and trituration only express the manner of attenuation, the *potency* gives the degree of attenuation. By adding two cyphers to the attenuation of each *potency*, one can ascertain, (if he lives long enough) the degree of attenuation of the one millionth *potency*. S. SWAN.

ARE POTENCIES AND ATTENUATIONS SYNONYMOUS TERMS?

Two articles have recently appeared in your journal under the caption of "Potencies," the effect of which has been to produce some confusion in my mind. I have always understood a decided difference in the meaning of the terms,—"*Potency*," "*Attenuation*," "*Trituration*," and "*Dilution*," at the the same time acknowledging that there are connections in which two or more of them may be (and often are), used synonymously. "*Dilution*" refers to the attenuation of a substance by liquid; trituration (Homœopathically), to the attenuation of a substance by means of rubbing or grinding, with sugar of milk. "*Attenuation*" refers to that subdivision of the particles of the original substance by either process (dilution or trituration), resulting in their separation, an inert substance, alcohol or sugar of milk occupying the spaces between. "*Potency*" refers to that development of energy which each molecule of the original substance undergoes by separation from its fellows, and is a fact recognized in physics with regard to all matter. Not that one drachm, for instance, of the 6th trituration of *Calc. carb.*, is stronger than one drachm of the crude *Carbonate of Lime*, but that each individual particle of the original *Carbonate of Lime* that may remain in the drachm of the 6th trituration has a greater personal energy, or power (if I may so speak), than it possessed, or was capable of exerting, when it remained in the original carbonate. Nor whether or not this development of individual energy is of such magnitude

that the medicinal efficacy of the four or five (more or less), molecules present in a grain dose of *Sulphur* 6 is greater to effect a cure than the total number of molecules present in a grain dose of crude *Sulphur*, I do not propose to discuss at present, neither the point at which that efficacy becomes impaired by increased attenuation, whether 3d, 6th 30th, 200th, or cm. The burden of proof of that question lies with those who make the claim of the increased medicinal value of a drug in proportion to the number of times it is attenuated.

I am sure that Dr. Eaton misrepresents or misunderstands physicians' statements of the effects derived from high potencies of which he speaks on page 392. (May 1, 1878.) His experience is far wider and more valuable than my own, but I cannot believe that I have so totally misunderstood the meaning of my professional brethren, as to think they have had in mind the 4th decimal preparation, when speaking of the 10,000th potency. We are all of us apt to use language somewhat loosely, but if the 10,000th potency has meant no more than the 4th decimal preparation, I have been woefully deceived, and I know many others similarly in darkness.

Again, do the pharmacies send you the 4th decimal, when you write for the 10,000th potency, as intimated by Dr. Eaton, on the next page?

Seeing among the replies to consultation cases so many from Dr. Pearson, with advice to use *Sulphur* cm., I ordered a drachm. It cost me eighty cents. Had I ordered the 5th decimal preparation, it would have cost me ten cents. Do the pharmacies charge us eight times as much for the same thing if we call it by another name? "A rose by any other name,"—etc., and a drug by any other name should be as cheap.

I am perfectly well aware that Jahr and Gruner's *Pharmacopœa* gives the directions for labelling a preparation of the 1st centesimal 100, and for the 2d centesimal 10,000. So, also, does the *Pharmacopœa Homœopathica Polyglottica*. Both, too, take their directions from Hahnemann; but is that method of inscribing a label, *the one in common use* by the profession and pharmacies? I should like to know the general custom. I send to Bœricke & Tafel for a line of 200ths. Do they send me a lot of medicines that have been carried up by hand two hundred times, as they advertise, or a nondescript preparation in proportion of one hundred and ninety-nine drops of alcohol to one of medicine? If it has been carried up two hundred times by hand, what is the potency, provided the 3d centesimal should be marked 1,000,000. But B. & T. advertise even the 1,000th carried up by hand. What

potency is that? I had rather undertake to make the medicine than compute the figures. Still again, they advertise the 30th, 60th, 150th, etc. By what scale are these manufactured? They claim them to be on the centesimal scale, but if Dr. Eaton's theory be correct, that the pharmacies mark in accordance with the instructions of Hahnemann, as laid down in these pharmacopœs referred to, by what process of mathematics do they get such numbers as 30th, 60th, 200th, etc., as the potency, whereas, by Hahnemann's rule of numbering a potency, it must be some mathematical power of the number 100.

I am not making these remarks to criticise Dr. Eaton, for whom I entertain a profound respect, but because I have so totally misunderstood this matter I desire to be set right; and as I said before, I am far from being alone in my ignorance.

C. F. STERLING.

Book Department.

INSANITY IN ANCIENT AND MODERN LIFE, with chapters on its prevention. BY DANIEL HACK TUKE, M. D. New York: MacMillan & Co.; 12 mo.; pp. 242; \$1.75.

SQUARE VIAL TRAVELER'S CASE.

The most compact one we have seen is a slide case holding fifteen square drachm vials with directions, for \$2.00. This novelty also emanates from the Foundlings' Home Pharmacy.

FAMILY PRACTICE and simple directions in Homœopathic Domestic Medicine, compiled from the standard works of Jahr, Hull, Hempel, Bryant, Hale, etc. Ninth thousand; revised and enlarged. London: E. Gould & Son.

This is a little work written to supply a want for a compact, practical work on domestic medicine. It is full of hygienic hints and common sense suggestions.

DISEASES OF THE SKIN. BY H. G. PIFFARD, A. M. M. D., Professor of Dermatology, University of the City of New York, etc. MacMillan & Co., London and New York. 8vo.; pp. 378; \$4.00.

This is designed as "an elementary treatise on the diseases of the skin for the use of students and practitioners." As a text-book for students it is condensed and reliable. The practitioner will here find order evolved out of chaos. The work is elegantly illustrated and is a model of typographic excellence.

MUNICIPAL REPORTS OF LOUISVILLE FOR 1876.

From this report we learn that there were 2,775 deaths in Louisville during 1876. Of this number, 845 occurred under one year, and 1,333 under five years. Convulsions carried off 115, still and premature births number 217, while consumption carried off 364. We are thankful for these published reports.

A TEXT-BOOK OF ELECTRO-THERAPEUTICS AND ELECTRO-SURGERY, for the use of students and general practitioners. By JNO. BUTLER, M. D., Lecturer on electro-therapeutics, New York Homœopathic Medical College, etc. New York: Boericke & Tafel; 8 vo.; pp. 273. Price \$2.00.

Of works on *Electricity* in disease there seems no end—for still they come to add to the score already in our library. We opine the reason is all from the attempt to make this one agent cover too much ground, on the cure-all-principle. The work before us, however, tries to arrange the effects of *Electricity* much like those of any other remedy and to apply it upon known indications according to similia.

DISEASES OF THE BRAIN AND NERVOUS SYSTEM. BY J. M. KERSHAW, M. D. Part I.; 50 cents.

This is the first part of a new work on diseases of the nervous system. Dr. Kershaw has here incorporated all he can find on the subjects treated, and at the same time all he can gather from his professional brethren. This part treats of facial neuralgia and visceralgæ and their treatment. The work promises to be one of great value.

THE LADY'S MANUAL OF HOMŒOPATHIC TREATMENT in the various derangements incident to her sex. BY E. H. RUDDOCK, M. D., the seventh edition, thirty-sixth thousand thoroughly, revised and enlarged. London: The Homœopathic Publishing Co.; 12 mo.; pp. 266. Price \$2.00.

We are pleased to notice the numerous editions of this excellent work. It deserves success.

CLERGYMAN'S SORE THROAT OR FOLLICULAR DISEASE OF THE PHARYNX; its local constitutional and elocutionary treatment with special chapter on Hygiene of the Voice. BY E. B. SHULDHAM. London: E. Gould & Son; 12 mo.; 92 pp.; \$1.00.

This is a very cleverly written work and strong in the elocutionary and hygienic management of the voice. The remedies named, that may be indicated, are *Kali bich.*, *Hepar sulph.*, *Merc. jod.*, *Æsculus*, *Phytolacca*, *Sanguinaria*, *Merc. sol.*, *Lachesis*, *Sulphur*. We miss any mention of *Causticum*, that grand tonic in these cases of relaxed throat. The chapter on the art of breathing deserves more than a passing notice. Half the cases of phthisis are due to unused lungs.

THE STEPPING STONE TO HOMŒOPATHY AND HEALTH. BY E. H. RUDDOCK, M. D. Chicago: Halsey Brothers; 12 mo.; pp. 259; price \$1.25.

It is perhaps unnecessary to more than mention that another edition of this very popular domestic work is called for. This work is essen-

tially — the stepping stone to Homœopathy — and as an *avant courier* it paves the way for the triumphant onward march of Homœopathy. Think of the benign influence of over one hundred thousand copies of this work scattered the "wide world o'er!" The philanthropist of the future will turn his attention towards superceding patent medicines by the widespread circulation of such a work as this.

CHRONIC AURAL DISCHARGES. BY J. J. CHISHOLM is a reprint from the *N. E. Medical Journal*.

He advises washing with simple warm water once a day. Powdered *Alum* applied once a day is more "more efficacious than any remedy previously used."

THE APPLICATION OF THE PRINCIPLES AND PRACTICE OF HOMŒOPATHY TO OBSTETRICS AND THE DISORDERS PECULIAR TO WOMEN AND YOUNG CHILDREN. BY H. N. GUERNSEY, M. D., formerly professor of Obstetrics, etc., etc. Boericke & Tafel; Third edition; 8vo.; pp. 1,004; \$8.00.

The fact that a third edition of this work is called for is sufficient evidence of its appreciation by the profession. An appendix of seventeen pages and additions here and there through the work are the changes. The treatment of ovarian tumors, coccydinia, diseases of the nails and syphilitic ulcers are valuable additions. This is a valuable work, and should be within the reach of every Homœopathic physician.

SPIRIT POSSESSION. BY H. M. HUGUENIN. Pamphlet.

This is an experience that will let those interested in mental phenomena see a phase of disease that is often puzzling. As the editor had a little hand in the deliverance, he can vouch for the truth of the statements. The line between insanity and "possession by the spirits" is a nice one to draw, and few are expert diagnosticians enough to even make the attempt. The spirit of good is that of self denial (which is the secret of health as well as happiness); while that of evil is self-indulgence, and that tends to irregularity and disease. The voluntary surrender of the will to mental vagaries, usually for an ulterior motive, and that by some strong minds, is of such common occurrence as to cease to occasion surprise. The result is either deliverance after a severe struggle of will power or the opposite insanity, i. e., a dethroned will, judgment or reason. *Lycopodium* did this man much good and is worthy of study in this class of cases but in addition to medicine there must be, as this writer asserts, also the assistance of the Divine will.

CLINICAL THERAPEUTICS. BY T. S. HOYNE, M. D., Professor of *Materia Medica* Hahnemann Medical College of Chicago, etc. Part V. pp. 164; \$1.00.

This part contains the conclusion of *Nitric acid*, *Phosphoric acid*, *Sepia*, *Silicea*, *Staphisagria*, *Alumina*, *Causticum*, *Cocculus*, *Chamomilla*

and *Hepar sulphur* and the index. Volume I. is completed with this part and the copious index shows its eminently practical character. It will be seen that the author has adhered closely to the title of the book and only given the demonstrated range of action of the remedies. A careful study of, and frequent reference to these bed-side triumphs of the remedies given will give us all a better knowledge of what we may expect of our medicines, and at the same time make us more exact in their application. The method of publishing it in parts once in three or four months, enables the poorest physician to get it (and more this plan enables us to) devour and digest one part before the next arrives. Books as a whole are seldom read, being used for reference, but in parts they are more carefully perused. Reading one of these remedies two or three times will give one a very practical knowledge of its scope in disease. This knowledge of the remedy will, of course, be greatly increased if Clinical Therapeutics is compared with the symptoms given in the Encyclopædia (Allen), the Condensed (Hering), Text-Book (Lippe), Pharmacodynamics (Hughes), Characteristic (Burt), Materia Medica (Hempel), Epitome (Breyfogle), New Remedies (Hale), Comparative (Gross), etc. We learn by comparisons, and the physician who does not delight in comparisons will make a poor Homœopathic physician. Clinical Therapeutics should be largely sought after, and we are pleased to learn that the author is pushing it to completion.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE. Vol. XVII. New York: Wm. Wood & Co. Chicago: W. T. Keener, agent; 8vo., pp. 968; \$5.00.

This volume is one of the most interesting published, it includes General Anomalies of Nutrition and Poisons. The anomalies include "hæmophilia, scurvy and morbus maculosus (purpura hæmorrhagica). The bulk of the volume is made up of brief analyses of poisonings by Chlorine, Iodine, Bromine, Sulphuric, Hydrochloric, Sulphurous, Acetic, Tartaric, Citric and, Oxalic acids; Ammonia, Sal ammoniac, Caustic and Carbonated Alkalies, Salts of the Alkalies and earths, Barium compounds, Alum, Alcohol, Chloroform, Ether, Chloral hydrate, Amylene, Bichloride of Methylene, Ethylidene, Nitrous oxide (laughing gas) Carbonic oxide, Carbonic acid, Bisulphide of Carbon (used in rubber making), Sulphuretted hydrogen, Prussic acid, and allied substance, Benzene, Nitro-benzene, Anilin and Anilin dyes, Carbolic acid, Nitro-glycerine, Lead, Copper, Zinc, Cadmium, Silver, Mercury, Antimony, Iron, Manganese, Chromium, Tin, Bismuth, Gold, Thallium, Phosphorus, Arsenic, Atropine, Hyoscyamus, Solanine, Calabar bean, Digitalis, Veratrine, Colchicum, Hellebore, Aconitine, Staphisagria, Nicotine, Strychnine, Brucine, Picrotoxin, Conine, Cytisine, Cicuta, Ceanothe, Æthusa, Curare, Opium and Morphine, Santonine, Ergot, Mushrooms, Muscarine, Agaricus, Mould, Sausages, Fish and Cheese. Each of these forms of poisoning are treated as if they were diseases. There is one poison overlooked, and that is Lactic acid, which is largely responsible for the excessive mortality of infancy.

Three more volumes will complete this grand library of practical medicine.

HOW TO BE PLUMP, OR TALKS ON PHYSIOLOGICAL FEEDING, BY T. C. DUNCAN, M. D., Chicago: Duncan Bros., Publishers. Price 50 cents.

I must confess that I undertake the criticism of this work with some misgivings. Whether every one should be "plump" is not half as clear to me as it seems to be to the author. To be lean — cadaverous — emaciated — well — there can be no difference of opinion about that, but the question I would raise with the author is whether the golden mean does not lie a trifle on the spare side of plumpness rather than on the fatty side, and whether when one gets well on the road to fat, he can put on the brakes and stop when he pleases and where he pleases and without jars which would be unpleasant if not dangerous. Observation alone will decide these questions, and therefore it is to be hoped that many will purchase this little work and make the experiment fully and fairly.

Other questions besides those of physical health, however, come into view. The state is interested. If fat men are longer lived than the lean, if they are more capable, if they are more peaceable, it concerns the government to encourage the production of fat. The longer a man lives the longer he can pay taxes, the more capable he is the more he can produce — and consume, too, and the more peaceable he is the less it costs to keep him in order, so the book before us is well worthy the consideration of statesmen and law-givers.

And then the moral view is likewise important. Fat men are proverbially good-natured, while lean men are set down by our author as "restless and irritable in mind, rarely contented, never quiet, they form the complaining element of society and are unstable as a nation," but are fat men less numerously represented in our prisons than the lean? Proverbs limp sometimes as well as similes. I have seen some honest men who were very spare and some fat men who were great liars, but whether the wicked generally are spare or plump, my observation does not permit me to say. If, in the observation of any one, it is found easier for fat men to be good than the lean, it is to be hoped that all our nation, at least, will make haste to be fat.

But the subject gives rise to serious reflections, too. If it should be demonstrated to be even so essential to be fat, there are some who never can be so, do what they will. "He hath a lean and hungry look; He thinks too much" is just as true to-day as when Shakspeare put the words into the mouth of Julius Cæsar — or took them out whichever it was — and some men can't help thinking, do what they may. There is no fat for these, but it can't be helped; good or bad they must be lean.

And so must those who worry — no fat for them, but their case is not so bad as that of the thinkers; for, while some men must think and perhaps think more than they should, no one need worry. But that is not exactly a secret for a medical journal, and as the author

has not touched upon it in his chapter where he tells us how he got fat, it need not be discussed here.

But look at it in what light we will the subject is one of great interest to all classes and conditions, and, in the work in question, it is treated fully yet concisely, and no one, medical or laical can read it without profit as well as interest.

G. E. SHIPMAN.

Materia Medica Department.

MATERIA MEDICA NOTES.

BY WALTER D. STILLMAN, M. D., COUNCIL BLUFFS, IOWA.

Read before the Missouri Valley Homœopathic Medical Association.

CARBO VEG.

I was engaged to attend a female child during "the second summer." She had been fed since birth on condensed milk, and Granum prepared with rain water filtered and boiled. The child never was allowed a drop of water from a well. When my attendance began she was thin, and sour, skin pale, peevish, timid. Diarrhœa, watery profuse, greenish yellow, cadaverous odor. The times of aggravation varied. Sometimes she would have during the night twelve or fifteen stools. The next attack might be during the daytime.

There was persistent restlessness at night. She was constantly turning over and would permit no covering. The appetite was generally good. Abdomen distended. The treatment was successful for each attack.

The totality of the symptoms called for *Carbo veg.* and this remedy I repeatedly gave from the 30th cent. to potency, but only to have all the symptoms break out with alarming violence.

Arsenicum alb. 30th cent. and *China* 12x and *Secale cornut.* 30th cent. and *Calc. carb.* 30th cent. were the remedies from which I selected the one remedy for the individual attack. Yet my little patient lost ground, and I saw she could not hold out long. Her diet was canvassed every day, and that alone given the credit of keeping her alive.

To my mind the method of preparing her food had not even the weight of tradition to recommend it. I made a resolution to change

her water, and almost in the vain hope of finding something in the boiled and filtered rain water that might be offered to the parents as an excuse for the change. I made a minute examination of a quantity as it came from the filter, and found small particles of charcoal. I sent the servant to the well for a fresh pail of water and gave the little one a drink, and had her food prepared in it. From that time my occupation in that house was gone.

At the same time I had another patient, a boy ten months old being fed in the same traditional way on boiled and filtered water, who had similar symptoms. In setting aside the filter, I lost another valuable patient but saved a fine boy to his parents.

ARNICA.

Arnica has giddiness, with nausea, when moving and rising, better when lying. Upper part of the body hot, lower part cold.

CASE I. A clergyman regretted a journey he had to make on the cars because of dizziness and nausea that lasted often two days after leaving the cars. Better from lying down and sleeping. I gave him six powders of *Arnica* 30th cent. He did not remember the instructions until the motion of the cars began to nauseate him, when he quickly took a powder with no relief; on five miles took another; better; ten miles took another which cured before he had gone forty miles. On returning he took a powder before starting, another when ten miles out, and for the first time in his life enjoyed his ride without a suspicion of nausea or giddiness.

CALCAREA.

Calcarea carb. has children self-willed, vertigo on turning the head suddenly; profuse sweat on the back part of the head; Pupils dilated; pale bloatedness of the face; swelling of the upper lip; enlargement of the abdomen; deadness of the fingers. The child is late learning to walk. Heaviness and stiffness of the legs. Coldness and deadness of the feet. Cramps in single parts which draw the limbs crooked. Tendency in children to grow fat. Epileptic attacks at night.

CASE II. Boy five years old. February 1874. Had violent spasms when two years old which resulted in contraction and *late* rigidity of the flexors of the right arm, likewise in the right hip atrophy of the muscles shortening, or arrest of the growth of the femur, with limping. The fingers, hand, arm and leg were cold and damp on the right side. He had all the symptoms above enumerated. The seizures began about 4 A. M., in head. He would have from four to six before breakfast. Then again at about 3 P. M. he would have five or six more. The pupils were dilated and the facial expression was idiotic.

Two months before I saw him the convulsions returned as I have described.

One dose of *Calc. carb.* 30th cent. in water stopped the spasms at once. The moral, mental and physical responded to the influence of the remedy, Homœopathic to the case in its entirety. I do not expect to remove the rigidity of the muscles, for that is due to some lesion in the brain. The spasms returned on the 23d of September. *Calc. carb.* 30th cent. diminished the number. *Lycopodium* was given and it proved curative up to date.

COMPARISON OF MUREX PURPUREA AND KREOSOTE.

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

Murex is a secretion contained in a cyst of a fish inhabiting the Mediterranean sea. *Kreosote* is obtained by the distillation of wood-tar.

Mind.— Both have great depression of spirits and mental confusion. But the *Murex* patient is also of a lively and affectionate disposition. While in *Kreosote*, music or any emotional excitement causes weeping. (*Natrum sulph.* and *Thuya*.)

Head.— Both have headache. *Murex* has headache on awaking in the morning, relieved after rising. In *Natrum mur.* the headache commences on awaking in the morning, but it is better from sitting or lying down.

Eyes.— *Kreosote* has lachrymation, hot, acrid like brine.

Ears.— *Murex* has buzzing in the ears. *Kreosote* is characterized by *dysecoia* during the menses.

Nose.— *Kreosote* has catarrh fluent or dry with much sneezing. Frequent sneezing with dry catarrh. It cures lupus on the left side of the nose and epithelial cancer on the right *ala nasi*. It is indicated in epistaxis when the blood quickly coagulates, as if fibrin were in excess.

Teeth.— *Kreosote* is often indicated in very painful dentition. The child will not sleep unless caressed and fondled all the time. There may be constipation or diarrhœa but it is oftener indicated in such cases where there is constipation. The teeth begin to decay as soon as they appear. Convulsions caused by swelling of the gum over a tooth which is not quite through. (*Stann.*) Toothache in children caused by caries. Caries of the teeth during dentition especially with constipation. Bleeding of the gums and nose, the blood quickly coagulating.

Stomach.—*Murex* has sensation of sinking at the stomach. Lippe says that this is characteristic. *Kreosote* has nausea; retching in the morning when fasting as during pregnancy; vomiting of sweetish water or of everything eaten. Scirrhus of the stomach. A painful hard place in the left side of the stomach. Sympathetic vomiting in pregnancy, phthisis, hepatic and uterine cancer and in chronic nephritic disease.

Stool.—Both have constipation. *Kreosote* has putrid or cadaverous stool; stool watery or papescent, dark brown, containing undigested food. Constipation, stool hard and expelled only after much pressing. Constriction (in rectum?) in case of uterine cancer. Sensation of constriction in vagina. *Murex* has sensation of constriction at the uterus.

Urinary organs.—Both have frequent desire to urinate with pale urine. In *Murex* the fetid urine smells almost like valerian, forming a white sediment; after urinating discharge of mucus. When urinating discharge of some blood. *Kreosote* has micturition, frequent, very profuse and very urgent, or frequent urgency at night with scanty emission and a bad odor.

Sexual organs.—Like *Calcarea* both have menses premature, too copious and too protracted. *Calcarea* is distinguished by its peculiar constitutional dyscrasia. In *Kreosote* the flow intermits, it almost ceases and then freshens up again. In chronic uterine hæmorrhage *Sulphur* has the same symptom. *Murex* has an uninterrupted flow¹ and has greater sexual desire. *Sepia* has scanty and delayed flow and hence has but little sexual desire. *Murex* has violent sexual desire excited by the least contact of the parts. During profuse menstruation it has sensation of constriction of the uterus (*Cactus*). It has a feeling of dryness and constriction of the uterus. A distinct feeling of a womb. A sore pain in the uterus as if cut by a sharp instrument. A violent pain in the right side of the uterus, extending through the abdomen to the left breast. Feeling of heaviness and enlargement of the labia majora. Violent pains, acute stitches in the mammæ. Pulsation in the uterus. *Kreosote* has a similar contractive sensation or spasm in vagina, making her start and followed by a whitish discharge from the vagina. It also has electric stitches from abdomen to vagina, making her start. The too frequent and too profuse menses are succeeded by an acrid-smelling; bloody ichor, with corrosive itching and biting of the parts; with more or less pain during the flow but aggra-

vated after it has ceased. Always chilly during the menses. Before and during the menses dysecoia with buzzing and humming in the ears.

Like *Sepia*, *Murex* has leucorrhœa, watery, greenish and acrid with sensation of dragging and relaxation in the perineum, pain in the hips, loins and down the thighs and great suffering from exertion. But *Murex* is preferable to *Sepia* in premature and copious menstruation and it has bloody leucorrhœa during stool. *Kreosote* has leucorrhœa with great debility particularly of the lower extremities. It may be mild or acrid, causing much itching. The yellow leucorrhœa stains the linen yellow and stiffens it like starch. The leucorrhœa is usually fetid or putrid. When of a white color, it has the odor of green corn. The frequent urging to urinate is preceded by a white discharge from the vagina which colors the clothes yellow and is not acrid. Usually however, the leucorrhœal discharge is acrid, causing itching and biting of the vulva.

Kreosote has metorrhagia, dark and offensive with fainting; offensive smelling, in large clots. Painful urging toward the genitals. Fundus of uterus swollen and sensitive to pressure. Ulcerative pain in cervix uteri. Scirrhus of vagina, painful to slight touch. Orifice of uterus patulous, almost everted, its inner surface like cauliflower. Hard lump on neck of uterus with ulcerative pain during coitus. It has lochia blackish, lumpy and very offensive and excoriating; frequently almost ceasing and then freshening up again like menorrhagia.

And it has violent itching and biting in the vulva and vagina, worse when urinating and obliging one to rub the parts. Mammæ hard, bluish-red and covered with little scurfy protuberances from which blood oozes whenever the scurf is removed.

Respiratory organs.—*Murex* has hoarseness, dry cough, wheezing and dyspnoea. In *Kreosote* the cough sounds very loose, the upper bronchi being loaded with mucus but the expectoration is very difficult. (*Tartar emetic.*) Or there is constant, spasmodic, violent cough, with violent retching; patient cannot lie down without great distress; cadaverous breath, etc. After every coughing spell, copious, purulent expectoration.

Heart.—*Murex* causes palpitation. *Kreosote*, a slow weak pulse.

Extremities.—A characteristic of *Kreosote* is the left thumb pains as if sprained and stiff.

Nerves.— Both give great lassitude and debility. *Kreosote* gives debility with sleeplessness, restlessness worse from repose (*Rhus*.) *Murex* has great weakness and weariness in the lower limbs. *Kreosote* great debility of the lower extremities in leucorrhœa.

Tissues.— *Kreosote* like *Lachesis* and *Phosphorus* has hæmorrhages from small wounds which bleed much. In *Lachesis* the blood is dark and non-coagulable. *Kreosote* has numbness and emaciation.

Skin.— *Kreosote* has itching toward evening so violent as to drive one almost wild. It has wheals like urticaria. And eruption dry as well as moist in almost all parts of the body, with much itching. Old ulcers painful and putrid.

Generalities.— The most prominent symptoms of *Murex* are : sensation of sinking at the stomach ; sore pain in uterus as if cut by a sharp instrument ; acute uterine pain in left side extending upward to left breast ; premature and copious menses ; great sexual desire and violent sexual desire excited by the least contact. In *Kreosote* the discharges are generally acrid and putrid. The lachrymation, menses, leucorrhœa and lochia are acrid. There is a bad odor from the mouth and from the decayed teeth. There is putridity of stool, lochia, leucorrhœa and ulcers, and there is offensiveness of the urine and of the metorrhagia. The menses, the lochia, and the leucorrhœa almost cease and then freshen up again. Its sympathetic vomiting in various diseases is characteristic. And it is important in the treatment of carious teeth in dentition, and of cancer of the nose, stomach, liver, mammæ, uterus and vagina.

Medical News.

Pulte College has at last emerged from her troubles. Buck remains. Wilson and Owens go out. We start with an excellent faculty. H.

Married.— In Indianapolis, Ind., July 10th, Dr. M. T. Runnels to Miss Emily L. Johnson. May they live long and prosper.

The **New York Homœopathic Medical Society** will meet in Buffalo October 10 and 11. Great effort is being made to secure a large attendance. Delegates will please take due notice and govern themselves accordingly.

Diseases of Infants and Children.— "It is a clear and methodic treatise on the diseases of childhood, with their Homœopathic treatment.—*Inter Ocean*.

"Like this work. It goes to the bottom of every subject. This is a strong point in its favor with me. J. MARTINE KERSHAW."

"3.00 in Advance, post-paid, \$4.00 at the end of the year." You are right, doctor; that was the announcement. If you prefer to pay \$1.00 interest, all right. The journal is worth it. Our preference is however, \$3.00 in advance.

How to Take Care of Our Eyes, (by H. C. Angell), is a sensible little book. Glad to see these works full of "information for the people." They show that we are practical as well as scientific. You can commend it. For sale at this office. Price, fifty cents.

The **Boston University** sends out a wonderful announcement. This school seems to have quietly elevated the standard of medical education to three full years, of three full graded courses of medical lectures, with fees to correspond. Now it offers a premium for a fourth year, and restores the lost degree of Bachelor of Medicine. These are advancements that will commend this college to those interested in thorough medical education.

More Pacific Troubles.— You are aware that the last legislature, from motives which is not now necessary to name, passed an act excluding the old state society from having a board of examiners under the law, and substituting a recently incorporated society, which embraced all the most violent enemies of the old society. The old society, feeling that injustice was being practiced against it, and feeling that the law was unconstitutional, re-elected its board of examiners and proceeded to act in violation of the unconstitutional law. Yesterday, (July 17) as a member of the board, I was arrested, and to-morrow the constitutionality of the law will be tested on a writ of *habeas corpus*. Now I will say that if the Supreme Court holds that the old society is right, I will continue to do all I can to promote its welfare and the welfare of our good cause; but if the court holds that it is wrong, I will then abandon it, and will work faithfully in behalf of that which is just and right wherever found. E. J. FRASER.

Medical Directories.— It is likely that you hear but seldom from this point. But it is a beautiful place, 1,600 people, pleasant location, people wealthy and intelligent and *no Homœopathic physician*. No Homœopathic element perhaps your readers may say. But there is considerable, notwithstanding the want of facilities, and no Homœopathic physician notwithstanding the numerous "directories" do not locate one here. I see in your issue of a few weeks ago, an "explanation"—in reality a complaint—from a "directory" compiler. He thinks every physician should respond to his inquiries. But why? let us ask. In common with the numerous compilers, in reality they want a lot of advertisements, and they must have numerous names. And why does the physician want his name in? It depends upon the kind of physician. If he is of no account, then the place he is charged with, and afflicted with, may not be an attraction for some one else who may be of consequence, and he hastens to respond. If he amounts to anything it is not consequence enough to him to pay any attention to it. But how do their names get in? Why, through outside information. Take for instance, in a neighboring town, Painesville, E. J. Sweeney, Esq., practices law: prosecuting attorney of the county put down as a Homœopathic physician. What if he did practice, or try to, medicine, over five years ago, and not since? But all these "directories" have a circulation of 5,000 or over, and still a complete "directory" of North America, including Canada and Sweeney's name, has 3,600 names in all actual count. The best means to advance Homœopathy is a proper support of Homœopathic journals, and their support is not confined to subscribers. Advertising is a very heavy item, and it is not to be expected that a lot of "directories" are to be filled with advertisements, and then just as much left for journals. What inference is to be drawn from it? I will drop the subject at present. VERA.

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Materia Medica Department.

SYNOPSIS OF SEVERAL REMEDIES ACTING PROMINENTLY UPON THE VENOUS SYSTEM.

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

I. CROCUS SAT.

It is noteworthy that *Crocus* causes and cures *epistaxis of very tenacious, thick, black blood*. This epistaxis seems to be caused by venous cerebral congestion. And the blood is stringy, probably from excess of albumen. Another symptom of *Crocus* is *metrorrhagia from the slightest movement*. Clinically, *Crocus* is found to be indicated, also when the blood is dark and stringy in metrorrhagia, menorrhagia, dysmenorrhœa and hæmoptysis. Another important symptom of *Crocus* is a sensation of something living and jumping about in the abdomen, pit of the stomach, arms and various other parts of the body. The cause of such sensations is probably spasmodic muscular contraction. When this sensation is felt in the region of the uterus, pregnancy is not unfrequently suspected. *Sabina, Sulphur, Thuja* and several other remedies have similar sensations.

II. HAMAMELIS.

In *Hamamelis*] the epistaxis greatly relieves the]headache, and it is

often attended with a feeling of tightness across the bridge of the nose. This remedy also has active uterine hæmorrhage. But its pathogenesis gives no hæmorrhage from the bowels. It is used mainly for passive hæmorrhages from various organs when the blood is black. *Rhus rad.* has cured hæmorrhage of black blood from the bowels in typhoid fever. *Hamamelis* is an important remedy for varices when they are very sensitive, — a pathogenetic symptom — and for congestion and inflammation of the venous system. It causes prickling pain from the wrist to the shoulder along the superficial veins and it causes pain running down the spermatic cords into the testes. Hence its applicability to varicocele. *Pulsatilla* is the most prominent remedy for varices in the legs, having this condition both pathogenetic and clinical.

III. *ÆSCULUS HIPPOCASTANUM.*

Pathogenetically *Æsculus* is a better remedy for hæmorrhoids than *Hamamelis*, though the latter remedy is more suitable for varices. *Hamamelis* gives pulsation in the rectum as if piles would protrude. Whereas *Æsculus* has appearance of hæmorrhoids like ground-nuts of a blue color, very painful, and with sensation of burning. *Æsculus* is also one of the most important remedies for backache, aggravated by motion. The pain may be located in the cervical, lumbar, or sacral region, or at the sacro-iliac symphyses.

IV. *SABINA.*

Sabina is suitable for active metrorrhagia, especially when resulting from plethora, and in women who have early and profuse catamenia (*Calcareæ carb.*). The blood is clotted or bright red, and the hæmorrhage is attended with labor-like pains extending from the sacrum to the pubes. Characterized by this peculiar pain, *Sabina* is found to be curative not only in dystocia but also in dysmenorrhœa, constipation, diarrhœa, piles and starch-like leucorrhœa.

V. *SECALE.*

On the other hand *Secale* is suitable for thin, scrawny, cachectic women subject to passive hæmorrhages. The blood is black and liquid, probably being deficient in fibrine. With *Secale* I have cured chronic menorrhagia in a plethoric subject. This remedy may be indicated when the hæmorrhage, the labor, or the lochia is characterized [by prolonged uterine contractions, by feeble pains, or by the entire absence of pain.

SOME OBSCURE REMEDIES.

BY J. W. REYNOLDS, M. D., ROCKFORD, ILL.

III. JALAPA.

"*Jalapa*," says Old Medicine, "is an active cathartic, producing copious watery discharges from the bowels." "That is true in the main," says Homœopathy, but it also has some peculiarities worthy of a more particular notice; for there are other active cathartics producing copious watery discharges, which is true of *Elaterium*, *Euphorbium*, and *Veratrum album*. *Jalapa* causes, also, spasmodic action of the intestines, and a general irritability of the nervous system, differing entirely from its analogues. The active discriminating mind of Hahnemann saw at once the inference to be derived from these facts, and so has recommended that it be used for the species of diarrhœa mentioned, accompanied by screams and nightly restlessness of infants,"—*infants*, because any disturbance of the sympathetic nervous system in these tender buds of humanity, is so apt to produce that intolerable nervousness unknown to the majority of adults. It is the same *a priori* reasoning by which he selects *Pulsatilla* and *Ignatia* for the female organism. Clinical experience proves the correctness of the theory, as the writer can testify, as well as others who have used it before him. But because it is an *obscure drug*, that is *rarely* used in these times, we are justified in calling especial attention to it. *Veratrum album* is the remedy very often used where *Jalapa* is indicated; but though it will have some effect on the watery discharge, it will leave us in the lurch so far as totally curing the case is concerned. Other symptoms are, "vomiting," "sour diarrhœa," to which we may add, from experience, coldness, with blueness of the face. *Jalapa* works well in the third decimal dilution.

Allopathic authority credits *Jalapa* with a special action on the hip-joint. Of this we know nothing.

IV. KREASOTUM.

To designate this old and well-known drug as an obscure remedy, may be considered absurd by the majority of practitioners. Its well-earned reputation in both schools as an anti-septic, and its power to check vomiting, though giving it a prominent place in the *materia medica*, have obscured other and newer uses of this valuable agent. Our object is to call attention to its greater virtues as a remedy for bronchial and laryngeal disorders. In bronchitis, *Pulsatilla* is its nearest analogue, though not having as extensive a range of action, nor

affecting the system so profoundly, as *Kreosotum*. It was Prof. Frost-we believe, who first came forward to substantiate the provings of *Kreosotum*. Frequent trials have satisfied us of the place of *Kreosotum* in lung affections. (1). In bronchitis it is indicated in sub-acute and chronic cases by the following symptoms: Violent winter cough of old people, with spasmodic turns at night, and a very copious expectoration of light-colored mucus; the pain, which may be considerable or slight, is referable to the sternum, and is more frequently a heavy pressure. (2). The second stage of acute bronchitis, with a heavy pressure on the sternum. (3). Chronic bronchial and laryngeal catarrh, with frequent hoarseness; hawking mucus from the trachea and bronchi, which is sometimes bloody, especially that from the trachea, and a heavy pressure on the sternum when turning over in bed in the morning; no cough; worse on the approach of warm weather. Believers in key-notes, will undoubtedly select the pressure on the sternum as the prevailing tone in these cases, while the physiological practitioner will think of a low grade of inflammation causing an excess of mucus. In the treatment of uterine diseases, *Kreosotum* also holds a unique place. Its power over menstrual disorders is certified to by various writers on materia medica. In the sympathetic vomiting of metorrhagia it compares with *Ipecac* in this wise, that while the *Ipecac* is indicated in nausea and vomiting, if the blood be bright-red (and will stop the hæmorrhage, too). *Kreosotum* is indicated for the gastric disturbances when the color is dark, but will have no effect on the hæmorrhage.

The other uses of this drug it is not my purpose to detail. The middle and higher potencies work well.

MILILOTUS: (SWEET CLOVER.)

BY G. W. BOWEN, M. D., FT. WAYNE, IND.

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

In the winter of 1851 and 1852, I made a tincture of some dried roots of the sweet clover, and attempted to get a proving of it, but whether it was owing to my spare diet, close study, or the strength of my tincture I know not, but the attempt nearly cost me my life, and I was forced to abandon the project. See *U.S. Med. and Surg. Journal*, Vol. V, No. 19, page 317. For years I was fearful of it, but I had learned that it possessed strong, or rather rich medicinal proprieties, so after the lapse of fifteen years I again made some tincture and began to

gather some of its effects, but not on myself; I had suffered much from it, and almost dreaded to give it to others, but began by giving it to a troublesome lady who had been afflicted from childhood with sick or periodical headaches, which occurred every two or three weeks. She also had prolapsus of the womb, and an inguinal hernia. I had treated her and her mother for those headaches for years, but could not affect a cure. So I gave her one drop of the tincture made into four doses, to be taken three hours apart. She reported in about a week, looking very pale, and told me she had suffered more in the last week than ever before, from such a terrible headache, and found no relief until her nose began to bleed, and continued to bleed by spells for three days. She also assured me she had suffered from severe shooting pains through her womb, and through the hernia. But, said she, I now feel better than I ever did before. She had sent for, but could not find me, and so had suffered through it. For more than seven months she had no return of her headache and felt well, apparently every other way, save with her chronic troubles.

Next, I gave it to a student in my office who had been afflicted from his childhood with neuralgia pains, worse in his limbs, and with periodical nervous headaches, occurring from one to four weeks, varying with the season, and becoming most frequent in the winter. A few drops of tincture was taken under the impression that it was a vegetable wine. The next day he was taken with a severe headache, lasting nearly twenty-four hours, which was relieved by epistaxis, which came on freely, lasting by spells for some forty-eight hours. I kept all medicines away from him except globules and powders of sugar, to give him relief from his dreadful suffering. He lost no more time, and had no more neuralgia or bone pains for over five months, when he went to Kansas and I lost knowledge of him.

After these two experiments I had become somewhat conversant with its range of action, and found it would not kill on sight, and no longer felt that timidity my first experience had caused, so I prepared the first cent. dilution, and began on others. I next saturated the handkerchief of a delicate nervous young lady of society, and told her it was the most delicate perfumery I had in the office. Eight days afterward I met her, looking pale and having a story to tell of how very sick she had been, what a terrible headache she had suffered from for three days, and how oppressed for breath, what a tickling cough from which she could get no relief until her nose began to bleed, which kept on for two days, but at last it ceased. She enjoyed

good health and had perfect immunity from headache for a long time after her sickness, as it was termed.

My next trial was on a poor hypochondriac who came to me with a friend, and stoutly insisted that he had a devil in his stomach, who constantly contradicted everything he said, and tried to prevent his going to church. My closest examination revealed nothing but this one symptom, nor could I elicit any information from the man who came with him, so taking a physiological and pathological view of the case, the brain was looked on as the especial seat of the trouble, and scarcely knowing what else to do, I gave him some pills saturated with the 1st cent. of *Melilotus* to be taken every three hours, and assured him I would start the devil out of him so that he could be a free man once more. In three or four days he came back with a friend, to tell me he was better. that the devil did not trouble him near so much, and was getting weaker and would therefore give up easier. His friend told me he could not work for he was too weak, and that for over three weeks he had claimed to be tormented with the devil in his stomach, yet he could eat and sleep very well, and seemed all right in other respects. I gave him some more *Melilotus* to be taken every six hours, and advised him to pay no further heed to his tormentor. Some ten days after he was at work and told me that the devil had only disturbed him once, and then it was when he was in church.

At six o'clock in the evening I took ten drops of the first cent. dil., and all that evening had acrid and burning eructations, slept tolerably well, but felt oppressed, heavy and tired the next morning. That afternoon I had a very red face, and felt sleepy and dull. At nine o'clock in the evening after a hard day's work accomplished by an effort, I had a horrible oppressive headache, felt dizzy, faint and nauseated. Before ten o'clock had a severe pain apparently in right lung with occasionally a pain in the left hip, with twitching or juctitation of the muscles. Before I got to sleep, my abdomen became considerably bloated, with a crawling sensation as of worms, near the rectal muscle.

The third day, awoke after sleeping badly, with a great deal of soreness in my chest internally, with an oppression as of a great weight. Through the day I had much difficulty in breathing, and every respiration was labored, with a continued fullness of the chest and head. Fourth day awoke with a spasmodic cough, and yet with the same oppression and spasmodic breathing and fullness of the chest.

Repeatedly examined my clothing to see if they did not oppress me ; feared I had taken cold and would have pneumonia. Was extremely nervous, and during the day the severe, oppressive, heavy and throbbing headache returned, so much so, I feared some of the blood-vessels would give way and some lesion of the brain would occur. Was easiest when perfectly quiet. Toward night was sure I had internal hæmorrhage from the severe congestion and fullness. Was obliged to void water very frequently.

Fifth day had a horridly distressing cough, which gave me a great deal of anxiety. Very easily wearied, with inability to get air enough ; the head was better. Towards night a slight expectoration took place, which gave me some little relief, but it was detached with great difficulty. Was obliged to give up business, go home, and all night had hot cloths applied to my chest to give relief. Was delirious part of the night, and talked almost constantly. Next day was unable to attend to my business, but finally recovered in a few days. Placed a lot of the cut plants in a room where my wife expected some company, and the odor was so heavy that it gave some of them a terrible oppressive headache, especially her mother, who was a good subject to experiment on, because she was so easily affected with it, and was in consequence almost obliged to give up a trip to Davenport. A few sprigs of the plant put in a bouquet of flowers, will give my wife that terrible congestive headache.

A young man of twenty years of age and of lymphatic temperament, had been subject to congestive headache for several years, which occurred at intervals of from one to three months, oftener in the summer months. When he had these attacks, his head and face would swell up and become almost purple, together with bloodshot eyes. He had frequently fallen in the streets, and would wander around unconsciously night or day, when suffering from one of his attacks of headache. Was always left quite weak, and would be trembling, and nervous for two or three days afterward. I gave the 1st cent. dil., every hour to stave off an attack. A severe headache came on with all of the former symptoms, and extensive congestion of the capillaries of the conjunctiva, which lasted some twenty-four hours. We were obliged to lock him in his room and keep him under restraint. For the next three days he bled profusely from the nose, but he has not had in five years an attack that lasted more than a few hours, which leave him with none of the former prostration.

Gave an old gentleman of sixty-four, one drop of the tincture for

cramp in the stomach, to which he had been subject for fifteen years. His family watched and waited for its return, with hot water to apply for relief, until midnight passed, but it did not make its accustomed appearance and has not since, for more than five years. It cured him effectually.

Gave a burly Frenchman that came to me with a headache of two months duration, a dose of the 1st. cent. dil., for temporary relief until I could make up a prescription. When I brought him the medicine, I found him on his hands and knees shaking his head furiously. Of course I supposed I had nearly made him crazy by too large a dose, but he was trying to see if it was all gone, and stoutly insisted he was well. that the pain was all gone, and he needed no more medicine.

Mr. Y. came to me from Ada, Ohio, with, (as he supposed) from consumption, as one or two of his family had contracted it. Had suffered with a bad cough, and severe heavy pain in his chest, so severe he could not lay on either side. Old School physicians had diagnosed consumption, and apparently correctly. On examination I found all the soreness was in the pleuræ, which were evidently very much thickened. I gave, while examining him, a dose of *Mililotus*. and before I got my selections put up, he assured me he felt better, and could breathe better, so of course I continued the same remedy. In six days time he returned home well, and has remained so ever since, now over a year. Of course his Old School friends were greatly chagrined and had to acknowledge they had made a mistake in diagnosis, as they admitted it was impossible to cure so bad a case of consumption *in less than a week*.

The remainder of my observations in regard to its action are all gained from practice, and need not be noted here, but I would remark however, that I give it for all cases of epilepsy, or spasms of any kind, especially for those occurring in children during dentition, and have found it to stop them in one minute's time. I never, or seldom ever give anything else for severe headache, or pain anywhere, until the *Mililotus* fails, which is infrequent, and it settles the question in five or ten minutes. Have given nothing else for epistaxis for years, as it stops it almost instantly. Dr. Williamson of Philadelphia had gathered many symptoms from it, but they could not be obtained since his death. Was promised help from Dr. Franklin of St. Louis, to whom I sent some of the tincture, but have not heard from him yet.

FERRUM PHOSPHORICUM IN VENOUS CONGESTION.

BY T. J. MERRYMAN, M. D., ALEDO, ILL.

More than a year ago I obtained a copy of the work by Dr. Schussler on the "Twelve tissue remedies;" and in looking over the symptoms of the various remedies, I found under *Ferrum phos.* such indications as led me to determine upon its trial in my own case, which I will now endeavor to describe.

Since the commencement of my professional career, I have allowed its labors and responsibilities in connection with other cares, to weigh so heavily upon my mind as to exhaust my mental endurance, and produce venous congestion of the brain. Symptoms as follows: Wakefulness, almost constantly a sensation of weariness and fulness in the portal region with occasional sharp pains. These symptoms were so much aggravated by mental labor that I was almost entirely unfitted for duty. In addition to this, there was marked tendency toward venous congestion in other parts of the body. An attack of inflammation of the retina, some years ago, had left a venous congestion of the membrane, seriously interfering with the use of my eyes by daylight, and entirely preventing reading by night.

I had also been troubled with hæmorrhoids until an operation by Dr. M. Ayres, which had principally relieved that difficulty. There was also what I believe to be a venous congestion of the prostate gland; giving rise to increased sexual desire, and an occasional involuntary emission during sleep. After coition there was painful erections; frequent micturition but long delay in commencing to urinate. This difficulty had been considerably relieved by cold water bathings.

The symptoms as given by Dr. Schussler which led me to a trial of the *Ferrum phos.* were as follows: Congestion of the blood vessels depending on relaxation of the muscular fibers of the blood vessels; congestion of the brain; hæmorrhoidal tumors; varicose veins.

After taking about a grain of the 6th trit. every night at bedtime for about two weeks, I noticed some improvement, although some of the symptoms were aggravated. I then took the 7th trituration about every third day for some time, with almost constant improvement. My brain became much more able to endure mental labor; with less pain and heaviness; sleep more regular and refreshing. The prostate weakness was also improved but a large, or too frequent repetition would produce increased sexual desire and involuntary emissions during sleep. I still continue to take one or two doses weekly, and consider myself very much improved in every respect.

I also cured a case of burning in the skin, in a young man of sanguine temperament and florid complexion. Severe exercise or a warm room would produce such congestion of the cutaneous capillaries as to render the burning very uncomfortable indeed. A few doses of the 7th trit. entirely relieved the difficulty.

SOME EXPERIENCE WITH NATRUM MURIATICUM.

I entertain a profound gratitude for *Natrum*. My experience and success with the higher attenuations began with it. Tinctures and low attenuations constituted my stock of remedies, and I was often successful in ague with *Ars.*, *China*, *Eupt.*, etc., but time brought along a case that resisted these, and disliking the idea of being "beat," and for curiosity's sake, I sent for *Nat. 200*. Result, the patient was *salted*, the disease surrendered and I was encouraged.

Mrs. C. has been suffering with frontal headache every other day for some time. Comes on at ten in the forenoon and continues until about three. Quite severe. No other symptoms of importance. She uses Homœopathic remedies and has taken a number to no purpose. Gave six doses of *Nat. 200* to be taken every two hours the first well day. The second day slight headache and nothing after that. I considered the headache of malarial origin for which *Nat.* is one of our best remedies. In many instances of malarial disease, with intense and persistent headache, *Nat.* will mitigate this symptom even when not the true simillimum. The "fever blisters" around the mouth are a good indication when present, but I have found them present in comparatively few of my *Nat.* cases. I regard the head symptoms more important.

I have had two cases within the past year showing the clinical importance of another symptom of *Nat.* "Longing for salt." One was a tubercular patient and incurable, but there was marked amelioration after the use of *Nat.* The other was summer complaint. The child had been much reduced. Several remedies used without any decided change. I was led to prescribe *Nat. 300* by the mother telling me the child, (a little girl of two years) was ravenous for salt." She said it would eat a tablespoonful greedily, and would get into it whenever it was in her way. There was improvement in twenty-four hours after the remedy was given, and the child soon recovered. This symptom might be easily overlooked. It was a mere accident that the

mother happened to mention it, and yet, the child might have been lost by overlooking it. What does such a case prove? anything? Will some Homœopathic (or other) expounder give us the rationale of this case?

The following case might be put in the same category with some reported by Dr. Ballard not long since. Will Dr. Ballard or Dr. Pearson, please indicate, if, in his view of the case, there was any mistake made in the treatment.

March 12, 1878, Mr. S. called at my office "for some medicine for the ague." Had just come from Indiana where he contracted the disease last June. Had it ever since, occasionally stopping it for a short time with *Quinine* or other remedies. Chill slight, every third day, toward evening, followed by fever lasting until midnight or after. Paroxysm preceded and accompanied by pain in the small of the back and knees. These were all the symptoms I could elicit of any importance. Gave six powders of *Lach.* 30, one to be taken morning, noon and night. This was the evening of the day after his chill. He took a powder that night and one the next morning, and at 11 A. M. (being the second day only) occurred a very severe chill, lasting three hours, with bursting headache, and followed by raging fever. The second day from this it was repeated, with not much change, perhaps not quite so severe. His chills had been coming every third day for months except when broken up with *Quinine*, and when so broken or suppressed would return the same way every third day. He took but two powders of *Lach.* 30, and the result was an entire change of programme. Instead of a slight chilliness of a few minutes, there was a very severe chill (for three hours the first day) and the third day was changed for the second, and the evening for 11 A. M., with severe and persistent headache. Now we have a *Nat.* case very plainly. I was inclined to wait and see what would be the result, but I was afraid to trust the fellow as he was very anxious, and said he "would rather take all the *Quinine* in town than have it again." I dissolved a few pellets of *Nat.* 200 in a half glass of water and told him to take a dose every two hours, beginning as soon as the fever had mostly subsided. He had no more ague and after a few days only complained that he could not get enough to eat.

The *Lach.* was very well indicated at first. If I had given but one dose would it have cured? Or did it simply stir things up generally, throw off the *Quinine* masque, and convert it into a genuine *Nat.* case?

E. PERKINS.

A. STRYCHNINE POISONING CURED WITH NUX VOMICA.

Mrs. E. had been treated by three physicians (regulars) in as many hours, but growing worse called me in. Found her in severe clonic spasms, which came on every five or ten minutes. Having known her as one of the strongest females, I wondered what so suddenly had come over her. Her age is nineteen and only lately married. While looking thoughtfully at this pitiful case, her husband said: "It is no use to keep it secret, I must tell you all to enable you to save my wife! O, do save her! She has taken *Strychnine*." The whole story was told. I could not so quick think of an antidote; ordered some strong coffee to be made; in between time gave *Opium* tincture in several doses, but every spasm grew more severe. Her lips became blue, eyes protruded; lower extremities stiff; with each spasm she forced out a piercing cry, so loud as to awaken people in neighboring houses; foam at her mouth and the least motion, moving a finger or eyes, or touching her lips with a spoon, brought on a spasm. Thinking to experiment what a dose of *Nux v.* would do, I gave her six drops of *Nux v.* 8 in a tablespoonful of water and in less than three minutes, from the time it was taken, she said, "I am better." This she said with a smile and so positively that I can never forget the impression it made upon me, and in fact she had not another spasm.

CLEAR CREEK, Neb.

F. HULLHORST.

PROVING OF EQUISETUM HYMALE.

BY J. H. CARMICHAEL, M. D., WARREN, MASS.

January 3, 1876, 2.30 P. M., six drops tincture. January 3d, 5.30 P. M., ten drops tincture. January, 10.30 P. M., twelve drops tincture. January 4th, 7 A. M. After taking second dose yesterday 5.30 P. M., felt slight uneasiness in epigastric and right hypochondriac region, but more decided after the dose of 10.30 P. M. Much wind in stomach; constantly changing position; slight neuralgic pains in different parts of the head, more frequent in left temporal region; intermittent sleep; increased flow of saliva causing frequent desire to swallow; pains in both scapular regions worse through the left, during the night. The most prominent symptom is great soreness over the region of the kidneys, worse upon the right side. January 4th, 7 A. M., five drops. 12 M. Have had more or less stiffness of muscles of the neck. Pain continues in left scapular region. Pain in region of

the pyloric orifice of stomach. Decided heavy pain over right kidney. Partial suppression of urine. Pulse a little accelerated about ten beats, per minute, and a general feeling of malaise. 5 P. M., ten drops, pain in left pectoral muscles. Dull, heavy headache; epigastric and umbilical regions painful. Pain in right kidney still continues. 9 P. M. ten drops. Very severe pain in right lung between fourth and fifth ribs. January 5, 9 A. M. Pain still in right lung but not as severe as last night. Frequent calls to urinate, urine has an ammoniacal smell. Decided stiffness of all the muscles of the trunk; soreness still on pressure over right kidney. Left scapular region very sore on movement of left arm. 8 P. M. Have had very severe pain in right pectoral region all day, but much worse this evening. Cannot fill my right lung with air, it causes such severe pain, worse in morning; pulse 100 beats per minute, but do not feel feverish. Otherwise am feeling quite well. 9 P. M. Seems as though both lungs were becoming congested; very difficult respiration, eight drops of *Verat. vir.* to one-half glass of water, three doses fifteen minutes apart, can respire much easier. January 6, 9 A. M. Passed a restless night; had to lie on my back until about midnight as I could not lie on my side; after midnight rested easiest on affected side partly curled up. Seems as though about thirty-six square inches of surface beneath right nipple was very much inflamed. Worse on inspiring, causes pain in stooping to right side to lift anything from the ground, also in putting my right arm over my head. Think it is the pleura that is affected. January 7, 9 A. M. Pain on inspiration continues in right thorax between fourth and fifth ribs. Worse on bending to the left, but not as bad as yesterday. January 8, 9 A. M. While at a sociable last evening had frequent desire to pass water with severe cramp-like pain in hypogastric region, which was somewhat relieved on passing water but soon returned, lasting about two hours from its commencement until it disappeared.

SECOND PROVING.

April 24, 1876, 11.30 A. M., ten drops tincture. 3 P. M., twelve drops 4.15, twelve drops, 6.30 ten drops. April 25, 6.30 A. M., ten drops. The remedy has had a decided diuretic effect, with slight pressure in vesical region, decided burning over the epigastric region with more or less uneasiness in different parts of the body.

8.30 A. M., ten drops. 11.30 A. M., ten drops. 3 P. M., ten drops. Dull heavy aching over the region of left kidney with sharp pain in left hypochondriac. April 26, 12 M., twenty drops. Diuretic action

of remedy continues. Left kidney has been more painful during the last six hours. Soreness in right subscapular region, also uneasiness in right kidney. April 27, 7 A. M., could not sleep the first part of the night on account of dull, heavy pain over both kidneys which is still severe this morning. Occasional sharp shooting pains through both lungs. Great acidity of stomach for the last two days. On pressure in hypogastric region, I find much soreness. 9 A. M. Great deal of uneasiness about stomach, bowels feel as though diarrhoea was about to set in. April 28. Kidneys still feel sore; frequent calls to urinate, quite a large quantity passed each time. Heavy pressing pain in stomach commencing about one hour after each meal and continuing about two hours. Much soreness about thorax. April 29. Feeling some better but am reminded I have a back quite often by the pain caused by movement.

On reading over my last proving I find that the general symptoms are the same. In the first proving I used a tincture which I had had in my office for over a year, while in the second the tincture was only a few months old. The remedy's first and main action is upon the kidneys and spreads gradually throughout the rest of the urinary track. The viscera of the thorax suffers more or less. In diseases of the bladder the lower dilutions are called for; but in diseases of the kidneys the higher attenuations will be found most beneficial I think. It has served me well in irritable conditions of the bladder in children who are in the habit of wetting the bed, also in a severe case of tenesmus of the bladder in a child of about two years, supposed by an Allopathic M. D., to be caused by urinary calculi. It has not cured the case, but always gives temporary relief. I think it will be a very useful remedy in nephritis. I would suggest its use in complication of chronic Bright's disease, such as pleuritis, catarrhal affections of the intestines, etc. I am now using it in a case of acute Bright's disease which has been under treatment three months, and during that time has taken *Terebinthina*, *Ars.*, *Apocynum cant.*, *Kali hydro.*, *Hepar sulph.*, with only slight benefit, while *Eq. hy.* in three weeks has entirely removed all albumen. If it cures will report the case.

ARSENICAL POISONING.

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

Perhaps at no time previous to the present have there been recorded so many deaths from poisoning. The agents used are various. *Opium* in its varied forms does its share, while *Prussic acid* and many others create great havoc. *Arsenic* in its various forms, claims one-third of all the victims of poisoning. *Arsenious acid* or white *Arsenic* is the common form in which the poison is administered, although some of its other compounds are resorted to. A powerful aid to those criminally inclined, is the comparative cheapness of the article and the lax manner in which it has often been dealt out by pharmacutists. By selling the powder mixed with a few grains of powdered *Sulphate of Copper* and powdered *Ferrocyanide of Potassium*, (about six grains of each to a drachm of *Arsenious acid*) druggists could do much to limit its criminal use and would not destroy its utility for legitimate purposes. As soon as such a mixture would be moistened it would assume a reddish tint. (*Ferrocyanide of Copper*.)

Arsenious acid has no well defined taste. Although some authorities ascribe to it an acrid taste, and others a sweetish one, yet the fact still confronts us that numerous cases of poisoning with this article have taken place, without the victim having experienced any unusual, or in fact, any taste. Some of the effects of the *irritant character* of the poison have been mistaken for a peculiar taste belonging to it. The mucous membrane of the mouth and fauces being inflamed, there would be a burning, astringent sensation. but this could not properly be termed a taste.

Arsenic is an irritant poison. It does not possess corrosive properties and its effects are referable to the inflammatory action induced in the mucous membrane of the alimentary canal. Corrosive and irritant poisons differ in this, that in corrosives the symptoms are seen immediately, for mere contact produces disorganization of the parts; while in irritants there is an interval between the administration of the poison and its effects of at least half an hour, generally. The poison is sometimes given in liquids and it is well to know to what extent it is soluble in them. Hot water dissolves it more readily than cold. Water allowed to cool from the boiling point dissolves 1-400 of its weight, or one and one-quarter grains to the fluid ounce. Cold water dissolves 1-500 of its weight or one grain to the fluid ounce. Organic matter, as tea or coffee, lessens the power of a liquid to dissolve *Arsenic*. Viscid or mucilaginous liquids will suspend a large amount

of the poison but cannot be said to dissolve it. *Muriatic acid* dissolves it readily, and any alkali dissolved in a liquid greatly increases the power of the liquid to dissolve *Arsenic*.

The symptoms of poisoning from this drug are such as to present to us a vivid picture of its action on the organism. As before said, there is an interval of half an hour from the taking of the poison until the symptoms present themselves. This is not always the case, however, for in some rare cases, the effect of the dose has been almost instantaneous, and one case is recorded by M. Tonnelier in which the developments did not take place for eight hours. The most marked of the symptoms are the following: Faintness, nausea, intense burning and constriction in the throat, œsophagus and stomach, which is increased by pressure. There is vomiting of mucus mixed with blood, diarrhœa, the evacuation being bloody accompanied with tenesmus and cramps in calves of legs. The pulse is small, frequent and irregular. There is intense thirst. The skin is cold and clammy in the stage of collapse; before this, however, it is intensely hot. The respiration is painful. In some cases we also have coma, paralysis or tétanic convulsions. Such are the symptoms in an acute case where a large dose has been taken. Some vicious characters have resorted to a practice of giving small and repeated doses to their victims, in order to give the impression that death has taken place from disease. In these cases physicians have been often misled. We would have under these circumstances, some symptoms that would not be observed where death took place in a few hours. The conjunctiva would be inflamed and we would have photophobia. Also an eruption and local paralysis. The stomach would be extremely irritable and unable to retain food, and nervous symptoms would be marked.

The post-mortem appearances should enlist a brief mention. *Arsenic* has a specific action on the stomach and intestines. This is not merely from its irritant action when taken into the stomach, but is noticed in those cases where poisoning takes place from its application to ulcers on the surface. The stomach especially presents well-marked changes. It is inflamed, blood is effused between the rugæ, and beneath the mucous membrane, which presents thickened spots. The stomach is rarely ulcerated and still more rarely gangrenous.

From accurate observations in many cases it has been determined that from two to three grains will destroy life. The treatment of cases of poisoning from this drug is simple. An emetic should be administered if vomiting is not present, which it often is. *Sulphate of Zinc* is

the best emetic, but in case it is not at hand, mustard water should be exhibited. The stomach pump is not of much value unless the physician comes on the ground directly. Mucilaginous drinks are also serviceable. The antidote most used is *Hydrated sesquioxide of Iron*. The precipitated *Hydrate of Magnesia* and *Carbonate of Iron* have been used to antidote the effects of *Arsenic*. If the practitioner is so fortunate as to arrive in time to save the life, the after treatment is to give food that will not irritate the already inflamed mucous membrane and to prescribe those remedies that the most urgent symptoms call for. And such a termination would be a fortunate one for both physician and patient.

HINTS FOR PROVERS.

The surest way to obtain symptoms is to begin with a low potency and go higher at each repetition. A good way to do is to begin by washing out the mortar after having made the first trituration and swallow the fluid. If this fails to produce symptoms, try in succession the first, second, third and higher triturations, until symptoms appear, sometimes the highest potencies will produce symptoms where the lower fail, and these symptoms are generally characteristic of the remedy. Drugs however, affect individuals differently and on some certain ones produce no effect whatever. These are persons who are not sensitive to the action of that especial drug. There are other influences, epidemic and endemic for instance, which act upon the prover and may frustrate or modify his attempt at getting symptoms. Many things are to be considered, but if it is the prover's wish to obtain symptoms at all hazards, let him try a higher preparation at each repetition of the dose and he will hardly fail to obtain them if he perseveres.

PHILADELPHIA.

C. B. KNERR.

A COMPARISON. CARBO. ANIMALIS VS. CARBO VEGETABILIS.

At the meeting of the Berlin Homœopathic society of January 19, 1876, there was a discussion on *Carbo. animalis* and *Carbo. vegetabilis*. Frazer said *Carbo. veg.* was useful in stuffed and fluent coryza, with great inclination to sneeze, but without result. In hæmorrhoids with copious discharge of mucous and burning in anus or itching in peri-

neum and inner surface of thighs, caused by the escape of mucus, and generally in obstructions to the portal circulation. Falling asleep of the hands or feet on lying on them in bed. Great sleepiness in the morning, going off in the open air. In gangrene and putrid states both *Carbo. an.* and *Carbo. veg.* are indicated externally, especially in scorbutus. In skin diseases *Carbo. veg.* corresponds to the herpetic kind, *Carbo. an.*, to acne rosacea and similar forms. *Carbo. veg.* is useful in bronchial catarrh with arthritic sufferings and cyanosis; both in emphysema and heart diseases. Rademacher says charcoal is an excellent spleen remedy. Sorge cured with it an old bronchial catarrh with emphysema and accompanying asthmatic suffering and violent headache of a congestive character. Fischer saw marked improvement from *Carbo. veg.* 30 in a case of typhus with cyanosis, cold limbs, and apparently at the last gasp. The patient got well. Jacoby frequently used *Carbo. veg.* alternately with *Calc. carb.* in typhus, especially when the lungs were implicated. Fischer gives in chronic hoarseness *Phos.*, and if that does not succeed, *Carbo. veg.*, and with this he generally effects a cure. In *Casper's Zeitung*, *Aq. carbonata* is spoken of as highly efficacious as an external remedy in some chronic eruptions. It is made by heating 500 grammes of powdered charcoal to a red heat, and suddenly plunging it into one and one-half kilos of water, letting it stand covered and then filtering.
— *British Journal of Homœopathy.*

OUR DRUG SYMPTOMS, RELIABILITY, HOW GOTTEN ETC.

BY G. B. SARCHET, M. D., CHARLESTON, ILL.

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

The law known as similia, stands to-day as it has since Hahnemann's time, and will through succeeding ages, *the only law* of cure. The discovery of this law, great as it was, is but one step towards the perfection of a system of medicine, *complete* in all its bearings, and had not Hahnemann at the same time and under the same inspiration discovered, or developed the means through a system of drug provings upon the healthy, (and not experimenting upon the sick, as was previously the case), whereby every known poison is compelled to yield its *exact* action upon the healthy organism, the greatness of his genius would not have resounded down through succeeding ages as man's greatest benefactor. Had it not been for the development of this system of proving, this manner of eliciting from drugs, their language, as expressed by organs and tissues coming under their effect, the efficacy of this great and divine law could not have been

established. But, by *positive* evidence gotten through this task, and by practical experience at the bed-side, we are satisfied of the correctness of this law of the *certainty* of the power of a drug to cure a disease similar to one it will produce. We have a foundation upon which to build a superstructure in medicine, never before equaled, and in the future without possibility of a peer, growing in power as each year adds new and tried facts, till within the duration of our lives human pain and suffering shall be disaffected as if by magic, and all hereditary predispositions shall vanish and the human family be freed from every taint. I say this epoch in medicine is within the limits of possibility, as proven by the fact, that, the average years of human life have already been increased half a dozen or more.

It is not unreasonable to suppose that, following upon these two great discoveries in medicine, greater progress would have followed, that e'er this, our proving of drugs would have been more perfect, and our power over disease, thereby, greatly increased. It is no very great step in advance of the Old School practice, with the array of weapons we possess—imperfect as they are,—that our death rate is one-half theirs, or that we cure one-half more than they. This is not the *ultima thule* of our greatness. We must go far in advance of this ere we arrive at that perfection to which Homœopathy is destined. We have not made the progress commensurate with the impetus given it by Hahnemann, or, to-day we should make our prescriptions with greater confidence, and be spared the trouble of calling for two glasses of water and two teaspoons.

Drug symptoms or characteristics play a very important part in the practice of Homœopathy. In fact, they are “the law and the prophets” in successful prescribing, and the extent of our ability to cure disease is commensurate with the perfection of our knowledge of reliable characteristics. I am led to the belief that many representatives of our school have looked upon characteristic symptoms as having but little bearing upon the exhibition of remedies, but happily for our noble profession, this fallacy is fast passing away, and the time is approaching when our *materia medica* will not be nearly so voluminous, the multiplicity of symptoms reduced, and the cause greatly advanced.

That a drug will produce a certain prescribed and in many cases limited train of symptoms, does not admit of a doubt. That the exact action of every known remedial agent, can by this system of proving be ascertained, is also beyond the possibility of doubt.

The human body is a great economist, performing its labor in the shortest possible time by the same instruments, without variance, and always producing the same results. This fact is most beautifully illustrated by each part appropriating from the common blood that nutriment adapted for its own sustenance. The bones take up *Phosphate of Lime*, the nerves *Phosphorus*, the tissues *Calc. carb.*, etc., hence, through this same beautiful arrangement of nature, we are enabled in our provings, by careful scrutiny and close observation, to elicit from every remedial agent its exact action or characteristic symptoms. A symptom to be characteristic of a drug, must be the same expression, of the same organ or tissue, and always elicited by the same drug, proven on the same temperament. This idea must hold good, or a *materia medica pura* is impossible. A curative symptom is one established from the fact of having cured one or more cases, having supposed similar symptoms. It is possible for a remedy to cure, not possessing a very close or clearly defined likeness to the disease. It is possible for a half dozen or more remedies belonging to the same family, to cure, or relieve a certain morbid condition, and yet not to have given the exact *similia*, which when exhibited, would cure more *quickly* and more *permanently*. If a drug should act one way to-day and differently to-morrow, it would be absurd to attempt the perfection of our *materia medica*, but as the action of the same drug is ever the same, all things being the same, except as to violence of action, from larger or smaller doses, we can ascertain the extent of action, whether limited or extended, local or general.

Before noticing some of our old time-honored characteristic symptoms that have passed down the line of authors and book makers, I wish to say a few words relative to the dose, upon which a *great deal* has been said and much more may be said. I do not look upon the different potencies of the same drug as so many different remedies, as has been stated by some writers, by no means. The first great point to be arrived at in prescribing, after a correct diagnosis, is the likeness of the drug to the disease in question, the remedy should then be exhibited and almost any potency from the 1st upwards, I care not how high it may be, you will get the desired affect. I might mention as the exception to this rule, however, that the severity of a disease might necessitate the exhibition of a lower attenuation than otherwise. It is not so much the potency with which we have to deal, as the similarity or likeness, and should we lose sight of this for a moment, we are not Homœopathsists. The dose is not even an inte-

gral part, *especially* the high doses, for how could we with high attenuations alone, ever have known aught of the effects of drugs. Tell me of a single reliable proving of a drug in the 200th, or even the 30th potency much less the 50,000th. No gentlemen, I contend, and facts and common sense, and practice, and by far the bulk of the profession will bear me out in the assertion that a cure wrought by drop doses of the mother tincture is just as much the *purest* Homœopathy as one pellet of the highest attenuation of which it is possible to conceive.

The aggravations advanced by some in my opinion, never killed a patient and are not likely to. Suppose a case of chronic gastritis is cured with *Nux vom.* 30th, how long and how often would it be necessary to continue the *Nux* to produce a state in the same stomach similar to the one just cured? Is it at all possible that the 30th of *Nux vom.* would produce dyspepsia under the most favorable circumstances? I think not.

There is no doubt that an organ and tissue under the influence of disease, is much more highly susceptible to the action of a drug, than the same organ and tissue in that state called health. If disease is a depressed condition, a giving way of a part or parts, a want of natural tone and vigor, and I think it is, and you give a remedy between which diseased organs or tissues there is an affinity, I can readily see how it is possible for the remedy to stimulate that nerve cell or ganglia into a natural condition, and therefore cease to manifest its diseased action. I know of no other solution of the problem of the action of high potencies, and the same holds good with the lowest attenuations.

It is claimed by some that, high potencies cure by virtue of spiritual substance that man is a three-fold being, composed of body, soul and spirit, and the spiritual force of the remedy acting upon the spiritual substance of the body subdues the disease. Well, it may be that man is a *tripartite* being. I do not know, neither do I care, but there is one thing I do know, that our remedies, high or low, cure by virtue of two causes; the first, from the likeness of the remedy to the disease; the second, by virtue of *actual bona fide* medicine contained in the potency, whether it be the *highest* or *lowest*.

That drugs have a limited rather than an extended action, I am convinced; that any one drug can have four or five hundred (more or less) characteristic symptoms, is wholly out of the question. The fact that God has given us a legion of remedial agents is strong proof of the limitation of their action, for did they possess the vast array of symptoms put down in our *materia medica*, a half dozen or even less,

would be quite enough to cure all the ailments of humanity. And if this wholesale manufactory of symptoms and books goes on, the day is not far distant when this cause alone will cover our most noble profession with shame. Why, gentlemen, we have scores of doctors whose organization is so highly developed, so highly spiritualized that they can elicit symptoms from any substance, and I doubt not but they would get a fearful and a most alarming aggravation from any high attenuation of the smell of Hahnemann's ghost. I tell you Homœopathy is not to be thrown into disrepute by such nonsense. It deals with medicine, not spirits, and when medicine runs out by repeated attenuations, if such were possible, just at that point your remedy will fail you, unless alcohol should be the similitum. In conclusion, allow me to notice briefly a few of the characteristics of some of our most common remedies.

Colocynth.— We find by referring to Hering's Condensed Materia medica, that under this remedy there are three hundred and seventy-five or more symptoms, effecting more or less every organ from head to foot. *Colocynth* is an invaluable remedy, one whose place would be very difficult to fill, if at all, yet its action and use is very limited, confined principally to pain, neuralgia of the face and bowels, colic of the ovaries, sciatica, and some cases of diarrhœa, attended with great colic. Its action, however, seems to be centered more especially upon the abdominal plexus, and will cure more colics than any other remedy. It cures pain confined to a small spot, paroxysmal, intense, extorting cries.

Lycopodium, with its four or five hundred symptoms is one I wish to notice in particular. "Fan-like motion of the alæ nasi," in affections of the respiratory mucous membrane. This symptom is purely mechanical, observed in all cases when there is an effort to get a sufficient amount of air, and is as much the symptom of one drug as another.

Lachesis, with its eight pages of characteristic symptoms, has one of which I wish to speak. "Worse after sleeping" in croup. The number of physicians who have been deluded by this symptom in this most dangerous disease, are not a few. How very reasonable and natural for the patient to be worse after sleeping, in this and all diseases of the air passages, the patient going to sleep, having high fever, perhaps, the fluids of the body rapidly absorbed and eliminated breathing with the mouth open, and the throat becoming dry, we can readily see why the patient is worse after sleeping. Under symptoms

of the larynx, we find in croup, awakens suffocating, grasps the throat. In pneumonia, great dyspnœa on awakening, thus we find this symptom of "worse after sleeping" arises from a mechanical cause, and is of no therapeutical value whatsoever.

Bryonia, a remedy of the greatest importance, a giant remedy, and if I were limited to one curative agent, I sometimes think that agent would be *Bryonia*, and yet its range is limited, expending its force principally on the serous membranes, but notice its wide range of action in Allen, Hering, and others, causing it to affect every organ and tissue of the body.

From the foregoing we make the following deductions, that the potency is purely a side issue, having no direct bearing upon the law of similia; that, we have not with all the facilities at our command made the advancement proportionate with Hahnemann's day and work; that, very many of our provings are incorrect, symptoms incorporated therein, gotten the good Lord only knows how and where, and many of them the most foolish and ludicrous in nature; that, drugs have a prescribed and rather limited action, affecting only those organs and tissues for which they have an affinity.

Consultation Department.

REMEDY FOR CANCER.

I find in the INVESTIGATOR of January 1, 1878, Vol. VII, No. 1, on page 115, a cure for cancer set forth by the New York Medical Board. Will the INVESTIGATOR please have an answer to the mode of applying and preparing the same, and oblige,

JOHN OSBORN.

ABSCESS OF VULVA.

I have met with two cases of recurrent abscess of the labia majora, which interested me greatly. First, from their rarity. Second, from their difficult management. For periodic abscesses of the labia occurring month after month, for years, what is the remedy?

T. C.

WHAT IS THE REMEDY?

I have a lady, fifty years old, passing the climacteric. She also has ovarian difficulty, much swollen, and ascites. The peculiar and often

occurring symptoms: If she attempts to speak, write or read, she will have a peculiar pain start from that effort. The pain may be in the uterus or right ovarian region, and it may extend down the thighs and legs.

SALT LAKE CITY.

DR. CROCKWELL.

AN OBSTINATE HEADACHE — WHAT WILL CURE ?

I have had these headaches for years and years. I think I have always had them, for I do not remember when I had the first one. I did not have them very often until I was about twelve or thirteen. I now have them more frequently than then. They come every one, two, three and four weeks, add occasionally two in a week, and in the last fifteen years I have twice gone six weeks without one. I am obliged to keep my bed two, three, and sometimes four days, in a room as quiet and dark as possible, as both noise and light disturb me very much. I always have a sick stomach, sometimes vomiting a good deal, but without relief. I cannot always tell when a hard headache is coming on; sometimes I think I will have one, but I get warmed up and it passes off, and at others, don't think I will and it comes on. At such times my head and shoulders begin to get very cold and my head to ache about the same time, while my feet get hot; cold chills pass over me from head to foot; as soon as one gets to the feet another comes on to the head; sometimes the pain is in one side of my head, face, eye and teeth, and sometimes in the other, and sometimes in both. The pain is generally most severe in the right side, when only one side is affected. My head aches every day some part of the day, but not severely; often in the morning when my feet are hot from being in bed. Bright sunshine makes my head feel unpleasantly nearly always. D.

COMPETENT ADVICE — ACONITE PARALYSIS.

Allow me, to offer a few comments upon the "Advice" given in your Consultation Department. It has been observed by *several* of your readers in this vicinity, who have carefully studied the cases and counsel, that this advice has been remarkable for two characteristics, viz.: 1. An *invariable* and imperative use of very high attenuations, (1,000th to 100,000th), generally, and 2. A *very general* and marked dissimilarity between the symptoms, as reported, and those contained in the pathogenesis of the medicine recommended. Take for example, the first of the "Answers to cases" on page 50, July 1st number. In

the May 15th number, page 451, Dr. Birdsall gives as symptoms: "A *periodical* aching pain and numbness (dead ache), in left arm and hand, with occasional tingling in fingers, but no loss of power or sensibility; action of the heart perfectly normal, but occasionally feels a sharp pain thereabouts; pain in arm *invariably* worse after eating and from mental excitement; *no pain at night in bed*, and generally better when lying down." *Aconite* (200 or 2,000), is offered as "the similitum." Now, firstly, *periodicity* is not a characteristic of *Aconite*; secondly, the pains of *Aconite* are characteristically sharp, stinging, *acute* pains; thirdly, the "numbness and tingling in left arm" to which *Aconite* is applicable, is generally recognized as dependent upon a disturbance of the *heart's* action; but we are informed that in this case the heart's action is perfectly normal. Then, too, when caused by *Aconite*, this numbness is attended by a paralytic condition: "Arms hang down powerless," and "arms feel chilly and insensible." while in Dr. B.'s case there is "no loss of power or sensibility." *Aconite* has not the "*aggravation after eating*," but the "*pains are particularly intolerable at night*." Dr. B.'s patient has "no pain at night." Where is the similitude? Now, if this patient is cured or even benefited by this prescription, I trust Dr. Birdsall will make it known, for we have yet to hear of any such result from prescriptions of this sort. A large proportion of the advice offered in the consultation cases, proves upon investigation, to be of much the same sort as the case cited. The conclusion naturally, suggested is, these *advisers* have such faith in "high attenuations" that it matters very little to them *what* is given, if it only be *high enough!* as we are told that most "failures will be due to deviation in the potency or repetition of the dose." While this may satisfy a few, very many of your readers believe in Homœopathy, and therefore think the remedy prescribed *should* have some resemblance to the symptoms in the case; and furthermore, that the higher the attenuation, the more closely must the remedy correspond to the totality of the symptom, in order to be efficient. Advice of a practical character—the fruit of experience and sound judgment—as well as a careful consideration of the case in hand, would render your consultation department of very great value, not only to those directly interested, but to all your readers. Such, I believe, has been given by some of your contributors, and we sincerely wish that it might become universal, or at least predominant.

BOSTON.

L. A. PHILLIPS.

DR. STERLING'S CASE.

I published in February 15 number, an account of a case, asking for suggestions. The sequel may be of interest to some. By the time the article appeared, I had put the patient on *Ars. 6x trit.* An immediate improvement was manifested which 'slowed up' after a while, when *Ars. 30* was given and subsequently *Ars. 200*. The patient gained better health than for years previously. The soreness left her kidneys entirely; the flow of urine became normal; the swelling of hands and feet became less and less till scarcely noticeable. The pain and numbness of left arm and hand passed off, refreshing sleep, and natural appetite returned, and her condition generally improved, till a comparatively fair degree of health was obtained. Dr. Carr of Whitehall, Michigan advised the use of *Con. mac 2000*, and kindly sent me a powder. Dr. Earle of Sandusky N. Y., also recommending the same.

After one of the cessations of improvement under *Ars.* I tried the *Conium*. The next day she reported a profound disturbance, saying, "that last medicine affected me so disagreeably I could not continue it." I told her to wait a few days, and meanwhile some temporary indisposition developing itself, calling for other remedies, the *Conium* was thrown away by the family. Having at the time nothing higher than the 30th, I returned to *Ars.* under which improvement was first shown, with the result above indicated. With the exception of a severe attack of diphtheria early in June, she has continued to do well.

In thinking over this case, two or three questions have arisen in my mind. Was this disturbance, which she could not describe clearly, except that she felt a great deal worse generally, and seemed to be largely of a nervous character, due to the *Con. mac.* and a drug aggravation, or was it some transient disturbance of the system from other causes? She insisted it followed the first dose. If so (i. e. due to *Con. mac.*) was it a hint that *Con. mac.* was more clearly indicated than *Ars.*? But she had been improving on *Ars.*, and moreover I could not read the symptomatology of the case, as clearly for *Conium* as for *Ars.*

Would an alternation of the remedies, have been better than one alone? Would either remedy have reached the case equally well? Are there then conditions when any one of several remedies may be given?

Out of a number of remedies suggested for this case, but two coincided, viz., on *Con. mac* and not one suggested *Ars.* which I used.

Did the case probably get well of itself? The conditions were very

unfavorable, hard work, poor living, great anxiety, a tenement which receives no sunlight from January to December, save in one window a beam about the size of this magazine for an hour and a half in the forenoon. Moreover a downward progress had been maintained for months previously which turned short about. I have no wish to take up your valuable space with prosy questions, but the above seem to me to have a direct practical bearing, and if they could be answered decisively, one way or the other, it would give me light in many a dilemma in which I find myself.

Book Department.

THE DRUGGIST'S HAND-BOOK OF PRIVATE FORMULAS. John N. Nelson, Cleveland, Ohio.

The United States dispensatory has often been called the druggist's bible, and in this connection it may not be altogether inappropriate to dub this last venture, the pharmacist's hymn-book. It is complementary to the standard authority on American (Allopathic) Pharmacy, in that it contains formulas for the preparation of elixers, emulsions, medicated syrups, liniments, lotions, ointments, troches, etc., supplying omissions, elaborating officinal preparations, and adding much that until now has only been traditional among the mass of the fraternity. Viewed from the druggist's stand point, to use a hackneyed expression, it supplies a want long felt, and these formulas will no doubt, be eagerly sought for, more especially by those of more modest pretensions, who have hitherto been dependent upon their more fortunate brethren, who manufactured the above for sale under almost proprietary rights.

While we must ever deprecate the compounding of heterogeneous medicines, for the purpose of administration in disease, we are ready to admit that a great, though silent revolution has taken place in the pharmacy of the Allopathic school. Many of their formulæ are now quite elegant in their way, and displays a degree of ingenuity in their discoveries that is quite commendable, however we may consider it misdirected. This is quite manifest in the successful efforts by which drugs have been rendered less repulsive to the eye, and less nauseous

to the taste, as well as in securing a more permanent chemical state. Instead of turbid mixtures, bright, clear liquids are now obtained, and the sugar-coated pill and the capsule, have replaced the disgusting bolus. In many instances our Allopathic brethren are prescribing these pills, that are made according to definite formulas, as well as the compound elixirs, fluid extracts, etc., in preference to their extemporaneous mixtures, which latter possess the quality of being even more ariable than the wind, and to determine the ultimate chemical composition of which would require the gift of prophecy.

A department for the manufacture of toilet delicacies, is also incorporated in this little volume, in which dressings for the hair, preparations for the teeth, colognes and other odoriferous waters, sachet powders and perfumery in general, all find a place. Another division contains the necessary directions for making a number of useful articles a sort of druggist's bric-a-brac.

The adulteration to which the essential oils are subjected, and the proper tests for these, are described in an appendix, together with the processes for making artificial wines, brandies and other liquors. Take it all in all, the knights of the mortar and pestle have cause to congratulate themselves on the publication of this "hand-book."

E.

DISEASES OF INFANTS AND CHILDREN WITH THEIR HOMOEOPATHIC TREATMENT. Edited by T. C. DUNCAN, M. D., assisted by several physicians and surgeons. Part II. Chicago: Duncan Bros., 1878; pp. 160-304; \$1.00.

It is no disparagement to this part to say that it is solid, for solid it should be as it is mostly taken up with laying the foundation for the treatment of infantile diseases, and for this nothing is so essential as a thorough acquaintance with the anatomy and physiology of the little ones, and here we have it up to date. We have first a general survey of the anatomical peculiarities of the infantile organs, followed by peculiarities of development and the anatomy and physiology of the organs of digestion. This is followed by a copious extract from Rindfleisch upon the general anomalies of the mucous membranes which will well repay diligent and attentive perusal.

This done, we are introduced to the malformations and diseases of the mouth, the lips, the tongue, the palate, the salivary glands, the inflammatory diseases of the mouth, the treatment of all of which medical and surgical is given very fully and accurately. As regards the medical treatment, I will venture to make but two suggestions.

One is as regards the treatment of cancrum oris. I never saw but one case which terminated fatally. While looking about for help I heard of *Guarea trichiloides*, but as the nearest to be had was in Paris, my little patient died before I could get it. Petroz gives a case cured by it. A proving of it may be found *Allg. Homœopathic Zeitung*, 48, p. 174, and in *Journal de la Societè Gallicane*, V. 9. Petroz's case may be found in *Hygea* XII., 473, also in *Journal de la Med. Hahnemann*, 1840, March number, and in *Homœopathic Examiner* III., 44, where the case is given in detail. Petroz commends it in all cases of gangrene.

In treating of aphthæ, our author says: "A lotion of *Borax* and honey is the local treatment recommended by Allopaths. Dr. Shipman commends its use." About this latter sentence I think there must be some mistake. Diluted alcohol is the only local application I find needful. Speaking of aphthæ calls to mind Parrot's mode of distinguishing aphthæ from muguet. It is concise and precise.

"Aphthæ will be readily distinguished from muguet by the loss of substance of the mucous membrane, their regular circular form, and by the impossibility of rubbing them off." Parrot *Clinique de Nouveaux*, p. 87.

A very complete chapter on dentition comes next, followed by diseases of the tonsils and œsophagus when we come to food, for infants and children, a very extensive and important subject, but as our author makes a little more than a beginning, the notice of it may be postponed till Part III. is published. GEO. E. SHIPMAN.

Children's Department.

CHILDREN'S DISEASES.

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

Read before the Illinois State Medical Association.

MR. PRESIDENT AND MEMBERS OF THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION: In accordance with the instruction of the constitution, as chairman of the committee on diseases of children, I am expected to report on the improvements, discoveries, etc. in this important branch of medicine.

1. There has been one important addition to the literature of pædology, which is no less than a cyclopædia of children's diseases.

edited by Prof. Gerhardt, of Germany. It is to consist of six large volumes, and is to be translated, condensed, and issued in one volume by Wood & Co., of New York. The new work on Diseases of Infants and Children with their Homœopathic Treatment, on which I am engaged, is being pushed forward with all the haste that care will allow. Before the next session of this medical body, it is believed you will have in your possession the best work on this branch extant. No pains nor expense will be spared to make it better than the best Allopathic work on diseases of children — one to which you may turn with satisfaction, if not with pride.

ENURESIS FROM SPINAL IRRITATION.

2. In the Annals of the British Homœopathic Society I find some cases of enuresis reported cured with *Plumbum*. This is a valuable addition to our remedies for this diseased symptom. A year ago you will remember, I advised that enuresis be stricken from the list of children's diseases. I said it was a symptom and not a disease, and cited a case of cystitis which had been allowed to run, the mother thinking that the whole trouble was only enuresis, and that it would outgrow the difficulty. In the same issue of the above Annals, the value of *Plumbum* in spinal irritation is illustrated. Having verified both of these observations, my attention was directed to the possible relation of enuresis to spinal irritation.

Five years ago I was consulted by Mrs. — in reference to her daughter, a nervo-sanguine child, aged eleven years, for enuresis and incontinence, which had existed from infancy. After prescribing a few times with temporary success, I lost sight of the case. Meeting her the other day, I obtained the following history of the case: Had backache as long as could remember. Mother made light of her constant complaints of backaches. Had severe attacks of stomachache (colic) which were relieved by bending over some hard body (*Stannum*). Dosed for worms. Had great trouble with water, in retaining it. Recently the backache would extend from small of back up over the top of head to root of nose, blinding her. Three years ago had hemiplegia of right side. The only relict of that, is weakness of that side. She now has cold feet, attacks of diarrhœa, menorrhagia, and dysmenorrhagia — is very sick for four days. All this from a neglected backache in infancy, which arose from spinal irritation. Before her but a few years is an invalid life unless that backache is cured. I was curious to know the cause of all this. The symptoms so closely correspond to those of *Silicea* that I inquired if there was any sand about

her early home. She said there was a sand pile near the house on which she played when a child. Possibly this is not the cause of this train of symptoms in this premature, active, nervous, explosive young lady, but this I know, that

BACKACHE IN CHILDREN

means more to me now than ever before. I have been on the outlook for this symptom and have found many cases with a similar history to the one just given (except paralysis). Sometimes there is not a decided backache but a lameness or aching of the legs. I now recall two cases, boys; one thin, nervous, tiring easily, the other was fleshy. Both were troubled alike with enuresis so severe that after trying all sorts of means of cure, they were given a room with old bedding and abandoned to their fate. My heart ached for the poor little fellows. *Plumbum* was given them with marked benefit.

The mother has had spinal irritation for years, with heaviness of right limb. While carrying the last child was quite helpless in both limbs. Had numbness of right side of face with weak feeling of side. Could only lie on side while in bed, if on back felt as if would suffocate. Got up well but the weakness, helplessness of limbs, very marked. Very irritable, constipated, out of sorts generally. *Plumbum*, after trying many other remedies, made her feel better than for months.

CHANGING THE NATURE OF MOTHER'S MILK.

A year ago I presented a case of convulsions from constipation due to insufficient nourishment, which was relieved by changing diet of mother. I have found little difficulty in changing the character of the mother's milk when she was spare, but have experienced considerable trouble in managing the milk of fleshy mothers. Those who have examined into this subject know that the milk of fleshy, *fair* mothers is inclined to be difficult of digestion, for the reason that the globules are small and have a firm, caseous envelope, in other words resemble cow's milk.

A case in point, Mrs. E—, fair and very fleshy, oldest child was small. She had little milk. Child had colic constantly. Long, tedious attack of cholera infantum (so-called). To increase her milk, beef tea, oatmeal, etc., were fed her freely. Finally had to wean the child, then it began to thrive.

Second child was brought up on bottle, was plump and well. This child she was anxious to nurse, but her milk began to disappear and

the child to cry with colic and have frequent green stools, just as did the eldest child.

I asked her what kind of food she craved. She said she did not like meat but enjoyed bread, butter and starchy food generally. This kind of food increases the fat and saccharine qualities of the milk and was just what was needed. She was directed to live on farinaceous food largely. She now has plenty of milk which agrees with the child. Its bowels became regular and is as she expresses it "the best baby I have had." I have found that where the milk of fleshy women lack in fats or sugar, or both, that of spare women usually lack in fibrin. If the mother is thin and dark, the milk will be so sweet as to overtax the liver and lymphatics, giving rise to boils, etc.

INDIGESTION OF INFANTS

due to rich food, difficult of digestion, I have found excellent results from *Nux* or *China*. *Nux* where the child begins to squirm and cry soon after eating. Where the bowels were constipated or moved frequently, stools small. Ravenous appetite. *China* where the child belches wind after eating, and don't seem to care to nurse. Stool loose, green, much flatulence. Tip of tongue red. Other remedies may be indicated as *Lycopodium*. Red sand on diaper with straining and crying before urinating, with hardness of parts. Worse in the evening.

One case of the latter, child four, had colic all its life occasionally ; troubled with his water, must go at once, with much straining, producing erections. Appetite fickle, was peevish, and irritable. *Lycopodium* relieved.

A finely developed mother with lots of milk. Child cries and squirms for an hour after nursing. Mother lives well, feeds well. Ordered *Nux* for child when it cries. She said, after, when child grew rapidly without trouble, that she would have given the world to have known of such a remedy with her other children.

DEXTRIN FOOD VS. MILK DIET.

"What shall I give baby, doctor, milk does not agree with him?" is a question you all have had to answer doubtless. How does it disagree, we ask. "Why, it is vomited in great curds, and so sour!"

To persist under such circumstances is to kill the child. We had many of such cases at the Home. A case in point: Frank B., had been fed on Horlicks Food which agreed only tolerably. Changed to condensed milk which he ate greedily. Soon he began to vomit only

some time after feeding; finally as soon as he ate began to perspire, and pass large quantities of water; frequent discharges from the bowels. He ran down till matron said he could not live through the night. In this condition he was removed to my house. The next day he had twenty-four alvine evacuations. Put on Nestle's, then on Gerber's Food with marked benefit. To make a long story short, whenever we returned to milk in any shape, he would vomit it up sour, and if persevered in would soon smell like a "swill tub."

Again and again we had to return to starchy or rather dextrine food—[partially digested starch. I have found this a valuable hint. Children that milk sours with, may be finally put on milk, if they are switched off onto starchy food, like cracker and water, whenever the milk disagrees. Then gradually return to clear milk. If child vomits milk sour, to persevere is to kill the child with *Lactic acid*. We should change at once and then return gradually.

INFANT MORTALITY.

The enormous death rate in infancy is enough to rouse the attention of every sympathetic heart. In 1877, the total mortality in this city was 8,026; of this number, 2,432 were under one year of age, over 30 per cent. In 1874 it rose to 41 per cent. Under five years there died, 4,512, or over 56 per cent., while of children under ten years there was a mortality of 5,029, or over 62 per cent. of the whole number of deaths. Of this number, 818 were from convulsions. In all my practice I never reported over three deaths from convulsions. Whence this enormous mortality of over 10 per cent. Still births and premature, numbered 713, or nearly .09 per cent. Last week (closing May 17), out of 122 deaths, fourteen were reported as still-births, about 11½ per cent. Croup carried off 236; inanition, 246; scarlet fever, 819—only one more than died by convulsions. Cholera infantum, 530; tabes mesenterica, 104; while seventy-five deaths are reported due to teething. In studying mortality reports of all cities, I am convinced that there is great carelessness in making returns, or else physicians are lamentably ignorant of the simplest signs of disease. If a coroner's inquest was held over every case of reported death from convulsions, still-births, teething, spasms, fits, etc., I believe the mortality would be lessened. If some plain directions for the care of infants was published and freely distributed among the poor, I believe this large mortality among children would be greatly prevented. This is a work for some of our philanthropic societies.

BUTYRIC ACID FERMENTATION AND INFANTILE DISEASE.

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

My experience has taught me to believe that a large proportion of the infantile diseases, of intestinal form, are caused by butyric acid. All artificial foods containing either starch or sugar are subjected within the stomach, to a process termed vinous fermentation. Both starch and cane sugar are changed into glucose (grape sugar); and if milk be present, the double azotized substance, casein decomposing it forms alcohol and carbonic acid gas. Necessarily, for the perfect digestion of animal food (milk), lactic fermentation much occur; its derangement is productive of disease; to insure perfect digestion within the infant stomach, sugar of milk must be present in suitable quantity to meet the requirements of the constituent casein, as it is the decomposition of the sugar caused by this substance that forms lactic acid.

In the lacteal fluid of the human, the proportional quantities of sugar of milk and casein are arranged and progressively change with the increasing want and power of the digestive organs of the child. The human secretion contains at all times one-third less of casein than does the milk of the bovine; besides it contains more sugar of milk; hence, it is more suitable as infant food. If the casein is present in quantities greater than is necessary to convert the sugar of milk into lactic acid, the acid will coagulate or render insoluble all the casein present within the stomach, and subsequently the reaction of the lactic acid upon the insoluble casein will form butyric acid.

In three cases all seriously ill, two especially so, one, with aphthæ typh., the other with cholera infantum, both having been given up to die, I ordered the following diet: One teaspoonful of *Sugar of Milk* (German), dissolved in two or three tablespoonfuls of boiling water, this added to a half pint of milk; this was given *ad libitum*. From the commencement of giving this food it was retained by the stomach and digestion immediately began to improve. Both of these children had been given the various starch foods, few of which were they able to retain, and none were they able to digest. I mention these two cases because of their impoverished condition; however, I have used the sugar of milk with like result in many cases. The addition of the sugar certainly acts as a chemical adjunct, and besides it is a natural aliment. In my opinion the fact of milk disagreeing with children, is not so much because of the difference that may exist in the composition of different cow's milk, but in the fact that there is an absence of the necessary quantity of milk sugar. By many, condensed milk is considered a suitable aliment; but because it contains a large amount of cane sugar in addition to the sugar of milk, it does not agree with all stomachs; it unquestionably induces thirst, and as before stated the presence of cane sugar necessarily engenders a process of double decomposition which results in the production of alcohol, lactic acid, carbonic acid gas and hydrogen gas.

Hospital Department.

HAHNEMANN HOSPITAL CLINICS.

CLINICAL CASES.

BY W. J. HAWKES, M. D., PROFESSOR OF PHYSIOLOGY AND CLINICAL MEDICINE, IN HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

The first case presenting this morning is our old friend with the badly smelling feet. Those of you who have seen this case from the first, will remember that when he first came before us, it seemed impossible to elicit any constitutional symptoms whatever. He said he was perfectly well in every other respect. He was evidently a gentleman in every respect, and came here as a last resort, having been made acquainted with some of the old chronic cases cured in Hahnemann Hospital Clinics. There was no room here for question as to cleanliness; he bathed his offending members two or three times daily, and had taken every possible precaution, but still the distressing odor remained, winter and summer, for years, so that his life was rendered miserable.

As I have said, no amount of questioning seemed to elicit any constitutional symptoms whatever, and we prescribed *Silicea* on the general symptom of "badly smelling sweat of the feet." This remedy was given in the various potencies, from the lowest to the highest, for two months, without any impression having been made upon the disease. A disease it is, as is any other abnormal condition of the body, and the result in this case demonstrates that it must, like other diseases, be treated according to the peculiar features of the patient.

After we had become convinced that *Silicea* was not the remedy, another effort was made to find some better guide to the remedy than the general one of stinking sweat of the feet. We adopted the plan of beginning at the head and questioning all the way down to the feet, and of going into his past history as fully as possible. The result justified the means, and the following symptoms were discovered:

A gnawing empty feeling at the pit of the stomach an hour or so before dinner time, not constant, but frequent enough to be noticeable when his attention had been called to it; an occasional dry, burning heat on the soles of the feet at night, even when cold through the day; and the acknowledgment of the fact that he once had had the itch, which his mother had suppressed by a free use of "sulphur and

lard." Here was a very good picture of *Sulphur* in a man who had "no symptoms whatever." *Sulphur* in a high potency was prescribed. The patient reported in two weeks that he had not noticed the offensive odor so much for the past few days. He was allowed to go without a repetition for two weeks longer, as we see by the record in the clinic book; and at the end of that time he reported no odor for the period, but said the weather had been unusually cool, and probably that was the cause. No medicine, but *Sac. lac.* was given, and at the end of two weeks he reported a little odor during a few warm days; other days no odor.

It is now six months since he took the one prescription of *Sulphur*, It has been repeated but once during that time, and he has not been troubled with any disagreeable odor from his feet since. He is without doubt permanently cured. The "empty, gone" feeling at the stomach disappeared during the first two weeks, and has never returned since.

The points worthy of note in the treatment and result in this case are, First, there is no disease of which it can be truthfully said that a certain one, or a certain six, remedies, will cure it, and no others are or will be needed. We must seek the constitutional peculiarities of each patient, and, other things being equal, select the remedy accordingly. Second, it is not necessary to repeat the dose while we are sure that the patient is improving under the first impression produced.

CASE II is that of a young man aged twenty, who has had dysentery for a period of between four and five years. He has gone through the usual routine of the Old School; and has been under the care of at least one good Homœopathic physician of this city for one whole year, without permanent benefit.

As we found him he was having from five to ten bloody stools in the twenty-four hours. He had generally one or two at night. The time of aggravation was almost always in the early morning. Generally had to rise at about 6 A. M., when he was obliged to hurry. There was considerable straining, and tenesmus. He complained of cold feet in the daytime; but said even then they burned on the soles at night. We found also that he was faint and empty about 11 A. M. *Sulphur* 6th 30th and 200th have completely cured him. It is now six months since he came under our care, and four months since his old trouble has shown itself. He was then feeble, and unable to do any work; he is now at work every day, and calls himself perfectly well.

CASE III. This old gentleman (he is fifty-five years of age) presented himself in the clinic for the first time about five weeks ago. He had the ague — intermittent fever — had had it for some weeks. He came here to be cured because we had cured his son of ague last winter. (On looking over the clinic book we find the boy had received *Arsenicum*.) Those of you who saw this patient when he first came to the dispensary will remember how persistently he reiterated the symptom — *nausea*; he was so sick at his stomach, especially between the chill and sweat and between the paroxysms. The paroxysms were

irregular as to time and character, and not well defined. But the prominent and guiding symptom was the inveterate *nausea*. *Ipecac* 3d and 30th was prescribed and but one light chill followed. He has had no medicine but the one package.

I should have mentioned that he was also weak, had no appetite, and was generally miserable. These symptoms have all gradually disappeared, and he has been gaining steadily in general health from the first week.

CASE IV. This lady aged thirty-five, came to the dispensary three weeks ago, as most of you will remember. Her chief complaint was on account of a "terrible, tearing, *crazy* headache," she said she often felt as if she would lose her reason. The "*crazy*" feeling seemed to run up the back of the head, and felt as if the whole head would be torn to peices with great fullness pressing out, with a confused feeling. The headache was described as utterly unbearable, and such as to make her wish for death; and as though she surely would "*go crazy*." She complained also of a pain about the heart, which ran through to the shoulder blade of that side. She had many other pains and aches such as pains and weakness in the limbs, etc.

She said she had tried every thing under the sun; had suffered for ten years, and was almost "*used up*" as she expressed it. I say now as I said then that there is but one remedy in the *materia medica*, as far as I know, that will reach this patient's condition. The characteristic headache: "*Tearing crazy* pain running from the neck up into the top of the head; with a feeling as if she would lose her mind, *go crazy*." Full, pressing, confused feeling. The feeling about the heart is usually described as a "*squeezing*" feeling. Not the grasping feeling of *Cactus*, but a feeling as if squeezed in a vice. The patients mental feeling is that she will *go crazy*; or has heart disease and cannot recover; or, that she shall "*lose her soul*" when she does die. It is altogether a state of mind and body distressing to behold; but fortunately rarely seen, and when seen not easily forgotten. *Lilium tigrinum*., I have never seen a more perfect picture for this remedy; and I believe no other remedy could reach it. We prescribed the 3d because we had no other, four weeks ago to-day. The report at the end of the second week was not encouraging. In the mean time the 200 was procured, and was given the patient two weeks ago. The report to-day you all hear. She says she has felt better the past week than for years; that her headache is very much better, and she feels better in every way, and there is no doubt that she will fully recover.

The important fact that all these cases go to illustrate is, that we ought to know the characteristic indications for each remedy no matter how seldom we may be called upon to use it. I have never before prescribed *Lilium tig.* in these clinics, because a case calling for the remedy has never before presented. But it is worth all the study necessary to become acquainted with the whole *materia medica*, to be able to relieve and cure such a case of long continued and intense suffering as this patient presented.

CASE. V. It would seem proper in this place to mention a case to which I was called within a few days in consultation with one of our graduates of a year ago. One of your own number was also present, and his testimony will be valuable in addition to what I have to say. The case was unquestionably one of membranous croup in a child about two years of age. The child was large, plump, and hearty looking. It had had the croup five days, and had been treated during that time by an Allopathic physician whose name is as well known as that of any other physician in Illinois, and had by him been given up to die. The physician told the father of the child that it was impossible for it to live; that four out of five of such cases died under the most favorable circumstances, and that his boy could not live.

As a last resort, Dr. Roberts, of that neighborhood, one of Hahnemann's recent graduates, was sent for. He called me as counsel. We found the child almost choking to death, grasping at his mouth and throat, throwing his head back, and struggling fearfully for breath. It certainly looked like a hopeless case.

Some of the medicine prescribed by our "Regular" predecessor was on the mantle. It was in large powders, and was of a dark blue color, looking to me like sulphate of copper. It was evidently some preparation of copper. The doses were enormous, and had so disgusted the child that an attempt to give it our tasteless medicine almost threw it into convulsions. We were compelled to hold his nose in order to cause him to open his mouth, that we might give him the medicine.

Of course, under the circumstances, we were obliged to depend entirely upon objective symptoms. The child could tell us nothing. We observed, first, a cold sweat on the child's forehead, so profuse that although the child was warm and feverish, it stood in great beads over the whole forehead, and was remarkably cold. The father said that the night before, when he coughed, the sound was "as if water was being poured from a bottle." Now the man was an ordinary German, and knew nothing about medicine or symptoms, especially Homœopathic medicine; yet here he gave, of his own motion, the characteristic symptom of *Cuprum*. But here, in our opinion, it was a drug symptom, from the immense amount of the drug the child had been forced to swallow. The cough was now loose, and then and more often tight, and altogether productless.

Here were characteristic symptoms of two remedies, *Veratrum album* and *Cuprum met.*, one of them evidently produced by over doses of the drug. It was a most terrible case, and what was to be done must be done quickly. *Veratrum* is not a routine "croup" remedy. But it was the only one indicated according to the strict application of the law. Some one has truly said that it is in just such cases that we must stick closely to the law, for in just such cases is the best needed, and in just such cases the best shows most strikingly its superiority. There were none of the routine croup remedies indicated, but here was a powerful remedy that was indicated more clearly than all the others. We could do nothing better than give it, which we consequently

did. The child began to improve very soon thereafter. Dr. R. never left till nine o'clock that night. No other medicine was given till the next day, when, as the doctor informed me, the symptoms changed: the sweat on the forehead became warm and natural; but the parents said that the child seemed to sleep into a worse condition; no matter how short a time it slept, it awoke much worse. For this condition *Lachesis* was administered with marked results, the child rapidly improving. Later a diarrhœa set in, and the child became much prostrated, and became very thirsty, wanting water often, but little at a time. *Arsenicum* was given for this condition, and marked improvement followed. It has had no medicine since the *Arsenicum*, and is now considered out of danger.

The remedies in this case were the 30th and higher, with the exception of the *Veratrum*, which was the 5th, and all were given in water.

Physiological Department.

A NEW INDICTMENT AGAINST THE LIVER.

BY ROBT. N. TOOKER M. D. PROFESSOR OF PHYSIOLOGY IN
CHICAGO HOMŒOPATHIC COLLEGE.

Read before the Illinois Homœopathic Medical Association.

Of all the organs which compose the body, the liver is the most puzzling to the pathologist and unquestionably the most profitable to the general practitioner.

To the physiologist it presents the problematical phenomena of a multilobular organ, having a double anatomical structure; a double circulation; a double function, and a double secretory product.

Indeed, physiologically considered, the liver is the great original *duplex*, while *anatomically*, it is the enigmatical *quintuplex*; for it has five lobes, five vessels, five ligaments, five fissures, and, singularly enough, five letters spells its name. It performs at once the function of a true secretory gland, also the peculiar function of a ductless gland. It is elaborative and depurative; excrementitious and recrementitious; a solitary gland it yet is agminate. Functionally considered it takes the meanest portions of the blood and evolves the most refined products therefrom. It produces the very nectar of the blood and evicts therefrom the most thoroughly effete of all its elements.

Blondlot has demonstrated (apparently) that the bile is not essential to the life and health of a dog, yet all authorities agree that it is a necessary and essential element in the life of man. Having no direct influence on any separate class of alimentary principles its presence and influence is nevertheless essential to nutrition. But this is only one of the enigmas which the liver presents. There is scarcely a question regarding the biliary secretion upon which authorities are not

divided, some holding one opinion, while others, equal in number and character, hold precisely the opposite. The liver, therefore, is a physiological paradox, an incorporate sphinx, a living anomaly, a superfluous organ that we cannot possibly get along without.

A "conglomerate gland," according to the dictionary, its structure is conglomerate, its circulation is conglomerate and it is conglomerate in its function, its attributes, and in its vicissitudes.

To the pathologist, the liver is a massive mystery. Its acute affections superlatively acute, while its chronic ills are among the most insidious and the most persistent of any that doctors have to deal with.

Occupying in its normal condition, more space than any other single organ, it will on occasion swell up and crowd the stomach, the lungs and bowels, and even the heart. A veritable scavenger, depuratory especially to the nervous system, it will load the biggest and healthiest brain with its own filth and muddy its clearest and deepest depths. Other organs will suppurate and perish; the liver will degenerate and slough and make of itself a habitat for worms, and yet not die. When the liver is on its good behavior, it will take the grossest beer, the meanest whisky, and the worst of brandy and make good reputable bile and sugar out of them; and then turn round and out of fruit and the purest nitrogenous matters, make little else but fat, and fill its own parenchyma with that. It will not only crowd the stomach out of place but reverse its motion and stop its function, by upsetting the law of gravitation and filling that viscus full of bile. The affections and miseries to which this remarkable organ has fallen heir are almost innumerable.

William Stokes enumerates over thirty different diseases to which the liver is directly liable, while no one has, to my knowledge, ever attempted to compute the different maladies in whose course, first or last, the liver takes a hand. No other organ in the body has been doctored so much or needed it more, not even excepting the modern uterus. No organ has less appreciated the attentions bestowed upon it. A vital organ the liver must be or it would long since have been doctored out of existence, and its species become rudimentary if not extinct. The pills, and the powders and the potions; the cataplasms, and the cholagogues, the solids and liquids that have been manufactured for the rejuvenation of the decrepid livers of a credulous and liver ridden public, have built many a pretentious warehouse and princely palace. If I were to advise a novice just beginning the practice of medicine, as to what special organ and its diseases he should first prepare himself to treat, I should unhesitatingly say, *the liver*. For the chances are a hundred to one, that, no matter what ails his first patient, if he charges the liver with being at the bottom of the trouble, that phlegmatic organ will either plead guilty to the indictment and be guilty in very fact, or its owner will be ready to admit that the presumptive evidence is at least in favor of its being an accessory, and the young doctor's first fee will be considered well

earned, whether his patient gets well or not. If he does get better the doctor certainly will get full credit for acumen and skill; and if not, the failure will be considered due to the innate and well known perversity of the organ itself, and a resort to the bitters, with which every well-regulated family is supposed to be supplied, will help out the prescription of the new beginner. And if the new practitioner could, from this commencement, go on and monopolize the treatment of the universal liver, and himself prescribe for its various ills and foibles, he would possess a mine of wealth compared with which the "Big Bonanza" and the "Consolidated Virginia" would be utterly insignificant.

Do not understand by this that I accuse the liver with being responsible for all the ills which flesh is heir to. This charge has been made, but not by me. I respect the liver. It has its virtues as well as its vices. That it is mixed up in more invalidism than any other organ I verily believe, but that it is responsible for all the various maladies that tend to make life miserable and keep doctors busy, I do not believe.

But there is one disease, and that, a most painful and obdurate one which, in its inception and origin is, I believe, directly traceable to the liver, and I am not aware that this charge has ever before been thus specifically made. I refer to acute inflammatory rheumatism.

I am aware that the liver has been charged with participation in almost every other affection, and by insinuation and inuendo has been charged with being a *particeps criminis* in this one, but I find no record, in my reading, of the liver being definitely and distinctly charged with being the principal organ involved in the causation of this malady.

But I herewith make the charge, and have at hand what I regard as ample evidence to substantiate it. I make the specific charge, then, that disturbance of the liver is not only frequently associated with rheumatism, but where the rheumatic diathesis is present the liver is most commonly at the foundation of a rheumatic attack. Indeed, I will go still farther, and charge the liver with being the *fons et origo* of rheumatism in general whether the peculiar diathesis be present or not.

I believe this for the following reasons:

1. In the vast majority of cases of rheumatism which I have attended, a manifest disturbance of the biliary function has co-existed, and has commonly pre-existed, as evidenced by the subjective symptoms of the patient.

2. In my experience, in cases of "biliousness"—using that term in its common acceptation—attended by furred tongue; bad taste in mouth; vertigo; loss of appetite and ambition; tired feeling; drowsiness; sleepiness, and others of that long train of symptoms that indicate unmistakably a torpid condition of liver; in these cases I say, my experience is that in a large majority of them, pains of a rheumatic character have been associated in a greater or less degree.

3. In talking with old rheumatics—those who have had several

distinct seizures of rheumatism—I have been told by most of them, that they never had an attack of rheumatism *so long as the liver was all right*. Inheriting as I do, the rheumatic diathesis in all its vigor and exuberance, I have watched the beginnings of the slight attacks, which I have thus far had, and I can fully confirm the truth of this observation. I think I have never had a twinge of rheumatic pain unless it was accompanied or preceded by the distinct phenomena of biliousness.

4. The action of cold, which is popularly, and I think justly regarded as the most common of the exciting causes of rheumatism, is also the most prolific cause of glandular disturbance, especially of the depuratory glands. The excretions, it is well known, arise almost wholly from that retrograde metamorphosis, which is constantly going on in the tissues, and the matters which have thus become effete, after having served their purpose in the economy and are to be cast out of it, pass out in the form of soluble salts or soluble acids. These salts and acids we know are poisonous if retained within the system. Some of the secretions are also products of waste, partially at least. These products being re-elaborated by the healthful action of their proper glands. Aside from carbonic acid, the exhalation of which, by lungs and skin, amounts to from eight to twelve ounces per diem, the excrementitious elements of the bile exceed all the other excretions, not excepting urea and its compounds—the urates. The first effect therefore of an inactive or indolent liver is to load the blood and the tissue with morbid elements or half elaborated products, which are manifestly mischievous and capable, under favorable circumstances, of producing disease.

5. It has long been held that the organic acids—notably the lactic and hippuric—in a crystalline or insoluble form, are the prime cause of the rheumatic phenomena, and while it is not clear just how and why these acids should under certain circumstances appear in this toxic form, and why, from being physiological they should be suddenly transformed into pathological elements; yet it certainly is logical and plausible to ascribe the fault to perverted glandular function, since it is solely by and through glandular function that all nutritive changes occur. As the liver is the largest and most complicated gland and its glandular products are the most considerable, it is surely doing no violence to logical sequence, to look to this organ for the cause of vitiated glandular products.

6. The therapeutics of these two affections, “biliousness” and rheumatism, are almost identical. No two remedies—unless it be one to be named hereafter—have had equal repute in the treatment of rheumatism with *Mercury* and *Iodine*, whose specific action on glandular structures is recognized and utilized by all schools of medicine. The pathogeneses of *Mercury* and *Iodine* together form a complete picture of the different forms and phases of both rheumatism and biliousness. The latter, indeed, is the key-note for *Mercurius*. No other remedy in the materia medica has so many well marked

symptoms which grouped together we by common consent call by that name; while *Iodine* produces those sharp, piercing, fugitive pains in muscles and joints which are so characteristic of rheumatism, and both remedies have a physiological action upon and a special affinity for the glandular structures in general, and the liver in particular.

7. In attributing the cause of rheumatism to some disturbance of the liver primarily, it is not necessary nor is it claimed that the liver, when its function is interfered with, should always produce, the phenomena of rheumatism. For example, the bile may be deficient at one time in one element and at another time in another. The liver may secrete its normal amount of bile, but from obstruction this bile may not find its proper exit and be reabsorbed, producing jaundice without rheumatism or other change in the system save the phenomena of icterus. To produce rheumatism I presume there must be some *viti-ation* of the bile or some partially elaborated product of waste which the liver does not or cannot eliminate — some partly oxidized element perhaps, which it cannot elaborate and which retained in the body irritates the fibrous or serous tissues, (?) and therein causes pain and the phenomena which we designate rheumatism.

8. The newest and perhaps the best remedy for rheumatism which has yet been offered to the profession is curiously enough strongly suggestive in its origin and clinical history, of rheumatism and biliousness having one and a common cause. This remedy, *Salicine*, the alkaloid of willow bark, has received the enthusiastic endorsement of many European physicians of celebrity, and is rapidly winning its way to favor in this country by its paramount success in rapidly controlling pain and quickly removing all traces of the rheumatic dyscrasia. Dr. Maclagar, of Dublin, who first drew attention to this remedy, was struck with the analogy between the phenomena of rheumatism and intermittent fever, and knowing something of the value of the remedy in the latter disease was led to try it in the former. His success and the success of others who have given it extensive trial, leads us to hope that at last we have a really reliable and trustworthy remedy against this most painful affection. But without discussing the question of the therapeutic value of *Salicine*, which seems to be granted by all who have used it, I simply wish here to make the point that the same remedy which has been greatly serviceable in the cure of a conceded malarial disease, which uniformly affects the liver, is found of still greater efficacy in the complaint under consideration.

9. The glandular theory of the origin of the so-called zymotic* diseases, as promulgated by Richardson, explains as no other theory has ever done, the various phenomena which distinguish pathological from physiological action. While Richardson applies his theory only to the zymotic or communicable diseases, I would go farther than this and attribute all those diseases which originate in or primarily

* See Braithwaite's Retrospect, Jan. 1878, article Glandular Origin of Disease, by B. W. Richardson, F. R. S., etc.

affected the vegetative system — I mean the constitutional or diathetic diseases — to perverted glandular function by which the glandular secretions first become vitiated and then become septinous.

10. And finally, if the liver is really innocent of the charge herein preferred, it surely furnishes a notable example of how a bad reputation may give rise to false accusations, and tends to show that, in physics as in morals, a good character is a shield of honor. But I have no qualms of conscience in accusing the liver with responsibility in the production of rheumatism, for I have seen this disease so often and so generally associated with a distinctly bilious condition, and a bilious condition so generally combined with a rheumatic attack, and the two diatheses so uniformly intertwined, that I cannot regard the association as a mere co-incidence, but am forced to the conclusion that in some way or another the two affections bear a relation to each other of cause and effect. If this be not so, my experience must be exceptional, and the coincidence I have mentioned is certainly very curious.

Medical News.

Typhoid Fever begins to appear in a singular form.

Married.—At the residence of S. C. Bennett, San Antonio, July 20, 1878, by the Rev. H. S. Thrall, Miss Ella Bennett to Dr. C. E. Fisher.

“**The Physiology and Pathology of the Urine in the New-Born,**” is the title of a pamphlet Dr. Shipman is getting out.

Hay Fever.—The successful treatment by Dr. Meurer was first *Arum. mac.* 30, then if necessary *Euphorbin off.* 30. (See No. 4 Vol. III new series).

Smallest Baby.—Mr. and Mrs. George Bennett, of Grand Rapids, have a baby now twelve days old, which weighed but one pound when born. It is perfect in form and seems likely to live.

Dr. C. E. Fisher writes: “Because of ill health consequent upon the long continued heated term in Texas, I have removed to Marietta, Georgia, Atlanta’s prettiest suburban town, with a view to locating eventually in that city. Dr. Joseph Jones, formerly of Indiana, succeeded me in San Antonio.”

Illinois State Board of Health.—Dr. Ludlam gives (July 1st number, p. 101), an epitome of work done by the State Board—enough to occupy all their time, I should think. He speaks of the “mixed board,” and I am interested to know whether he means mixture of Allopathic and Homeopathic physicians. An item in your medical news would be interesting, and put in a word as to their legal powers. We need something in Oregon and intend to try for it next session.

A. B. B

[The Board is composed of seven—four physicians and three laymen (scientists); two of the physicians are Allopaths, one Homeopath and one Eclectic. They work in peace and harmony. They register all duly qualified M. D’s, examine candidates, and have a general sanitary supervision of the state.—Ed.]

THE

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Consultation Department.

GALL-STONE. CASE FOR COUNSEL.

Would like to ask through your most excellent journal if there is any remedy for "gall stone"? A lady, aged thirty, light complexion, has had pain in right side for several years; she finally came to me. At my request she looked for gall stones and found them. Her liver is enlarged and sensitive, so is also the uterus; right kidney is sensitive to pressure. The urine sometimes almost a brown color, then again natural, at others a white flocculent sediment. Menstruation regular, and bowels also; appetite poor at times, some sick headache; pulse normal when I saw her, but was feeling good at that time; lives thirty-three miles away, and don't know so much about her pulse. Such was her condition when she came to me, all of which is very much improved, and says she feels tolerable well if it was not for her side. The passing of "gall stone" is as frequent as ever. She had done most of her house-work, which I forbade her doing. I am very anxious to help her sufferings if anything can be done. And any advice will be very thankfully received. W. F. W.

WHAT WILL HELP?

Miss B., aged forty-three, billous lymphatic temperament, has been a sufferer from rheumatism more or less all her life. Right knee became enlarged from this cause twelve years ago, but only remained about one year. Since that time has had neuralgic pains in the hip joints when she took cold. In March, 1877, took severe pains in left knee

joint which became red and swollen. Was treated Allopathically but got no better, and the disease invaded the other knee-joint. She became discouraged and went to the mineral springs, without relief; then tried a magnetic healer without any permanent benefit, though that treatment appeared to benefit for a time. In the meantime she had become entirely unable to use her limbs, owing to soreness of knee-joints. Electricity relieved the neuralgia of hip-joints. I was called in February last, found patient unable to walk a step; the patella of right knee immovable from ankylosis, the left patella was scarcely movable, and around the "cap" it was very sore, and there appeared to be considerable thickening of the tissues around the joint. I began with friction of camphorated *Olive oil* to the knees and manipulations till the adhesions of the patella were broken up, and gave the remedies thought most indicated. Pulse 84, all the time; regular; menses regular; appetite fair; soreness is and has been worse around the knee-cap on both sides of and below it. Little or no swelling now, but it is the obstinate soreness that remains, and is "worse on motion" and not effected by the weather in any way that I can discover. She is usually very restless at night and after beating about all night her legs are worse next day. Right elbow is sore and stiff at times. Remedies used were: *Bryonia*, *Rhus*, *Mercurius*, *Arnica*, *Caulophyllin*, as symptoms seem to indicate. There is a form of herpes that breaks out around the joint. If some one can give me a remedy that will benefit my patient, it will come as a very great help in time of need, and I shall be under many obligations.

F. M. MARTIN.

THAT CASE OF SALT RHEUM.

In the January 1st, 1878, number of THE UNITED STATES MEDICAL INVESTIGATOR, page 42, I asked counsel in a case of "salt rheum." I failed to say that the eruption was confined to the hands and wrists, except that more recently appearing upon her ears. I received several answers through the mail besides those in THE INVESTIGATOR. I wish to express my thanks to all who answered, but especially to Dr. M. R. Waggoner, of DeWitt, Iowa, who recommended *Graph. 4x*, grs. 8, three times a day. Also a local application of an ointment made of citrine ointment 31, simple cerate 3iv; mix, and apply once a day. Following this treatment, my patient's hands are perfectly smooth and well. She uses them to do all of her house-work and is much better than at any time for years. I have used this local application in several cases in connection with the indicated remedies, and in every case satisfactory.

W. A. SHEPARD.

WHAT IS CARNOMANIA?

Will you please state the etymology of "Carnomania?" Also the pathology of "lack of confidence in limbs?"

N. F. C.

[Carnomania is from "carno, *carnis* and *mania*; insanity of the

flesh." This term was introduced by C. F. Taylor, M. D., in an article in the grand old *Journal of Psychological Medicine*. Vol. II., p. 266, 1868. He there draws a careful distinction between hysteria and carnomania. In the latter he says: "The disease is not in the mind (perverted imagination) but in the body." "The mind receives false impressions from the leg as to its actual power." This term, he thinks, "expresses a distinct pathological condition." "The treatment must consist in demonstrating the existence of greater power than is ordinarily recognized and brought out." This he accomplishes by *training* and *helping* such cases to walk, or until the muscular tone is regained and "the establishment of more truthful relations between body and mind." The article is a most interesting and practical one and we may reproduce it, if there is a desire for more light on this subject.—ED.]

ANTEVERSION AT FULL-TERM.

I desire through this valuable journal to extend my thanks to Mrs. Helen J. Underwood for her thoughtful presentation of the subject, "*Anteversion at full-term*," and would further desire to hear from Drs. Ludlam and Hale, with their ripest suggestions upon this subject, since in my experience, it has been one of the most trying difficulties to overcome, in my obstetrical practice, and I doubt not in the experience of many others. I have sat and held, with the hooked finger in the mouth of the uterus, for eight long hours, till I began to think I was becoming paralyzed from head to feet, and have wondered if any other poor doctor, ever had any such experience. *Belladonna* and *Pulsatilla* have I think aided me in such cases, to some extent, but not as much as I could wish. Have never tried *Chloroform* in such cases, but think it might be a ready helper. Have used *Chloroform* to calm the nervous system, during hard pains, and find it will sometimes regulate labor pains, and save a large amount of suffering, yet am in doubt as to the propriety of using it very generally in obstetrical practice.

If Dr's. Ludlam and Hale, or any one else versed in this particular branch or speciality, can give the profession knowledge of any remedy or remedies, that will restore an "Anteversion at full term" to normal position, they will confer a blessing upon one of the fraternity I am sure. Perhaps Dr. Hale's new remedy, "*Phoradendron flosescens*" may be just the thing.

C. D. WOODRUFF.

I wish to notice briefly a paper read before the Illinois Homœopathic Medical Association, by Mrs. Helen J. Underwood, and published in the August 1st. number of this journal, entitled "Anteversion at Full Term."

In this paper Dr. Underwood gives me the first illustration of *completely* overcoming the law of gravitation. If, as is happily not the

case, the uterus was to be expelled and the pains were brought to bear upon, or against the fundus of said organ, there being an anteversion. I can readily perceive the possibility of the condition which Dr Underwood is striving so hard to avoid, but, as the pains, the expulsive power, upon the fetus, and this power generated within the uterus, it is not possible for this organ to be driven down so compact that, if the patient were placed upon her back, the uterus would, beyond all possible doubt, gravitate to a point, relieving this trouble. Again, when we consider the amount of force necessary to expel the fetus, and suppose this force was the prime cause of this anteversion, it were hardly possible that the force exerted by the finger, and a female finger at that, could bring the os into proper position, and throw the gravid fundus back. No! No! This is a false conception of the doctor's, and like a good many other points in obstetrical practice, exists only in theory.

I have attended some thousands of women, more or less, in child birth, and find, when the proper time comes, nature rights her wrongs, or better put, rights the mischief of some meddling doctors, and all is well.

The credulity of obstetrical writers is more difficult to compute, than the unit of the drug contained in a drop of the 100,000 dilution. They will tell you how this little maneuver, or that remedy, some very high, others very low, changed the whole phase of the just previous difficult case, and *presto-pass*, she was delivered instanter.

I have heard the most fabulous stories, even by patients, of how Dr. A. or B. has assisted the patient in parturition. There are some amusing features in the practice of the healing art, and this is one of them. The fact of the matter is this, we are too apt to accredit ourselves with results over which our manipulation, or our high or low potencies had no more control, than the passage of a sun beam.

The first case cited by Dr. Underwood, the pains referred to were, no doubt, the spurious or wandering pains referred to in the books, often preceding labor some days, and certainly according to all manner of reasoning of which I am in possession, at least the woman's time had not come, she, and not nature, had made the mistake. In case second, the fact that, almost twenty-four hours elapsed after Dr. Underwood was called, was proof that, the case was lingering, and if not, why did not the doctor precipitate labor sooner by the manipulation in question? No, it took just so long a time, just so many pains, just so much agony, and when the full time came, she was delivered, and not a whit of credit due the doctor or her medicine. I say this, too, with all due respect for Dr. Underwood.

GEO. B. SARCHET.

CHARLESTON, Ill.

THAT CASE OF ARTICULAR RHEUMATISM.

In reply to Dr. W. W. Walker's inquiry in the last issue of THE UNITED STATES MEDICAL INVESTIGATOR, regarding the "Homœopathicity" of "*Kerosene and salt*" (combined) to the case of articular

inflammatory rheumatism in which it is used, please take the following remarks as they are meant—kindly. Homœopathy does not acknowledge the “Homœopathicity” of any drug to a given disease, unless the pathogenetic effects of that drug, as elicited by provings on the healthy subject, be exactly similar to the morbid phenomena of the said disease. Far less does it acknowledge the “Homœopathicity” of a “combination,” unless proven in the form of such combination. The *supposed* cure wrought by means of “Kerosene and salt,” was not by Homœopathy; but by *counter irritation*, i. e., by *Allopathy*, (Allos—other, and Pathos—disease). Temporary relief has been afforded; but, look sharp; don’t be surprised if, some day, your patient be seized with an unendurable and everlasting pain in the leg of the opposite side of the body; and, this alone will be a fortunate form of metastasis, should it not attack some internal and more delicate structure.

The well-selected Homœopathic remedy, in high attenuation, and in a single dose, would doubtless have *cured* the patient of his rheumatism, along with all its accessory symptoms which you have failed to observe. For the sake of all that’s good, practice Homœopathy in accordance with the injunctions of the master, or do not practice it at all. Study the most essential part of Homœopathy—the *materia medica*; also Hahnemann’s “Organon” and “Chronic diseases;” study such “great lights” as Bœnninghausen, Hering, and Lippe; and be assured that *then, and not until then*, will you be an *intelligent, enlightened, successful, and honest* practitioner, which it is utterly impossible for you or any other man to be, by following the rude dicta of empiricism, which, I am sorry to say, even many so-called Homœopaths are propagating to-day. With good will, and best wishes.




D. W. CLAUSEN.

CLEVELAND, Ohio.

Society Proceedings.

Transactions of the Clinical Society of the Hahnemann Hospital of Chicago.

The regular monthly meeting of this society was held in the club room of the Grand Pacific Hotel on the evening of August 6th, President Hawkes in the chair. Twenty-eight members were present.

Dr. A. E. Small, chairman of the bureau of Practical Medicine, read a paper on the *Prevailing Diseases in Chicago During the Last Six Months*. This essay drew forth a very interesting and profitable discussion.   

Dr. G. A. Hall reported a remarkable case of *cancer of the abdominal*

and pelvic viscera, and presented the uterus and its appendages, the bladder, one kidney, a part of the omentum, and also of the liver, to show the very extensive infiltration and degeneration of the same. The patient was a young lady aged twenty-five years.

Dr. E. G. H. Miessler furnished a written report of a fatal case of *puerperal rheumatism* in which, at the seventh day after delivery, there ensued a rheumatism of the right leg which, in two days more, was suddenly translated to the heart. The patient was the mother of thirteen children, and had been subject to rheumatism.

Dr. R. Ludlam called the attention of the members to a modification of the Spencer Wells' trochar, which had been suggested by Dr. S. S. Lungren, of Toledo. Dr. Ludlam showed the instrument, made some remarks upon its peculiar merits, and declared his intention to use it in his next case of ovariectomy.

By invitation of the society, Mr. Pond, of Rutland, Vt., exhibited a sphygmograph devised by his father, Dr. Pond.

The following is Dr. Small's essay

ON THE PREVAILING DISEASES IN CHICAGO.

Since the last report of the Bureau of Practical Medicine, the city of Chicago has been blessed with unusual health, and in the main has been tolerably free from epidemics. Yet owing to the unusual warmth and dampness of the weather during the winter months and even through the spring, and far into the summer, a varied class of diseases prevailed. Among these we may enumerate catarrhal diseases, rheumatism, erysipelas, gastric fevers, jaundice, scarlatina, diphtheria, pneumonia, quinsy, intermittent and remittent fevers, measles, variola and various other forms of disease, attributable to the vicissitudes of the weather and the embarrassments and anxiety incident to business. Of late, the extremely hot weather has had a telling effect upon old and young, and we have witnessed a greater or less number of cases of exhaustion from heat, and in a few cases of absolute *coup de soleil* or sunstroke, cholera morbus and cholera infantum. A brief synopsis of the most successful treatment of these various maladies, is all that we can offer in the present report.

I. The *catarrhal diseases* which were very common, require a passing notice. For an ordinary cold and coryza, affecting the Schneiderian membrane, with fever and heat, and an obstruction of the nasal passages, *Aconite* afforded speedy relief, if administered at once. If the trouble had progressed until there was a thin acrid discharge from the nose, which had a scalding effect upon the *alæ nasi*, *Arsenicum* proved itself useful. When the disease was persistent and characterized by soreness and a sensation as if there was a gathering in the nasal ducts, *Hepar sulph.* was indicated. When the eyes and the ears had become somewhat affected, and the

patient complained of a sensation of fullness and depression, *Pulsatilla* removed the distressing symptoms. For chronic catarrh and persistent obstruction of the ducts, and an offensive, sanious discharge, *Hepar*, *Mercurius* and *Aurum muriaticum* have proved valuable remedies. When the bronchial tubes became implicated and a dry, hacking cough with fever were the prominent symptoms, *Aconite* removed the trouble, and the same was remarked of acute laryngeal catarrh and hoarseness. This remedy has been followed by *Hepar*, *Ocoticum* or *Mercurius* in obstinate cases, and with curative results.

II. *Rheumatism* for a time was a common affection, and was found to yield readily to Homœopathic remedies. If accompanied by fever, full pulse, thirst, and general restlessness and anxiety, *Aconite* in many cases would effect a cure. When the fever was less apparent and there was less suffering when the patient was at rest, and an aggravation of suffering when in motion, *Bryonia* was certain to afford relief. For stiffness of the muscles of the arms and lower extremities, *Rhus tox.* was the remedy; and when the knee joints were implicated *Pulsatilla* would both relieve and cure.

III. Many cases of *phlegmonous erysipelas* occurred during the latter part of winter and spring. The general symptoms were extreme pain in the head, swelling of the face, nausea and vomiting, high fever and rapid pulse, *Belladonna* instead of *Aconite* was more effectual in subduing fever and pain in the head. *Bryonia* was salutary in eliminating the disease and in removing the nausea and vomiting; and finally, *Rhus tox.* would reduce the swelling, remove the general stiffness and complete the cure.

VI. In several cases of *gastric fevers*, characterized by persistent vomiting, accompanied by greater or less disturbance of the circulation, *Podophyllin* cured without the aid of other remedies. The cases of *jaundice* for the most part yielded readily to *Podophyllin*, especially those of moderate severity. Other cases characterized by great prostration and a darker discoloration of the skin, and particularly manifest in the infra-orbital tissue, were cured with *Arsenicum*. Some cases required *Mercurius dulcis*; and one case, the severest of any witnessed, was cured with *Carbo vegetabilis*.

V. In the treatment of *scarlatina* which prevailed to some extent, much depended upon the surroundings of the patient. Those isolated and in well ventilated apartments, were more amenable to successful remedial treatment than those otherwise situated. During the prevalence of the disease, seventy-two cases presented symptoms so similar as to require the same remedies. In some mild cases which began with vomiting, headache and chilliness, followed by febrile reaction and inflammatory sore throat, *Aconite* given at first, and afterwards *Belladonna*, were apparently the needed remedies, and especially when the eruption was of a bright scarlet and the pulse was full and bounding. When on inquiry it was ascertained that a scrofulous diathesis was in the family, the primary treatment was anti-psoric, *Sulphur*, *Calc. carb.*, and in some instances *Arsenicum* were the first

remedies administered. And afterwards other remedies were selected in accordance with the variation of symptoms. The higher attenuation of these remedies used singly, when indicated, were found to produce the most satisfactory results. For those cases characterized by sores about the nasal orifices and in the corners of the mouth, it was found that *Arum triph.*, was the remedy, and seldom failed of producing satisfactory results.

VI. *Diphtheria*, like scarlet fever, had to be treated in accordance with the symptoms, as no two cases were in all respects alike. *Croupal diphtheria* was still found to be the defiant and malignant disease, which has baffled the best skill for years. *Kali bichromicum* had a more marked effect than many other remedies. And it may be said, that an *early resort* to this remedy might ward off that fatal croupal stage so much dreaded. *Lachesis* has also proved manifestly efficacious in the early stage of diphtheritic hoarseness. The administration of these remedies in the higher attenuation, and also by inhalation and olfaction, have proved manifestly useful.

In less formidable cases, where the pseudo-membranous formation is less extensive, and in the formative stage, other remedies may be named as having been effectual. When the fauces and tonsils had a bright red and fiery appearance, just as the exudation became manifest. *Belladonna* appeared to have a specific action in arresting the disease. Afterwards the intense inflammation of the throat would readily yield to *Mercurius iodatus*, *Lachesis*, and other well chosen remedies. If gargles are used for temporary relief, none have been found preferable to *Pernanganate* and *Chlorate of Potassa*, either of which may be permitted if necessary.

VII. Cases of *pneumonia* were extremely common during the winter months, and it was observed that they were characterized by unusual stubbornness in all the phases of the disease. Out of a dozen cases, four commenced with a painless cough as if from a slight cold; three began with pain in the upper portion of the chest; two with a violent chill, which lasted for several hours and was followed by an equally violent fever, implicating the lungs; and the other three were cases which supervened upon influenza. It will be seen that this variety required a corresponding variety of remedies. The first required the adaptation of remedies for the *cough*, as being the most prominent symptom; *Pulsatilla*, *Hyoscyamus* and perhaps to *Hepar sulph.* and *Lachesis* at first. But as the disease began to take on other characteristics, *Bryonia*, *Belladonna*, *Phosphorus*, and other remedies were indicated. In those cases which commenced with a *violent chill*, congestion was feared, and *Belladonna* was promptly given, and afterwards *Phosphorus*, *Bryonia*, and other remedies as indicated. In all cases it was found best to affiliate the remedies according to the prominent symptoms, and then give them singly, and patiently wait for the result. It was regarded a safe rule to select those remedies, whose prominent pathogenetic symptoms most nearly corresponded to those of the disease. The general result was favorable.

VIII. There were also many cases of *quinsy* ushered in by chills and febrile reaction, and inflammation of the tonsils, velum palati, uvula and pharynx. The primary symptoms were painful soreness and inflammatory swelling of the throat in general, difficult deglutition and absolute fear of the throat closing up. To prevent suppuration and to favor resolution, *Aconite* has been the first resort. If this failed, *Belladonna*, and subsequently *Mercurius*. If these remedies failed also and the tumefaction increased, and a severe pulsating and stinging pain maddened the suffering patient, *Hepar sulph.*, hastened suppuration and soon brought relief. For the extreme tenderness after the tumors had discharged, *Lachesis* was certain to afford relief.

IX. The *intermittents* were mostly of the tertian type, arising from the malaria caused by persistent rains. The most prominent symptom was great gastric irritability and much vomiting during each paroxysm. *Ipecac* cured many of these cases, and some of the most inveterate yielded to *Podophyllin*. The *remittents* arising from the same cause were cured by *Bryonia*, *Belladonna* and *Mercurius*, critically affiliated in accordance with the symptoms. Those which from a remittent assumed an intermittent type, often yielded to *Natrum muriaticum*.

X. The *measles* prevailed at one time epidemically, and presented a mild type, and yielded readily to *Bryonia* and *Pulsatilla*, while the cough would readily yield to *Drosera*. Pneumonia was in rare instances the sequel of this disorder, and it was found that *Aconite*, *Belladonna*, *Phosphorus*, and even *Hepar*, would bring the patients out in safety.

XI. *Variola* was successfully treated with *Aconite*, *Nux vom.*, and *Tartar emetic*, Homœopathically administered.

XII. Of late, amidst the prevalence of general health, there have been a variety of isolated cases of disease of a malignant type, and fearfully fatal. During the extreme heat in July, there were cases of *coup-de-soleil*, or sunstroke, reported daily, many of which resulted fatally. It was our fortune to have two of these cases. The first occurred in the street, and the victim was a lady about forty years of age; she fell upon the pavement, overcome by the extreme heat, and for hours appeared to be lifeless and senseless. She recovered her reason about eighteen hours after. The treatment was, first to have her removed to a quiet room, cold compresses were applied to her head, a stimulant was given, and then she took *Belladonna*. (I should have given *Glonoine* but had none in my case). This was at 8 A. M. There was no rigidity indicative of spasm, but a perfect paralytic weakness. At 2 P. M. the next day, she so far recovered her reason as to be able to give her name and residence, after which she gradually recovered.

The other case was also that of a lady, aged thirty-five years, who fell upon the sidewalk in a similar condition. On being conveyed to the nearest house the cold compresses and friction were directed and a solution of *Belladonna* was employed to keep her mouth wet,

and in a few hours she regained sufficient strength to stand upon her feet and to be taken home.

XIII. Already that fearful scourge of children is beginning to prevail, which we term *cholera infantum*. Most of the cases which I have seen, exhibit the most prominent symptoms in extreme thirst, and *Arsenicum* has proved itself to be the remedy. In one case where the discharges from the bowels came with great force at each stool, *Croton tiglium* proved effectual; and in one case of a child ten months old, exhibited from the first cerebral hydrocephaloid and great thirst was first treated with *Arsenicum* low, and then high, and afterwards with *China*. The case proved fatal. Out of nine cases thus far, this is the only one that has proved fatal. It would be a pleasure to collect in this report the various hygienic measures always necessary to accompany therapeutic measures.

In conclusion, let it be stated that our report according to announcement was to embrace a brief review of the diseases that have prevailed since the last paper from this bureau; the object being to awaken recollection and to bring out clinical facts, from members relating to what may have come under their notice in the treatment of any of the diseases mentioned.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

RUSHVILLE, Ill., Aug. 9.—Business here is very good, indeed; mostly malarial in character. *Ipecac* and *Eupatorium* being the great remedies.

MORTIMER AYERS.

MONROE, Wis., Aug. 2.—For July and early in August cholera morbus and cholera infantum, and numerous cases of great nervous debility and prostration consequent from the excessive heat early in July. Remedies: *Belladonna*, *Verat. alb.*, *Phos. acid.*

H. E. BOARDMAN.

ASBURY PARK, Aug. 1.—*Ferrum phos. 80* has proved a precious remedy for both thoracic and abdominal troubles, of the catarrhal order, with acute symptoms in children and adults.

J. C. MORGAN.

CLARINDA, Iowa, July 25.—Prevailing diseases are: Cholera infantum and catarrhal fever. Remedies used: For diarrhoea, *Chamomilla*, and others as good. For catarrhal fevers, *Acetic* and *Rhus*.

J. W. JONES.

PERU, Ind., July 24.—Prevailing diseases are: Congestion of stomach and bowels, cholera morbus, continued fever of enteric character. Remedies used: *Arsenicum*, *Baptisia*, *Ipecac*, *Morphia*, *Quinine* and *Hydrastis*.
J. W. ELLIS.

RIVERSIDE, Wash., July 1.—Distressingly healthy here—except an occasional case of coryza—which yields readily to *Waythi* and *Yerba santa* internally and by inhalation. THE MEDICAL INVESTIGATOR is just the busy doctor's best help in time of need. E. T. BALCH.

ELKHART, Ind., July 9.—Prevailing diseases are: (1). Intermittent fever, and (2), simple remittent fever, not much of either. Remedies used: (1). *Natr. mur.* 200 and *Eupat. perfol.* 200. (2). *Bryonia* in adults, *Gels.* 2x and *Cina* 200 and 2m in children. A. L. FISHER.

BORDENTOWN, N. J., July, 30.—Scarlet fever prevailed during the spring and early part of summer. Very fatal under Old School treatment, but yielded readily to *Bell. Sulph.* *Rhus.* and *Ars.* as indicated. Latterly diarrhoea in teething children. Remedies: *Ars. Sulph.* or *Cham.* in the 30th and 200th potencies.
L. D. TEBB.

AHNAPEE, Wis., Aug. 6.—Prevailing diseases have been the last two months whooping cough (mild). Remedies indicated: *Cuprum met.*, *Ipecac* (2). Some cases of diphtheria (mild). Remedies: *Baptisia*, *Kali bich.*, and *Merc. iod.* Have had a few cases of typhoid fever. Remedies: *Aconite*, *Bell.*, *Bry.*, and *Rhus tox.*

H. C. F. PERLEWITZ.

KEESEVILLE, N. Y., July 11.—Prevailing diseases are: Diphtheria of a malignant type, three cases proved fatal in one family, aged seventeen, twenty-one and twenty-three. Both schools of treatment were employed, neither proving successful. A few cases of dysentery. Remedies used: For diphtheria, *Aconite*, *Bell.*, *Merc. prot.* and *biniodide*, *Lachesis*, *Arsenicum*, *Phytolacca*. For dysentery, *Aconite*, *Coloc.*, *Verat.* and *Merc. cor.*
C. J. F.

ALPENA, Mich., July 16.—Prevailing diseases are: (1) Measles, (2) whooping cough, and (3) billous fevers. Remedies used: (1) *Aconite* 30x, *Bry.* 30x, *Puls.* 30x, *Gels.* 30x, *Euph.* 30x; (2) *Bell.* 200, *Dros.* 6x; (3) *Baptisia tincture*, *Bell.* 3x, *Gels.* 3x, *Nux* 3x. One of our Allopathic doctors here has taken as partner a graduate of the Homœopathic department at Ann Arbor of this spring. Another Allopath carries a case of Homœopathic remedies in his pocket and prescribes them *on the sly*. How is that for consistency? Homœopathy increasing, Allopathy decreasing here.
W. W. WILSON

BROOKLYN, N. Y.—I have had three cases of concussion of the brain, not trifling cases but very dangerous. I gave *Arnica* 1st dec. in solution, and they all got well nicely. I gave other remedies as indicated. One case had an effusion between the scalp and skull of one-half inch prominence over one-third of the surface. *Silicea* 3 cleared it out in a few days! I have seen slight cases die, hence my gratification! THE MEDICAL INVESTIGATOR I think is the best practical journal we have.

FRANK BOND.

MEADVILLE, Pa., August 10.—The last number of THE INVESTIGATOR, came in good time. The hints which it contained relative to diseases of children were certainly apropos. The heated term during the month of July had a very prostrating effect upon the little ones; especially those fed upon artificially prepared food. We are now having cool nights and warm days, alternated with a marked increase of diseases of children common at this season. Good hygienic and dietetic measures and the administration of the remedy corresponding to the totality of the symptoms,—in *some dilution, high low or medium*—produce results most satisfactory.

E. C. PARSONS.

LIMA, N. Y., Aug. 8.—No prevailing diseases in June or July. Have had one case of typhoid fever, one inflammation of the bowels very severe, one abscess of liver. All are convalescing finely. Typhoid case has for sequelæ her back covered with boils, very sore to the touch, and somewhat painful. Temperature stands from 102° to 104°. Remedies indicated: Case one, *Gelsemium*, *Bell.*, *Rhus*, *Kali iod.*, latterly, *Antimonium crud.*, *Sulph.*, *Iodine*. Case two, *Colocynth*, *Acon.*, *Gels.*, *Bry.*, *Bell.*, *Lyc.*, *Lach.*, *Opium Asafoetida*. Case three, *Chelidonium*, *Nux.*, *Acon.*, *Merc. sol.*, *Lyc.*, *Bell.* (*Blisters externally*, not indicated, but used on *common sense* principles) or *uncommon sense* as you choose to have it. *They did good*, and that is the point gained.

C. D. WOODRUFF.

TWINSBURG, Ohio, July 9.—There is but little sickness here at present. First in the list stands malarial fever. Remedies: *Bryonia*, *Gels.*, *Ars.*, *China* (or *Quinine* in some cases) according to indications. Hooping cough, *Aconite*, *Cuprum*, *Ipecac.* Have had a number of cases of *Rhus* poisoning. *Graph.*, *Merc. jod.*, give good satisfaction. Have used *Bry.*, in various potencies from 3d to 30th, but with little or no effect. Locally washes of *Soda* are beneficial if used *very early*; are of no use after the poison is absorbed. One bad case, with great swelling, eyes closed, patient poisoned from head to feet with patches a foot square, secreting serum so that it ran down and dropped on the

floor continually, was relieved within an hour by a wash of *Carbolic acid* ʒiii, *Glycerine* ʒii, *Aqua dis.* one quart. as recommended in INVESTIGATOR, December 1, 1877. Cured in five days. L. G. GRISTE.

BIG FLATS, N. Y., June 26.—Typhoid fever with pneumonia has of late become one of the diseases we are called most to contend with. During the first stage the remedies most used are: *Aconite*, *Dig.*, *Bell.*, *Canth.*, *Ipecac.*, *Merc.*, *Nux.* The second stage of delirium, starting, wild excitement, muttering with great bodily and mental exertion. For this, *Rhus*, *Bry.*, *Bapt.*, *Phos.*, *Gels.*, *Hyos.*, *Hepar sulph. Ars.* The third stage requires *Silicea*, *China*, *Apis*, *Sulph.*, *Phos.*, *Verat.*, *Ars.*, *Merc.* During the fever, diet chiefly milk, no wine, beer, ale, brandy, whisky during the entire treatment, but plenty of water, rice water, barley water. During convalescence, oat meal gruel, beef and mutton, fish, and plenty of milk. This mode of treatment usually cures our patients, in many cases the symptoms are bad. Hæmorrhage of the lungs and bowels, few recover without the formation of abscesses in the lungs, over the kidney, or on the liver. Many of these are well marked cases of a true typhoid character, none of the remedies used when above the 3d. I have been here twenty-six years practicing Homœopathy. T. W. READ.

MONTROSE, Pa., July 15.—Would like to call the attention of the profession to the use of *Nitrite of Amyl* in apoplexy. Was called on March 21st, 1878, to see a patient about 6 P. M., and found him lying on his back in bed, where he had been placed; face purple and looked as though the blood would burst from every pore; snoring breathing and perfectly unconscious. My heart sank, for I thought of course he was as good as dead, but the use of *Nitrite of Amyl* in congestive headache came to my mind, and sending to my office for the little which I had, saturated a cloth, and being raised to sitting position passed it up and down gently about four inches from nostrils, and immediately the blood began to recede, and in twenty minutes the face had a normal appearance. Of course, it so happened that no rupture of bloodvessels occurred before my seeing him. He was left with numbness of the whole left half of body, and complained of lump in throat, for which *Gels.* was prescribed, and is to-day well. Would like physicians to give it a trial, provided they have an opportunity, and report result. H. D. BALDWIN.

EAGLE PASS, (FORT DUNCAN), Texas, July 12.—Prevailing diseases are: *Cholera infantum* and throat complaints. Remedies indicated: *Veratrum album* 30x, *Podophyllum* 30x, for the first; *Bell.* 3x,

Merc. sol. 3x and *Apis* 3x for the latter. The weather is hot in the daytime, but at night very cool. Elephantiasis arabum — what will cure? Mr. Barera (a Mexican), aged thirty-four, is suffering with elephantiasis of the leg. The measurement around the calf is twenty-six inches, and around the ankle is seventeen inches, there are several warts or lumps around the leg, and some fissures whose secretion has a very bad smell. He was living in the interior of Mexico; he told me that he saw the first sign of it for five years. He feels now a kind of burning and itching; he is able to walk by aid of a crutch. I give him internally *Silicea* 3x twice a day, for external use, *Kreosote* solution for the bad secretion, and give him two vapor baths daily. I read in THE UNITED STATES MEDICAL INVESTIGATOR, Vol. V., No. 11 and Vol. VI., No. 2, an article on that disease, but it don't say in the treatment the medicine in which potency, high or low, it shall be given; how often the dose shall be repeated. Don't say anything about the diet. Is it useful to apply some medicine externally? Is *Hydrocotyle asiatica* a good medicine for this disease? Does it act better in the high or low dilution? Is it useful to apply the same externally in the tincture? The man had a very good appetite, and no fever; operations very regular. I will be thankful for any communication and advice through THE UNITED STATES MEDICAL INVESTIGATOR.

H. A. KOERPEN.

THE THERAPEUTIC HINTS.

I think the following symptoms will prove characteristic, I discovered them clinically "The child is extremely affectionate which it manifests by kissing her mother all the time," *Puls.* Also "The child cries without any apparent cause, is appeased by rubbing its head, or by staying in a cool place" *Sulph.*

A. MCNEIL.

Some cases of stomatitis from the use of "chewing gum" diffuse redness of the whole mucous membrane of the mouth with profuse flow of saliva. *Merc. sol.* 6 cured promptly.

Dr. B.

Gummi gutti, remember, is a great remedy for profuse yellow, watery diarrhoea in hot weather, particularly for old people. C. B. KNEBB.

I notice on page 292, in the April 1st number, in the article "A consecutively Complicated Case," a set of symptoms for which I am in the habit of prescribing *Carbonate of Ammonia* and *Opium*; and it seems to me they might have cured the case. Of course I suggest

this with all diffidence, and hope you will excuse my boldness. [Friendly suggestions are always in order.—ED.]

In the convulsions which sometimes occur in these cases, I have found nothing equal to *Cannabis indica*, especially when kidney trouble exists. I also suggest hot baths, and a large *Flaxseed poultice* over the kidneys. In this connection, I would state that during the past week I have had three very peculiar cases of scarlet fever, beginning with pain in the *right* ear in each case. Nausea as usual; sore throat, and an eruption of a *purplish net-work* all over the body, followed with albuminuria, and ending in recovery.

D. K. MANDEVILLE.

POTENCY, POTENCIES, ETC.

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

The word *potency* means strength or power, while the word *attenuation* indicates *what* strength or power; or the first signifies quality, and the second quantity.

The words *trituration* and *dilution* are descriptive nouns, and tell the *form* of preparation; the first refers to a powder, the second to a liquid. The word *potency* is of Hahnemannian origin; it alone belongs, and always should refer, to the *centesimal* Homœopathic preparations as invariably as does the word *dynamization*, (dilution).

The confusion of terms has been occasioned by the use of two systems of notation. The higher dynamizations, or centesimal dilutions, should be known *only* as dynamizations, *never* as dilutions; the word *dilution* belongs and should only refer to the *decimal*, and *never* to the centesimal preparations.

We may dilute strength in a material substance, and dynamize spiritual force or power, but the reverse we cannot accomplish. Having thus answered Dr. Sterling's question: "Are Potencies and Attenuations Synonymous Terms?"—negatively, I will qualify his assertion that the words "potency," "attenuation," "trituration" and "dilution" may be, and often are, used synonymously, by explaining that although one may ask for the 3d trituration of *Mercurius viv.*, meaning the 3x attenuation, (1-1000), he *neither* means potency nor dilution; moreover, had he called for the 3x attenuation, he would have received the 3x *trituration*, as decimal liquid preparation, or dilutions, (properly notated), of this substance are not known. Again, had the remedy been *Arsenicum album*, the third dilution or trituration being asked for, he would have received the 3x attenuation, or the 1-1000th part of one part of the material substance, *Arsenicum album*. In this, as in other instances, where a remedy is prepared both in liquid and powder form, the words "trituration" and "dilution" are synonymous with the word "attenuation;" still its use is supernal to its value. The word "attenuation is *only* used properly when it is followed with an interrogation point—that is, when a question is asked: What attenuation?—What is the attenuation? etc.]

Dr. Swan, in his communication, has given the correct expose' of the word potency, for he places its position where it belongs; namely, with the centesimal preparations. He says: "One drop of tincture to ninety-nine drops of water (alcohol, not water.) make the first centesimal potency, but it is the 100th attenuation, etc.," that is, it is the 1-100th part of one part of material substance.

Gentlemen, drop the word potency; don't use it in any of your writings, unless you *intend* to speak of the centesimal preparations. When referring to the decimal preparations speak or write of them as "dilutions" or "triturations;" the necessarily prefixed numerals will invariably designate the strength.

If you make reference to the centesimal preparations, always speak of them as "dynamizations." Follow these suggestions, and you will less frequently become muddled.

CLINICAL OBSERVATIONS.

Thinking that a rambling letter may not be inappropriate to the "heated term," as the weather-wise man of Brooklyn used to express it, I send you a few notes of things north and south.

I found the winter of the southeastern slope of the Blue Ridge all I anticipated. With some decidedly cold and some rainy days, it was, in general, clear, comfortable and invigorating. The best evidence of its sanitary influence is to be found in actual results.

Of twelve cases of pulmonary disease under my supervision while I was in the Southern Piedmont, ten experienced decided, and some of them surprising benefit. But I am more than ever convinced of the importance of having invalids under proper and constant professional oversight. The entire life, especially if the consumptive needs to be regulated with reference to restoration of health. It is a struggle with death. And instances could easily be adduced in which the invalid through ignorance, inadvertance or want of self-denial, has given death the advantage.

Appropos of the climate, you may remember that I quoted an article by Dr. White, of Atlanta, relative to the exemption of Tryon Valley from frost. The point about which I was skeptical was the exemption of the whole valley, and the doubts proved to be well founded. The valley has a belt up to the mountain-side, which entirely escapes frost. Such belts are found everywhere among the mountains, especially on the southern slope of the Blue Ridge. Aheir favorable influence on fruit-culture was first written about by Mr. Silas

McDowell, of Franklin, Macon Co., N. C. I read his articles long ago in the volumes issued by the national agricultural department.

Since living in the Southern Piedmont I feel more than ever attracted towards it. For combination of picturesqueness, salubrity, and adaptation to some branches of agriculture, it is unequalled in the United States. I hope to return to it next fall; and I should be glad to spend what remains to me of this life, among its hills, valleys and mountains. In the meantime I must content myself with the pleasantly undulating surface of Ann Arbor and its environs. Ann Arbor is one of the pleasantest cities I have ever seen. Its well-built houses, its well-shaded streets, and its cultivated society render it a most desirable place of residence. The Sanitarium is in the western part of the city, in a most healthful situation. Dr. Cocker, the distinguished professor of mental and moral philosophy in the university, is one of our nearest neighbors. His health has greatly improved since he moved from the eastern to the western part of the town. And he attributes it chiefly to drinking of one of the mineral springs belonging to the Sanitarium. From the middle of the afternoon till sunset, there is a concourse of people to this spring.

One thing in the climate of this interior point has surprised as well as pleased me. Thus far, the nights following hot days have been as cool if not cooler than I usually found them on the shore of Lake Michigan. Whether this coolness obtain throughout the summer, I cannot say. I can only testify to what I have experienced.

The University is a grand institution; the Homœopathic department is now well manned, there is peace between it and the Old School faculty, and it promises to have a greatly increased class, and to prove an honor to Homœopathy. That it may do so is the earnest prayer of your correspondent.

H. P. GATCHELL.

BATHING IN TYPHOID FEVER.

P. S. What a difference a dot with a tail to it, will make. On the 233d page of Panelli on Typhoid Fever, "wash off quickly, a portion at a time, the rest being covered with a wet towel," should read, "wash off quickly, a portion at a time, the rest being covered, with a wet towel." No doubt, I ought to have written, "wash off quickly with a wet towel, the rest being covered, a portion at a time." Or better still, "wash off quickly with a wet towel, a portion at a time, the rest being covered." Should you publish a second edition, please make the changes and oblige.

H. P. G.

THERAPEUTIC HINTS ON RECTAL DISEASES.

BY MORTIMER AYERS, M. D., RUSVILLE, ILL.

Æsculus hipp.—Large purple, congested piles with painful sensation of burning; seldom bleeding; rectum feels full of little sticks; severe dull, aching pain in lumbo-sacral region, affecting sacrum and hips; worse stooping forwards, and accompanied by constipation. Dr. Guernsey attaches great importance to this pain in the sacrum, and calls it a key-note; but if that pain is not accompanied by the other symptoms recorded above, I find it of no value.

Aloes.—Protruding piles with constant bearing down sensation in the rectum, always accompanied by diarrhoea; stools small in quantity, brownish, slimy; half fluid with jelly-like mucous tinged with blood, with much sputtering of flatus. Fæces often escape without being noticed at the time; seeming like paralysis of sphincter ani. *Aloes* is generally found to be indicated in piles of recent origin.

MILK DIET IN BRIGHT'S DISEASE.

Dr. Johnson treats most of his cases of Bright's disease by a strictly milk diet; under his plan of treatment a large number of cases have recovered. In a recent case of acute albuminuria in a young subject, recovery quickly followed the use of a simple milk diet, no solid food being given. Albuminuria, however, returned as soon as he was allowed beef-tea, but disappeared when he was again restricted to milk only; it again returned when fish was allowed, and now, under the use of an exclusive milk diet, the urine is once more free from albumen.—*British Medical Journal.*

[Much has been written lately about the virtues of milk in renal disease, and cases have been reported cured by its use alone. May this not be due to the lactic acid contained in the milk? This remedy has a marked effect on the urinary organs as is shown by provings and clinical experience].

ON OBESITY.

My patients with obesity have been benefited by the regimen of Banting. *Fucus vesiculosus* is, I perceive, the fashionable medicine for it. *Capsicum*, according to our books, stands high, you know.

J. C. MORGAN.

[Reverse the directions given in "How to be Plump," and persons will lose flesh.—ED.]

THAT CASE OF HÆMATURIA.

BY C. MOHR, PHILADELPHIA, PA.

MESSRS EDITORS: Much as I was pleased with Prof. Hawkes' case reported on pp. 370-378 of THE MEDICAL INVESTIGATOR, at the time of reading I doubted the wisdom of the use of *Hamamelis* injected into the bladder, as well as the use of *Coffea* and *Belladonna* to combat the sleeplessness existing; because the case, as Prof. Hawkes truly said, was a *Phosphorus* case, and *Phosphorus*, the *similimum*, should have been allowed to cure the patient without the aid of any other remedies. If *Phosphorus* had alone been used, there would have been no need of the criticism made by Dr. J. G. Malcolm, as published in THE INVESTIGATOR, pp. 486-488, in which he is led to query, "who knows but that the patient would have died had *Hamamelis* not been injected into his bladder; and who knows that *Hamamelis* alone would not have saved the patient?" I think though that Dr. Malcolm is somewhat hypercritical. If the report of the case is carefully read, it will be seen that within twelve hours after the administration of *Phosphorus* an improvement though slight was evident, and throughout the duration of the illness the improvement continued "steady and satisfactory." One other indication for *Phosphorus* was this: It is the best known antidote to *Turpentine*, which had been freely used, and to which many of the symptoms existing when Dr. Hawkes took charge of the case were due. Though this fact may have led Dr. Hawkes to prescribe *Phosphorus*, he does not mention it; neither does Dr. Malcolm give any weight to the *Turpentine* elements of the case. I have had quite a number of patients suffering from *Turpentine* poisoning to treat, several have had hæmaturia, and all of them got well on *Phosphorus* alone.

For a very complete pathogenesis of *Terebinthinæ oleum*, contributed by Dr. C. Hering, refer to pp. 243-264 of the November 1877 number of *The North American Journal of Homœopathy*. (Dr. Hering published this article as a sample of his great work, "Guiding Symptoms." This work the profession needs, and as soon as completed, a doctor will be enabled by its aid to find many a *similimum* for which he now looks in vain. The time and study now required to look up the proper medicine for a stubborn case can then be devoted to the development of the allied arts and sciences so that we will have therapeutists, indeed—men versed in every department of medicine.) Had Dr. Malcolm possessed the knowledge he could have gained from the study of Dr. Hering's article referred to above, he would doubtless have given due weight to the *Turpentine* symptoms, the necessity for antidoting them, hence the selection of *Phosphorus*, and there would have been no querying whether *Arnica* or *Ipecac* might not have been preferable medicines.

I am led to write thus respecting the case, because I feel that when so important a one comes to be treated by a Homœopath, especially

after Allopaths have pronounced it beyond recovery, the whole profession should know just what medicine did effect the cure.

In connection with this case I am led to ask, why was *Phosphorus* prescribed at the same time in two different potencies? Will Dr. Hawkes and others give articles in explanation of such practice in THE UNITED STATES MEDICAL INVESTIGATOR?

**HOMŒOPATHY ILLUSTRATED—OBSTINATE VOMITING
— PHOSPHORUS.**

BY J. MARTINE KERSHAW, M. D., ST. LOUIS.

A. G——, a child of two years, troubled with obstinate vomiting. Within ten minutes after taking milk, water, or any fluid food he vomits. He seems quite well in other respects. It should be noticed that the vomiting does not take place at once, but some little time after drinking—one of the very reliable key-notes of *Phosphorus*. Prescribed this remedy, the 6th dilution, a few drops in one-half glass of water; two teaspoonfuls every half hour. He began to mend in a short time, and in a few hours was entirely well. *There is a leaning toward consumption in this family.*

NEURALGIA — SULPHUR.

Mrs. M. S——, nervo-sanguine temperament, inclined to be hysterical. Pains affecting all three divisions of the fifth pair on the left side. Has been afflicted for years. A slight indiscretion, such as exposure to cold, a draught of air, worry, or anxiety is certain to bring on an attack. The paroxysms generally begin about five o'clock in the evening and last with little intermission, three or four days. Apart from the sharp dartings which occur every few moments, the effected side of the face is extremely sore and tender, while the scalp is so sensitive to the touch, that she can scarcely bear the touch of a comb to her head, and she is never able during these attacks to find a pillow soft enough for her head. Saw her the first day of one her attacks. Prescribed *Sulphur* 200, a few pellets in one-half glass of water; two teaspoonfuls every ten minutes for six times, then stop. In one-half hour she was better, and at the expiration of an hour the pain had entirely ceased. *A strong family predisposition to nervous affections.*

NEURALGIA — COLOCYNTH.

Mrs. M——, neuralgia of the face, left side, the supra and infra-orbital regions being the seat of exquisite pain. The attack came

on suddenly at 10 P. M., the pains shooting from the parts above mentioned to the left ear, and down the left side of the neck. She could not lie in bed, but was obliged to get up and walk about the room. The fresh air near a window felt grateful to her, and, going out into the yard and walking awhile, she felt somewhat better. There was great tenderness of the affected parts, and dimness of vision and profuse lachrymation of the left eye. Still suffering extremely, she called on me the next day at 9 A. M. I found, on examination, great tenderness on pressure over the posterior spinous processes of all the cervical vertebræ, and the first four dorsal vertebræ. Pressure on the spinous processes of the first three cervical vertebræ aggravated the neuralgia, and pressure over the same points, will, as I have since learned, excite neuralgic pain at the site of the neuralgia just described. Prescribed *Colocynth* 200, fifteen pellets in one-half glass of water; two teaspoonfuls every ten minutes for six times. Wait an hour and repeat in the same manner if necessary. She took the medicine as directed, and by the time she had taken three doses, the pain had entirely ceased.

CHOLERA INFANTUM.

BY P. S. DUFF, M. D., D. D. S., GREAT BELT, PA.

The last number of THE UNITED STATES MEDICAL INVESTIGATOR, was a friend in need. You had not to look over the last year's numbers, to find something practical on the universally prevalent infant's disease, cholera infantum. This number was an invaluable refresher and help lift, never to be forgotten.

In the usual, routine, common way, *Chamomilla*, *Arsenic*, *Phosphoric acid*, etc. would be given as seemingly indicated, without permanent relief. Consulted THE UNITED STATES MEDICAL INVESTIGATOR Aug. 1, 1878, a new light — an idea — a fall remedy, *Podophyllum* would on all sides have the desired effect. I have not found *China* or *Ars.* to be the remedies for diarrhœa, etc., this year that they are in other seasons. For the great heat troubles *Aconite* and *Bryonia* have been mostly efficient. For indigestions of infants hand fed and somewhat costive *Nux vomica* at night, and *Sulphur* in the morning to make the bowels act freely. Meat lovers, costive, large black stool etc., *Bryonia*; vomiting from over-feeding often throwing off the contents of the stomach *Cham.*, *Ipec.*

CASE I. Was called July 2d, baby aged nine months. When two weeks old, back of right ear (externally) began to inflame, later matter formed, abscess; one week ago it healed over, was opened, and a dirty, yellow, scanty matter evacuated. It soon closed up again and

got flat, a poultice only drawing a little matter; pulse could not be counted, respiration quick, labored, and compared to a little engine, started out of a comatose slumber in convulsion, moaning, great external heat of the head and body, breath hot, red and blue color around the abscess, short, quick, oppressed breathing, nausea and some vomiting, thirst for a little water and often; skin neither dry or moist; was restless, and moaned much during the night, but now lies drowsy and unconscious, at times scares up, looks steadily, starts, stares. Some diarrhoea, thin, yellow, no pain noticed. Gave *Tart. em.* and waited one hour, when she appeared more natural and relieved, left *Tart. em.* 3 and *Ars.* 6, two doses of former, to one of the latter, each two hours apart. Reported better next day, abcess "spreading" fading; had calculated to give *Silecia*, but no call for more treatment; well.

CASE II. Child, aged nine months, full of life from two months old; hand fed. Two months ago, cut the two lower incisors, was restless, and it "went hard with him." Saw the child at 9 A. M.; diarrhoea for three days previous, vomiting curdled in "long rolls," hard; stool green, yellow, with pain before; restless, frets, cries, moves hands and feet which are very cold, worse on the right side. The weather had been extremely hot, the last two nights cold. Last night did not lie more than a minute or two one way; will "lie longer on abdomen across mother with its head hanging down," last stool thick, then thin, foul, sour, exhausted when over, rolls eyes up, then turns them back, starts, cannot bear to be touched; skin neither dry or moist; cutting upper incisors. Gave *Aethusa*; either *Bell.* 6 or *Ars.* 6, as thought best. Child died in spasms at 8 P. M.

Materia Medica Department.

HOW I TEACH MATERIA MEDICA.

BY WM. OWEN M. D., PROFESSOR OF MATERIA MEDICA AND CLINICAL MEDICINE IN PULTE MEDICAL COLLEGE.

As to my method of teaching materia medica in Pulte Medical College. I will say, that since I have occupied that chair, the teachings of it are as near as possible from a pathological standpoint, maintaining that all functions performed by organized beings are carried on under a system of nerves variously denominated sympathetic, ganglionic, or vegetative, but which I have chosen to describe as the organic nervous system. All disturbances of the functions of organized

beings are produced by means of impressions made upon this system of nerves, and it matters not whether the agent be so-called natural disease, or be artificially induced by drugs, except in cases of traumatic origin.

All functional activity involves molecular change; intensified functional activity may and often does result in pathological processes. Etiology, semiology, and pathology are inseparable. Scientific therapeutics must therefore be based upon a thorough knowledge and rigid application of these three fundamental principles in medicine, and finally the law "similia" when thoroughly understood and interpreted, does embrace these principles, and is in harmony with natural law, and must be universal. The elaboration of the above propositions and the application of drug pathogenesis under them, tracing and explaining drug action from the simplest functional aberration to the most profound organic lesion, disorganization and death of tissue in part or whole, constitutes an outline of my course and method of study of drug action.

In regard to text-books, none are satisfactory; none that may be regarded as elementary. All seem to be adapted to the advanced student. None give the sources from which our drugs are derived. No natural, physical, medical, or botanical history or pharmacy of our drugs is given by any. Those who attempt to give the rationale of drug action, travel outside of the Homœopathic law. Those who attempt to give the sphere of drug action, do so without regard to law, and offer no explanation for the want of uniformity of their arrangement. No one has yet attempted to combine etiology, semiology and pathology under the Homœopathic law, in the same work, much less with the foregoing essential elements of a well arranged and useful text-book on *materia medica*. To sphere of action should be added duration of action; pathological changes known to have been induced by the various drugs; their extent whether functional or structural, and finally in my judgment *general therapeutics* should be taught by the chair of *materia medica*, making a general therapeutic application of each drug under the law "similia."

But as the case stands, Hull's *Jahr* must be regarded as the Homœopathic Bible; then Hempel, Hughes, Hering and Burt in order. All these are suitable for office student, but not for college text-books. When Allen's *Encyclopædia* is completed, some one should give us a text-book worthy of the profession.

ON TEACHING MATERIA MEDICA.

BY E. M. HALE, M. D., PROFESSOR OF MATERIA MEDICA AND CLINICAL THERAPEUTICS IN THE CHICAGO HOMŒOPATHIC COLLEGE.

I give briefly my method of teaching materia medica ; I will say that after many years of testing various methods, I adopted five years ago the following :

The medicines in our materia medica, and others with whose effects I am acquainted are separated into groups. These groups are made up of medicines which have three essential qualities in common, namely, (a) Similar affinities for certain organs or tissues. (b) Similarity in the pathological conditions they cause. (c) A similarity in their general and special symptoms. To illustrate : A group is made of certain remedies which have an affinity for the brain and cerebro-spinal system, and whose primary effects are of such a character as to entitle the group to the name of *cerebral excitants*. This group is composed of *Belladonna*, *Hyoscyamus*, *Stramonium*, *Solanum*, *Agaricus*, *Cannabis indica*, etc. I devote one or two lectures to this group, giving (a) a brief botanical description and pharmacology of each drug. (b) The effect of each in poisonous quantities and the pathological conditions caused. (c) The symptoms which the whole group have in common. (d) The special symptom which belongs to each.

I try to describe the history and course of the pathogenetic effects of each drug, tracing their *primary* effects from simple irritation and excitement of the brain and cord, the nervous and vascular system, up to congestion, inflammation, and final structural change, giving the symptoms which characterize each stage. I then try and show how these primary effects are superceded by secondary effects. How the active excitement is followed by atony and torpor ; how passive congestion or anæmia takes the place of active hyperæmia, and softening or paralysis follows inflammation. I aim to give the characteristic or key-note symptoms which are peculiar to each medicine in the various primary and secondary stages of their action. During the lectures, I try to give cases illustrating the curative action of each remedy, and the doses selected.

I do not think the importance of teaching the primary and secondary effects of medicines is sufficiently appreciated. It has such an important influence on the selection of the curative *dose* that a neglect of such teaching in a Homœopathic college seems to me very reprehensible. (I will here say *en passant*, that I do not teach that *all* medicines have such double action, because it is doubtful if the anti-psorics, or chronic-disease-remedies have such action).

Hahnemann was fully cognizant of this dual action of drugs, and recognized the fact that only a very minute dose of *Bell.* should be given to combat the primary congestion which simulates that of *Bell.* But he did not go far enough, or he would have taught that a condition of cerebral anæmia following active congestion, as peremptorily called for *Belladonna*, but in larger doses — a lower dilution.

In my therapeutical teachings, I mention those diseases and morbid conditions most likely to call for the *Belladonna* group, and then proceed from generalities to particulars, giving the special indications for each remedy in each disease, and point out, what, in my opinion and experience is the proper dose.

For the convenience of students, I have prepared and published a pamphlet containing all our medicines, arranged in groups. It is inter-leaved with blank leaves to allow of notes, giving the general, special, and curative symptoms.

In relation to the proper text-books to be used, I will frankly say, that if Allen's Encyclopædia of *Materia Medica* contained the symptoms *known* to have been *cured* by each drug, and given as clearly as are the pathogenetic symptoms, and if there had been appended to each remedy its known pathological effects, it would be the best of all text-books. I do not like a "condensed" or "boiled down" *materia medica*. In consulting such, you soon become painfully conscious that the very symptom you want to find has often been omitted. *The elementary text-book of materia medica has not yet appeared.* Johnson's, perhaps, comes as near as any, or would be if it was complete, *i. e.*, contained all the remedies which will appear in the great Encyclopædia.

TEACHING MATERIA MEDICA.

REPLY TO DR. LIFFE ON ACONITE.*

I had not intended to have entered the lists against Dr. Lippe in defense of my manner of teaching *materia medica*. I should have been content to leave the judgment in the hands of those whom it concerned. I cannot conscientiously say that I am impressed with the value of the method he would substitute, as illustrated by his article on *Aconite*; but if there are any students who find that they can learn their *materia medica* better in that way. I am very glad that there is some one to adopt it.

When, however, you, Sir, with a laudable desire for fairness, but (if you will allow me to say so) some failure in discretion, inserted in your number of December 1, 1877, a paragraph from a letter of mine, whose colloquial language reads somewhat discourteously in print, I am compelled to come forward. I am compelled to do so, if only to make the *amende honorable* to my antagonist, who, severe as are his criticisms, never forgets to write, as the gentleman he is. I have already expressed privately to him my regret for the seeming brusqueness of my allusion to him; and now do the same under the eyes of your readers.

But, since I have to write, I must go on to say that I cannot bate one jot of the complaint of unfairness I had to make against him. Dr. Lippe charges me, as a *teacher* of *materia medica*, with neglecting

*See October 1, 1877, page 334, *et seq.*

and ignoring the important symptomatic indications given by Hahnemann for the choice of *Aconite*. He makes this accusation on the strength of a book which I wrote in 1867 in the form of letters to a friend, introducing him to the study of the materia medica of Homœopathy. He takes no pains to enquire whether any later edition of this book has appeared, and to see whether I am there as open to criticism as in my earlier publication. He would have found that a third edition was published in 1875-6, in the form of public lectures delivered in London at the instance of the British Homœopathic Society; and he would have found me there, speaking under grave responsibility and with riper knowledge, laying due stress on all the indications for *Aconite* which Hahnemann put forward. Moreover, if he reads your journal, as he should do, he might have seen in the number immediately preceding the commencement of his assault, a paper on this very subject communicated by me to the meeting of the Western Academy of Homœopathy in June last, in which I brought out the history of Hahnemann's discovery of the anti-pyretic and anti-phlogistic powers of *Aconite*, showed that he made it by following out just those symptomatic indications which Dr. Lippe, with these facts possibly or actually before him, charges me with suppressing!

To show Dr. Lippe, and all whom it may concern, that I am far from neglecting such characteristics of drug-action as those he illustrates by the case of *Aconite*, I venture to cite here the summary of my teaching about the relation of that drug to inflammation and fever, which I gave to my class at the London School of Homœopathy in May of last year:

“On the last occasion of our meeting, we began the consideration of that important medicinal plant, the *Aconitum napellus*. After discussing its natural history, chemistry, and pharmaceutics, I gave you some account of the authorities we have for our knowledge of its pathogenesis, and of its history as a remedy, and then proceeded to dwell fully upon its anti-pyretic and anti-phlogistic virtues. I showed you that its value in this sphere was a discovery of Hahnemann's, made somewhere between 1811 and 1822. In the former year he states, as an inference from its power of exciting alternating conditions of chill and heat as part of its primary action, and from the brief duration of its effects, that it is likely to be useful in acute diseases, and in those only, pointing to the symptoms of the mind and disposition it causes as the most important indication for its choice here. In 1822 he announces it as the supreme remedy, entirely superseding the pernicious blood-letting then universally in vogue for the so-called ‘pure inflammatory fever.’ As among these he instances measles and pleurisy, it is evident that he means what used to be called ‘synochal fever,’ and this whether occurring in connexion with a local inflammation or not. We saw, further, from the testimony of Dr. Quin, that Hahnemann was led to this application of *Aconite* by the presence in certain cases of the kind of mental and moral symptoms on which he had laid such stress. Giving the drug

on account of these he had found its administration followed by a great diminution in the frequency of the pulse, and a cessation of the febrile state. In entire accordance with this fact he cautions us, in 1822, not to prescribe the medicine for a name, but only when the principal symptoms of the malady coincide with those which *Aconite* is capable of producing upon the healthy body, among which he names the disturbance of the mind and disposition as the most important. In 1830, we find him specifying in what this last consists.

Aconite is especially useful when in conjunction with thirst and a rapid pulse, there are present an anxious impatience, a restlessness not to be quieted, distress, and an agonized tossing about.'

"I then showed you (mainly from Dr. Carroll Dunham's remarks upon the medicine) how exactly these symptomatic indications corresponded with what experience has taught us as to the pathological sphere of *Aconite*. It is truly anti-pyretic, but only in what may be called 'neurotic' as distinct from toxæmic fevers; in such as the passing of a catheter will excite in some, sensitive persons, and such as result from the impression of cold. It is of little use in such blood infections as scarlatina and variola, and of none in typhus and congeners. Again, it is truly anti-phlogistic; but only in the forming stage of inflammations, before exudation had taken place; upon substantial local changes it has no influence. In all these febrile and inflammatory conditions for which it is suited, there will be found that nervous *tension* which Hahnemann describes.

"It is here, I said that the true and perfect Homœopathic use of *Aconite* finds place, and for these purposes the minutest doses will be found sufficient. Hahnemann made the discovery with the finest infinitesimals (in 1822 he recommended the 24th dilution to be used), and with these you may verify it every day. But I further pointed out that by using less attenuated doses you may get a wider range of usefulness for the drug, though its effects may not be so magical. To a certain extent you are still within the sphere of Homœopathy in so acting, as the drug has (especially when proved in moderate quantities) a real power of inducing a febrile condition. But as you go farther from the *punctum saliens* which has been indicated, you will get less marked results, unless you considerably increase your dose, until at length you will find yourself employing it in quantities large enough to induce its physiological action as an "arterial sedative," in which it ranks with *Digitalis*, *Tartar emetic*, and other drugs, like them retarding the heart's action through the vagi, and relaxing the system through the induction of nausea. It is such an application of the drug which was advised by Fleming (in 1845) on the strength of his experiments with it, and it is not without its merits. It is this which, through Ringer and Phillips, is coming into vogue again now. But I was anxious to impress upon you that it was not the anti-pyretic and anti-phlogistic use of *Aconite* which was discovered by Hahnemann before 1822, and which has ever since constituted one of the most cherished practices of his school."

And now one word more. It is quite open to Dr. Lippe to make any strictures, however severe, upon what he thinks erroneous and misrepresenting in my teaching of Homœopathy. But I submit that it is not "good form," nor conducive either to personal good feeling or to the pursuit of truth, to impute unworthy motives and lack of integrity in the manner employed by my critic. "Malice aforethought," "unblushing audacity," "insincere allusions," "bold and malicious accusations," "perverting the truth intentionally," these are some of the amenities in which Dr. Lippe has indulged in the article on which I am now commenting. I shall hope to find them conspicuous by their absence in the next criticism with which he may favor me.

LONDON, Eng.

RICHARD HUGHES

Clinical Department.

OBSERVATIONS FROM CLINICAL EXPERIENCE WITH ONE HUNDRED AND NINE CASES OF PHTHISIS PULMONALIS.

BY J. S. MITCHELL, M. D., PROFESSOR OF THEORY AND PRACTICE
AND CLINICAL MEDICINE IN CHICAGO HOMŒOPATHIC COLLEGE.

Read before the Illinois State Homœopathic Medical Association.

During the past year I have treated in the Central Homœopathic Dispensary Clinic for diseases of the throat and chest, and in private practice one hundred and nine cases of phthisis pulmonalis. Some observation founded on this experience will be offered: (1) Medicine does not furnish a field as brilliant and demonstrable as surgery, but it has major claims when we recollect that the majority of deaths occur from medical diseases. The affection in question has long been the scourge of the human race. It furnishes the longest death roll in all our cities and in many parts of the country. We are so accustomed to its ravages that we are not startled by them. They have no charm of novelty. Epidemics of yellow fever, diphtheria, scarlet fever, and cholera, stir us to the depths, but an annual scourge of far larger proportions creates no alarm. In the number of cases referred to, we have seen patients from all walks of life, from the millionaire who could place himself in the most favorable conditions, even to rotation of climate, to the poor fellow who could not pay for a bottle of cod liver oil. Nearly all suffer finally the same fate.

The first point we shall consider is

HEREDITARY INFLUENCE.

Our experience is strikingly confirmatory of the heredity of phthisis. Those attending my clinics have noted the customary replies to the

question whether the immediate family of the patient was affected with pulmonary disease. The answer is almost invariably, "yes," and the history generally clear enough to make the assertion valid to the physician. Now and then as in the case of No. 94, who presented at the clinic of May 4, 1878, the family record is good. In this instance the patient was a fireman. A hæmorrhage occurred after exposure to the heat and smoke of a fire. It was followed by inflammation and suppuration not terminating in resolution. This may be credited to the comparatively infrequent traumatic cases. Ruelle says, "statistics in regard to the per centage of cases of inherited phthisis are evidently valueless." Yet in the same paragraph he adds "our only resort is to the concurrent testimony of all times and this is so strong that no physician who makes an unbiased examination can reject it." What is concurrent testimony but a mass of undigested statistics. But he admits that heredity is an important factor and cites several instances to prove the point. This is all that is necessary, however. If the fact is admitted, we can afford to differ concerning the arguments by which it is established. Our experience demonstrates with certainty that 95 per cent. of our cases were of hereditary origin. Even in some that appeared idiopathic there was found on close questioning, ground for suspecting hereditary influence. This is a very important practical matter. It brings before the physician the question whether he ought not to more confidently advise against marriages of consanguinity, and between the consumptive and delicate. My own view is that we are too prudish in these matters. Our squeamishness transfers the bold discussion of the subject to those whose utterances shock the public mind by reason of their connection with highly objectionable doctrines.

The physician must freely grapple such topics undeterred by the cry of stirpiculture. True, our advise is too seldom asked on the question of marriage. We are pretty chary of volunteering it, or would be after we had tried it a few times. We can urge more strenuously the positive necessity of grave consideration. It would be much more desirable and useful to require those contemplating marriage to secure a certificate from a competent physician rather than from a justice of the peace. I leave to your imaginations the novel conversations that will occur in our consulting rooms under such a regime.

MOST COMMON SITE OF PHTHISIS.

The point which next engages our attention is the remarkable uniformity with which the physical signs indicating the presence of this disease are found in the infra-clavicular region anteriorly. In a large proportion of cases the diagnosis can be made out by examination of this region alone. Here are found the supra and infra-clavicular [depressions, the diminished sterno-vertebral diameter, jerking, bronchial, and cavernous respiration, dullness on percussion and the vesiculo tympanitic resonance, bronchophony and the various rales whose presence in circumscribed areas is so significant. One fact has been demonstrated in our clinics which is not usually accepted in

giving the rationale of physical signs. We find vesiculo-tympanic resonance nearly as frequently as dullness. The existence of the former is said to be due to the presence of emphysematous lobules in the effected portion. It seems to us that dullness on percussion being expected is assumed on an insufficient examination in many instances. That I might not be led myself into such an assumption, I have often percussed, while a class of students were listening and taken a note on the character of the sound. Usually I could confirm the view of the majority.

The frequency of the presence of the vesiculo-tympanic sound obliges us, I think, to attribute its production to another rationale than the one assigned. Emphysematous lobules are not found sufficiently often in numbers large enough to produce this sound so constantly. We must assume, in part, the explanation that gives us the tympanic resonance during solidification. The tympanic quality comes from the large bronchi which are unoccluded and the vesicular from the air-cells which likewise have escaped infiltration. Hence from the combination the vesiculo-tympanic resonance. Tenderness on percussion is met with in many cases, in others where we expect it, it is absent.

. These facts tend to confirm the well established view that phthisis commences in the apices of the lungs. The blunt points of the apices may extend in some instances two and one-half inches above the clavicles, but the careful measurement of 100 dead bodies by the late Dr. C. E. Isaacs shows that in very many they rise no higher than the clavicle. In males they more often extend higher than in females which we should not expect in view of the superior costal type of respiration in the female. But why does phthisis commence in the apices. This question has been answered by reference to the better opportunity for blood stasis in these regions in view of the comparative immobility of the clavicle and first rib, — to the thoracic paralysis resulting from waste of muscles,—to the bending forward of the delicate thereby restraining the upper thoracic movements and finally by Rindfleisch to the difficulty of removing catarrhal secretions of scrofulous persons from the bronchi of the apices due to the upright portion of the body and the inspissation of the secretions from poverty of blood, the lesser amount being in scrofulous cases in the apices.

Neither of these explanations seems entirely satisfactory. To my mind the true reason is found in the increased distribution of sensitive nerve filaments to the apices. General nervous debility is often our first indication of incipient phthisis. The patient complains of malaise, is irritable or despondent, and incapable of the usual mental or physical exertion. This nervous weakness is further manifested by the irritability of those parts in the apices where the nerves are most abundant and where they are most sensitive. The first lesion of phthisis is a tuberculous infiltration of all the angles and projections situated at the points where the smallest bronchioles become continuous with the acini. Rindfleisch shows that at the termination of

the bronchioles the circular muscular fibres are increased so as to form a sphincter. What closes this sphincter—nervous irritation—too great a degree of this is just what we have in my opinion in phthisis. These sphincters are abnormally closed, shutting off the entrance and exit of air, limiting the supply of blood and clogging the secretions. The very conservatism of nature which carefully makes provision for guarding these parts from entrance of foreign matter renders them liable to greater intensity of morbid condition.

Hæmoptysis.—Our observation has developed the usual ratio in which this symptom occurs, viz., in about one-third the cases. That it is met with more frequently in women than in men we cannot confirm. Our cases show the proportion about equal. One fact is worthy of note as demonstrated at our clinics, and that is the climatic effect in producing hæmoptysis. I will not say temperature, for I believe the quality of the air has far more to do than the temperature. After cold east winds more cases of hæmorrhage will be observed. On May 6th, after a bleak easterly spell, nearly every case of phthisis that presented at my clinic had manifested this symptom within the few days previous. Eight cases were examined, and seven had expectorated blood.

Pain.—We believe that more regard should be paid to the pain than is usually given in phthisis. In fact I consider it in many instances quite diagnostic at least of the side most affected. So convinced have I become of this, that I advise students not to ask the patient on which side they have the most pain until they have made their physical examination. The stethoscope generally develops the most marked physical signs on the side where there is the greatest amount of pain. By waiting until after the examination, therefore, before asking in regard to it, we are able to confirm our diagnosis. We find the majority of our patients suffer considerably with pain, some acutely.

Hopefulness.—This is so frequent a symptom among the better class of patients that it is proverbial. The consumptive will order a new coat or dress when the friends can see its uselessness. While I was in Colorado a few summers since, and talking with many consumptives daily, it was really pitiful to note the unanimity with which they will assert, even if in the last stages of phthisis, that "it was only in the tubes or throat." You cannot convince a physician even, when affected with this disease, that he has anything more than bronchitis.

But with our dispensary patients the reverse is apt to be the case. They ask our opinion, with fear—already manifest in the tear that starts before they receive any answer—that the case is beyond human skill. The difference is readily accounted for in the changed circumstances of the two classes of patients.

The well-to-do have the means to put themselves under the best conditions for recovery. The poor feel their strength going, they can no longer work, unable sometimes to buy even medicines, they give up hope.

PULSE.

Condition of the pulse is a symptom of the utmost importance. I do not wonder at the Chinese method of examining the pulse as the sole method of diagnosis. In phthisis it is almost a certain guide. The same cannot be said of the temperature. You can form an accurate knowledge of the state of the patient and the prognosis the pulse. It is soft, weak, and rapid in proportion to the severity of the disease. In phthisis rapida (quick consumption) it reaches 150 in adults, running down to 120 in morning. In chronic grades of the disease it varies exactly with the pathological processes in the lungs. When the pulse is lower, physical examination shows improvement. When it increases it shows advancement. If the periods of remission in rate of pulse are long, degeneration is going on slowly in the lung; if they are short, fast. After watching a case for awhile by the pulse, you can confidently make a prognosis. This I assert to be a rule with scarcely an exception. If it was more generally observed the diagnosis of phthisis will be more frequently made accurately.

TREATMENT.

I have already consumed more time than I anticipated for I did not set out with the idea of giving an exhaustive paper on either of the points referred to, but simply a running commentary on such clinical facts as experience with these cases had left permanent in my mind. I will only add a few words regarding treatment :

Subsequent trial has confirmed my opinion in regard to the value of *Baptisia*, when given according to the indications, laid down in a paper on the Curability of Consumption, read before the association last year at Peoria.* Quite a number of physicians have written me or verbally informed me that they have verified my experience. Other remedies most commonly prescribed are :

For cough, *Bell.*, *Hyos.*, and *Cimicifuga*. For cases characterized by early and great debility, *Stannum*. For the scrofulous, with morning cough, purulent expectoration, hypertrophic mucous membrane, bleeding easily, *Calc. carb.* For great liability to catarrhal affections, and marked disposition to stitching pains, *Kali carb.* For those with sexual weakness co-existing, *Phos.* This remedy in the higher attenuations when indicated, exerts long a beneficial effect. For hæmoptysis, *Aconite*. I stopped one case of profuse hæmorrhage after the patient was nearly ex-sanguined with this remedy. *Hamamelis*, *Ferum*, always high, lest it aggravate and induce farther hæmorrhage, and *Phos.*, when with dry cough. For colliquative diarrhœa, *Arsen.*, *Nitric acid* and *Merc. iod.* I will only add here a few words concerning the use of cod liver oil. It is so much used that like most articles of value it is largely adulterated. Dog-fish oil which is abominable, is substituted. Winter-bleached whale oil is also used. This makes a better adulteration, but it is not effective in any degree with the pure cod liver oil. One enterprising firm has entered into its manu-

* Published in THE UNITED STATES MEDICAL INVESTIGATOR, Sept. 1877, p. 249.

facture from grease, making a sort of oleo-margaric cod liver oil, if I may so term it. My attention having been called to these adulterations, and noticing that the effect of the oil of the shops was not usually what it should be, I sent to a reliable party and ordered from the spring catch of cod fish at the Island of Nantucket, Mass., a small supply. So particular was the maker of the oil, that there was not even a pollock or haddock liver used. It was therefore pure cod liver oil. I found that those who had utterly rebelled against ordinary oil of the shops, could take this with ease, and that the effects were immediately beneficial. In only one case was it not well borne. It produced very quickly in most instances the appetite which is so often lost and whose return is so desirable. It is unfortunate so little of such oil can be obtained. With regard to this agent, while its general effects are good when it is indicated, it cannot supply the place of a well regulated Homœopathic treatment. Each symptom as it becomes prominent finds its *similimum* in our rich materia medica. While in most cases in the end our patient must die, we can lengthen life and mitigate the several symptoms with the grand legacy to the human race bequeathed by Hahnemann.

A CLINICAL CASE.—HERNIA.

BY N. A. PENNOYER, M. D., KENOSHA, WIS.

Since reading Dr. Dunham's case of ovarian tumor cured by *Colocynthis*, I feel more confidence in reporting a case of hernia cured by internal medication; at least I feel more certain that my deductions regarding the case in point may not be groundless. The fact that the hernia was not the trouble I was trying to relieve fully sustains the view entertained by the doctor, "That a remedy, when indicated by a well marked group of symptoms, will often remove, not merely those, but also other groups apparently unconnected,"—in fact, the whole disease.

The patient, Mr. N., aged sixty-seven years, suffered six years with indirect inguinal hernia, on right side, occasioned by a fall. He wore a truss of his own manufacture, finding it difficult to secure an instrument he could comfortably use. He was troubled considerably with constipation—which occasional doses of *Nux* 200 would relieve—and frequent urination, the latter at times as often as every hour during the day, and nearly as frequently during the night. *But only a small quantity passed. Had pain in bladder, as if distended; tenderness in region of bladder and right side of lower abdomen, extending upward from the groin. (Hernia.) Burning in the urethra while urinating. Lach.* 200 gave some temporary relief.

Having used *Equisetum* for nocturnal enuresis and frequent urination in children, with happy results, I gave the remedy in the 1x dilution, four times daily. The urinary symptoms commenced to improve immediately. About a month after taking the medicine he broke his truss, and laying it aside to repair, he found he suffered less than formerly, and by pressing up the tumor as he felt the discomfort, the difficulty improved until in the course of two or three months he suffered no more. The frequency in urination was reduced to three hours during the day, and only one or two disturbances at night. Where, formerly, there was a depression in the hernial tract, it is felt no more. Some nine or ten months after he claimed a cure effected, while cutting corn, work he was unaccustomed to, he noticed a return of the difficulty, only the hernia appeared a "little higher and more forward," the urinary symptoms accompanying. The truss was again needed. *Equisetum* was given with the same result as before, the truss being abandoned.

Was the cure of the hernia the result of the remedy, or the mechanical appliance? At first I was inclined to be skeptical about the former theory, but the gradual improvement and relief *after* the truss was put aside, together with the similarity of the symptoms, both urinary and hernial, lead me to think my conclusion reasonable. The italicised symptoms given above are from Allen. May not the symptom "tenderness in region of bladder and *right side of lower abdomen, extending upward from the groin,*" cover the hernia? I would add, in conclusion, that *Equisetum* has relieved, in my practice, such cases of nocturnal enuresis as had *frequent urination*, and none other.

Ophthalmological Department.

EYE NOTES FROM EUROPE.

BY C. H. VILAS, M. D., PROFESSOR OF OPHTHALMOLOGY AND OTOL-
OGY, WITH CLINICAL SURGERY, IN THE HAHNEMANN
MEDICAL COLLEGE, CHICAGO.

PARIS, August 9, 1878.

DEAR DOCTOR: Your request to write some interesting points for your journal has not been forgotten, but so much has been seen in a medical way, that, conscious of the diverse tastes and interests of our

profession, coupled with the fact that a specialist's brain must direct the pen, hesitation has seemed but the dictate of a sound judgment. However, an attempt will be made to reduce some rambling facts to paper, and with the indulgence and lenient judgment of the profession, a few words may not come amiss, and be kindly received.

On arriving in Liverpool, a call was made on Drs. Drysdale, Moore, and Hayward. Fine men, as is known all over our side of the sea-desert. They were solicitous concerning the work in our country. Just from our National meeting, I was able to tell them something of our success, and of the majority of our best men from recent contact. It is somewhat discouraging to the adherents of Homœopathy in this old world to encounter the sneers and substantial oppression of the Old School, and the monied institutions under their control. We cannot rightly appreciate this, for we do not have it to meet in the same degree they do. Add to this the unfortunate dissensions in their own ranks, the slowness with which changes are made in the old countries, and we may find abundant reasons for its retardation.

London was the next objective point, and the hospitals were hastily visited in a few weeks, as a return later would include a more extended visit. Prominent among them all stands the Royal London Ophthalmic Hospital, commonly known as the "Moorfield's Eye Hospital." It is a grand clinic, the largest in the world, and no farther words could convey a more complete idea of it, or add to its reputation. It is daily thronged with hundreds of eye patients, attending from all parts of the United Kingdom, and in its out-door and in-door clinics embrace nearly all that is desirable to be seen. The operations vary from twelve to twenty-five daily, and embrace all known to ophthalmic surgery. It is here that Soelberg Wells, Borsman, Streetfield, Lawson, Critchett, Couper, and others so well known to us have made their reputation. I am particularly indebted to Messrs Lawson and Couper for favors, and to Mr. Gunn, the first house-surgeon, for the daily privilege of the inspection of all the after-treatment of the serious operations.

Among other operators in eye surgery, Liebreich at St. Thomas' Hospital, and Carter, of the Royal South London Ophthalmic Hospital, are especially interesting to Americans.

It would be utterly impossible to even enumerate the hospitals and charities of London. Nearly a thousand are known to exist. Pre-eminent stands St. Thomas' consisting of seven separate four-storied brick buildings, on the pavilion plan, covering over eight and one-half acres of ground, and with an income of nearly \$200,000 per annum, and St. Bartholomew's, boasting many eminent names as lecturers and attendants during the three hundred years of its existence. Within its halls have been heard the voices of Harvey, the discoverer of the circulation of the blood, of Abernethy and the Pitcairns. Under the present rule only about 1,200 leeches are annually used, though nearly 30,000 have been used in a year! It has about 650 beds. Other prominent ones are Guy's, Bethlehem, where so many would-be rejidies

have been confined. St. George's, Greenwich, King's College, Charing Cross, University, and many others space forbids to mention.

Not large but well-appointed stands the London Homœopathic Hospital in Great Ormond street. Attached to it is a medical school, but few students. The unfortunate division in sentiment heretofore alluded to seems to retard the usefulness of what might, and ought to become, the great medical centre for our school in the Old World.

On my arrival here (Paris) I was fortunate in meeting Dr. Campbell, of St. Louis, and through our combined acquaintance and letters of introduction, the clinics of Messrs. de Wecker and Galezowski, the leading oculists here, have been freely at our disposal and every attention shown us. Hence a comparison of the methods of eye treatment may to advantage be made for those who desire, and excluded from the accounts to follow hereafter.

Quite a different practice in many respects obtains here. No anæsthetics are ever given, nearly always in London, and enucleation of the globe, cataract operations, iridectomies, etc., are all performed without them, a line of practice which would be difficult to establish in our country. The coolness and heroism of the patients under the knife is something curious to one accustomed to our ways, and is convincing proof that all operations may be done without them with ease and celerity, though hardly as pleasantly all must admit. Patients recline in an easy chair and the operation completed, walk off to bed, or even home, a considerable distance.

The well-known and tried Von Graefe cataract operation is still the favorite, with perhaps a leaning toward a corneal section, but not the flap operation with a Von Graefe knife, as seems approximating a somewhat general revival with us. The after bandage at Moorfields is one named after their hospital, the Moorfields, approximating a Liebreich; here a few turns of a common roller, cut from flannel sometimes; both in strong contrast with the admirable bandaging in Vienna. No great care is exercised about admitting moderate light in either of the institutions; here however, the confinement is trifling generally, both again in strong contrast with Vienna methods, and those generally followed in our country. At de Weckers we see both eyes operated on at once, a practice strongly condemned at Moorfields and in our country. M. de Wecker continues his sclerotomy, but inserts no drainage wire. Altogether we think he departs from many of the well-recognized rules of ophthalmic surgery without cause, and to the manifest suffering and great terror of the patient, even though the disputed after-result be decided in his favor.

Under Galezowski we are favored with many rare cases. Tumors, malignant and benign, of rare location; true diphtheritic conjunctivitis, seldom seen in our country, and with few well-authenticated cases reported; as well as the usual diseases in great profusion.

¶ We also paid a visit to Madame Bœnninghausen (Madame Hahnemann's adopted daughter and heir), and saw the celebrated marble bust of the founder of our school, from which are taken our copies.

together with an admirable oil-painting of Hahnemann, both of which the Madame desires to will to the profession in America on certain terms.

A call on Dr. Chancereel revealed that the sessions of the International Homœopathic Congress have been postponed a week, when they will be held in the Palace of the Trocadero, in the Exposition Grounds on the Champs de Mars, an elegant place for such a meeting. As delegates from the American Institute of Homœopathy we have sent in our credentials, which will be acted upon to-night.

A visit to the hospitals here only shows what remains to be done in our country. Prominent among them are the Hotel Dieu, built, officered and appointed in every manner the best; the great Hospitals de la Charite, de la Pitre, des Cliniques, Saltpetriere, with its 5,204 beds, of which 2,917 are occupied at the present time, and many others of much smaller, but large dimensions. Among these latter are the St. Jacques and Hahnemann, both Homœopathic, and receptive of all maladies. By-the-way, typhoid fever cases are not considered infectious and are freely mingled with the non-infectious cases in London; not so here however.

Having tarried here nearly a month, the next points will be Berlin, Vienna, etc., from which places, as well as some of the Italian cities, you may expect to hear of the practice. The proceedings of the International Congress, as well as of the London physicians and of the British Homœopathic Congress are reserved for another time.

Surgical Department.

REPORT ON THE DIAGNOSIS AND TREATMENT OF OVARIAN TUMORS.

BY WILLIS DANFORTH, M. D., CHAIRMAN OF THE COMMITTEE OF
SURGERY AND PROFESSOR OF GYNÆCOLOGICAL SURGERY IN
THE CHICAGO HOMŒOPATHIC COLLEGE.

Read before the State Medical Association.

MR. PRESIDENT, LADIES AND GENTLEMEN OF THE ASSOCIATION: When a great General fighting against fearful odds wins a battle, which enlarges the boundaries of his state, and brings lasting peace to his countrymen, he has achieved a victory that he may feel justly proud of, and his people well applaud.

So when the surgeon entering upon an untried and unexplored field of practice, in opposition to the judgment and expressed opinion of his confreres undertakes for the first time a difficult operation beset with deadly peril to his patient, and boldly, carefully, prayerfully cuts

away the threatening obstacles to life, and lights again the torch of health, he, too, may feel justly proud of his work, and claim the approbation of his fellows.

Not alone this he may contemplate a grateful posterity, for he has not only done a present good but has established once for all a new means of relief, which shall accrue to the benefit of suffering humanity through all future time — he means — *the operation* is no longer his own. It mounts out of the narrow boundaries of individual interest, and becomes the property of mankind, it is endowed with more significance than the election of a president or the crowning of a king. It takes on the imperishable crown of *all* time, and becomes the benefaction of all people, kindred and tongues. Such an operation is *ovariotomy*, and such an operator was Ephraim McDowell, when sixty-nine years ago, for the first time he successfully removed an ovarian cystoma. Prior to that time every woman under the whole heavens and among men, subject to this abnormal condition, was virtually under sentence of death within two years of the discovery of its presence. The learned doctors came and went, looked wise and talked doubtful about the cause of this abdominal enlargement, but suggested no remedy. The grave closed as certainly and swiftly over her, as though she were suffering from phthisis pulmonalis, or the deadly carcinoma. Thousands, yea! hundreds of thousands of precious lives were sacrificed to general dropsy (of which we now hear but very little). McDowell removed an ovarian tumor, and death by dropsy is almost unknown since; for a door of escape is now open, which by the laws of progress shall never be closed again.

Without doubt ovariectomy is the grandest triumph of modern surgery. It has already saved more than 10,000 valuable lives from untimely graves, and is destined yet to play an important part in the surgery of all future time. Hence as an *operation* its discovery and establishment was far more important than the election of a president or the crowning of a king. It was indeed the most beneficent piece of earth-work that the dexterous hand of man ever engaged in. The procession of the seasons has brought us again to the month of May. We have struggled through the chilly winds of winter battling manfully with its storms and tempests awaiting patiently the maturation of those conditions that should cause the lily of the valley to lift upon us its tear dabbled face.

So certainly as these seasons return, so certainly will the causes that have hitherto operated, bring again before us ovarian cystomas. We would not if we could, and cannot if we would avoid them. We must therefore betake ourselves earnestly to a study of the conditions of their growth, the signs of their presence, and the best means for their removal.

Of the causes of these growths, nothing yet is definitely known. We may as well say in a nut-shell, that we do not know what the causes are, as to inflate our balloon of professional pomposity *with* what "they might be?" They do present themselves, and challenge

our keenest scrutiny to always detect them. *Ordinarily* they are easy of recognition; exceptionally, very difficult indeed.

The average doctor can diagnose a monocystic cystoma with ease and reasonable certainty. It is smooth, well defined in outline, and responds to all the usual tests. It is only when we encounter the poly-cyst, the fibro-cyst, the fibroid carcinomatous growths and other conditions resembling cystomas, that we are most severely tried in the work of diagnosis.

Although ovariectomy was first performed sixty-nine years ago, it is less than thirty years since it became a recognized and legitimate operation. During the first decade, fully 20 per cent. of mistakes in diagnosis occurred. Sharpened and enlightened by experience, only about 10 per cent. of mistakes occurred during the second decade, and now toward the close of the third, it is claimed that only about 5 per cent. of mistakes occur. It is in the direction of these latter cases that I propose to excite inquiry to-day. How can we diagnose with greatest certainty this 5 per cent. of our cases? Manifestly by adding to our present store of tests.

The abdomen has been laid open in the search of ovarian cystomas, in some cases of actual pregnancy, and well advanced at that. Also in cases of fatty omentum, and adipose condition of the abdominal walls; in cases of floating kidney; of fecal impaction; of phantom tumor; of encephaloid growths; of subserous fibroids; of ascites; of cysts of the broad ligaments; of encysted peritoneal dropsy; of enlarged liver, and last but not least, simple enlargement of the spleen. Death has most commonly resulted from these mistakes, hence the pertinence of our present inquiry.

The most important means by which we diagnose these morbid growths, may be summarily stated as follows, (*i. e.*): 1. *Menstruation*, to determine the extent of abdominal enlargement. 2. *Percussion*, to determine and locate the density of the growth. 3. *Palpation*, to determine the nature of the contents of the abdomen. 4. *Aspiration*, or tapping to determine the nature of cystic contents. 5. *Position* to ascertain the mobility of growth. 6. The uterine sound, to determine uterine enlargement. 7. *Vaginal and rectal touch*.

These tests, or means of exploration constitute our main reliance in diagnosing ovarian tumors, but they fail to establish a correct decision in the 5 per cent. of cases spoken of, because they do not furnish us *positive* proof of the actual conditions present. To illustrate, suppose a case of encephaloid kidney awaits an examination to-day, the growth fills the left abdomen down to the brim of the pelvis. We apply all the usual tests and diagnose our case, subserous fibroid or fibro-cystic cystoma, or take the case of enlargement of the spleen, (my colleague, Prof. Ludlam can bear testimony in this), the spleen filled the left side, also down to the pelvis. There was dullness on percussion, and after applying the usual tests, a diagnosis of ovarian cystoma was made. Again we have a case of fatty omentum. There is dullness on percussion; the usual tests are applied, and we diagnose ovarian cystoma in a state of colloid degeneration.

Our next case may be one of hepatic cyst, which fills the whole abdomen, presents fluctuation, dullness on percussion, and responds by the usual tests to most of the symptoms of ovarian cystoma. Pregnancy has been very often mistaken for ovarian tumor.

On May 19, 1872, I was called to see Mrs. D. L., who had been examined by a colleague of mine, who in stating the case to me said, he had examined the patient twice and believed we had a case of ovarian tumor. That he had used the sound which passed only three inches, etc. I also examined the case, and placing the patient in Sims position readily passed the sound eight inches. There were equivocal symptoms of pregnancy. The breasts were not enlarged; no catamenia for fourteen months; no nausea; abdomen much enlarged, somewhat ascitic. This patient subsequently gave birth to an imperfectly developed fœtus, still-born.

I could multiply these cases, but will not, because those already cited show conclusively the very great difficulty of diagnosis in these instances, and also the very great necessity for some more certain and satisfactory test in the final determination of these conditions.

I propose *rectal exploration* as the required and sufficient test, which will in every possible contingency enable us to determine with absolute certainty whether the uterus or ovaries are at all implicated. I mean by rectal exploration, the introduction of the hand into the rectum, so far as to enable a surgeon to grasp the uterus and ovaries, and not rectal touch which is the introduction of the finger only into the rectum.

I beg the convention not to misunderstand me. *I do not* propose rectal exploration as necessary to the correct diagnosis of every case of supposed ovarian tumor, but do propose and *insist* upon it, in the 5 or 10 per cent. of difficult and doubtful cases now under especial consideration.

Suppose Prof. H. H. Smith, surgeon of the University of Pennsylvania had resorted to rectal exploration before operating upon his case of phantom tumor before the college class of 1855. He would not have had to apologize for cutting open the abdomen unnecessarily.

Apply rectal exploration to the case just cited, and you will see at a glance that no mistake in diagnosis would have been made, the case of encephaloid kidney would not have been mistaken for subserous fibroid, or fibro-cystic cystoma.

In the case of the enlarged spleen, my colleague would have been able to state positively that the growth or enlargement was *not uterine or ovarian*, and hence would have been spared the necessity of apologizing for laying open the abdomen. So also a correct diagnosis would have been made in the case of fatty omentum, hepatic cyst, protracted pregnancy, etc.

I believe that the time has come to *insist* upon rectal exploration in every doubtful case, before ovariectomy is allowable. *I aver* that such exploration carefully performed is unattended with danger to the patient and will always furnish the surgeon with absolute proof of

uterine or ovarian enlargement (when such enlargement exists), and hence assert that the operator who shall hereafter lay open the abdomen in search of an ovarian cystoma (where none exists) should be held liable for damages, or still worse, death of his patient. This is strong language, *but* it is time it was spoken, and above *all* it is fit that it should be spoken here.

Rectal exploration once an established procedure, as a condition precedent (when necessary) to an ovariectomy, and the 5 per cent. of mistakes in diagnosis disappear forever. So far as operative interference is concerned, our diagnosis will be unerring. Am I told that rectal exploration is not a new procedure? I reply that it is practically so, as no author has given it more than a passing notice, and its paramount importance is not yet recognized by anyone. Nevertheless I do *insist* upon its recognition to-day, and confidently expect that it will very soon become an *established procedure* which will command the attention of the profession everywhere.

Even at the rate ovariectomy is now being practiced, from seventy-five to one hundred lives would be saved annually by the general introduction of this new test. And if this paper and the plea I am making to-day shall hasten its adoption, I shall count it glory enough for the hour.

TREATMENT.

These growths have very properly been subjected to medical and surgical treatment. I am sorry to feel compelled to state that no medicine appears to exert any curative effect upon them. Nevertheless, certain members of our profession claim to have cured an occasional case. One physician cured a well established case with a high potency of *Podophyllum* long continued. Another physician cured with *Colocynth* 200, long continued. Another with *Apis*, and others yet with *Calc. carb.*, *Conium*, *Merc. sol.*, etc. Most of the cases I have seen reported were treated with high attenuations, ranging from the 200th to the 81,000th.

I have carefully read some of the cases of reported cures in the hope of finding some remedy upon which I could depend. But candor compels me to state that I have no faith whatever in any medicine as curative of these growths. We know that there have been tens of thousands of these cases prescribed for, and of the great multitude of them. Our profession claims to have cured nine, and the Allopathic twenty-one cases. Think for a moment of this statement, thirty cases cured of 50,000 prescribed for. How can we rely upon such curative means? It is much the safer to believe that mistakes in diagnosis have been made in all the cases of reputed cure, than that one case is cured in every one thousand prescribed for; and further, that no two cases yield to the same remedy. Certainly, such cure seems to depend on the veriest chance, and that chance in no sense likely to recur again. With such an array of evidence we may well be warranted in continuing our search for remedies. I would not be under-

stood as disparaging the medical treatment of these cases, *far from it*. I only intend to say, that up to this time, I know of no remedy upon which we can rely with a reasonable hope of success. There is no doubt of the propriety of prescribing the best remedies we know of in these cases. and I hope that we may soon find a remedy that will commend itself to our judgment as certainly curative ; but until stronger and clearer evidence than I have yet seen, is presented, I shall remain skeptical on the subject of the successful medical treatment of ovarian tumors.

The average practitioner may see fifty cases of ovarian tumor in a period of twenty-five years, hence it would require the combined experience of twenty physicians of twenty-five years practice each, or five hundred years of practice to furnish one case of apparent cure by medicine. While these facts exist, we cannot fairly assume to have found *the* remedy.

Faradic electricity has been and is now being used to disperse these growths. I know of but two cases where it has been faithfully tried for several months consecutively, and there is not a doubt that both these cases were made really and rapidly worse by its use. It seemed to stimulate the tumors, producing sub-acute inflammation throughout their structure, increasing their growth rapidly in both instances. One of these cases came under my care, six months after the woman first noticed the enlargement. She had been under electrical treatment five months of the time. She suffered very much pain ; was unable to lie down any length of time. Abdomen as large as at full term of pregnancy. She begged me to operate and I did remove it. It weighed twenty-six pounds ; was very generally adherent to abdominal walls, and more especially so to the intestines, which were themselves congested and inflamed. The surfaces where the adhesions were broken up, were left raw, red, and inflamed, and although the operation was successfully performed, the patient died on the seventh day from occlusion of the bowels by adhesion of opposing surfaces. The patient suffered no peritonitis, had no fever. Abdomen flat all the time, but she had a persistent retching, and eructation from the stomach which continued to her death. A *post mortem* revealed the cause of failure. The small intestines were literally glued together, so as to effectually prevent any movement. I may not judge aright, but do believe that the continued use of faradic electricity in these cases is calculated to seriously injure the patient.

Ovariectomy is the most certain cure we know of to-day, and if well performed at the proper period, is by all consent the best treatment for ovarian cystomas. The average life of the patient suffering with the tumor may be set down at two years. She will live just about as long as she would with confirmed phthisis, and not a day longer. Ovariectomy should be ordinarily performed when the tumor has reached the third stage, or has increased so as to impringe upon the umbilicus, and the general health has begun to fail a little. At this

time the system tolerates and recovers from the operation to the greatest advantage, and with the greatest certainty.

Polycystic cystomas are the most frequent and also most dangerous to life. Oligocysts are next. Monocysts constitute only 3 per cent. of the cases met with, and are the simplest and most easily treated of all.

An ovariologist, (a beginner) who should be so fortunate as to meet with monocysts only, for the first year or two of his practice would become very confident of success, and bigoted and egotistical in his views, he would be likely to save 80 or 90 per cent. of his cases. If his luck should change during the third and fourth year, so that he should encounter polycysts only, he would be likely to be a sadder and a wiser man, as he would not save more than 50 or 60 per cent. of his cases. Therefore, it behooves the candid observer before he shall approve or condemn an operator, to inquire about his case or cases.

About 75 per cent. of the cases now operated on by our most competent operators, recover. The 25 per cent. of failures include cases that have been too long deferred, also those where there are extensive and firm adhesions involving not only the abdominal walls, but intestines, stomach, liver, etc.

Enucleation is proposed as an improved operative procedure in these latter cases. The procedure is a sort of hybrid affair, consisting in one case of a turning of the tumor out upon the abdomen, and then reflecting off the peritoneum and thereby enucleating the tumor, (after Prof. Miner), and in the other case of opening the sac of the tumor and pulling out the endothelial or lining membrane (after my colleague, Prof. Ludlam). The procedure is only applicable to the most healthy mono cystic tumors, of which we encounter but 3 per cent. in actual practice, and again if the tumor is really adherent to the abdominal walls, of course it cannot be turned out at all. And if the sac is undergoing degeneration, or is in an unhealthy state, we shall tear through it in attempting the peeling process, so that regarded as an operative procedure it is without practical value. If we can determine beforehand that extensive adhesion obtain in a given case, then the best treatment in that case consists in puncturing the cyst in its lowest portion or through Douglas' cul-de-sac, (an operation proposed and successfully practiced a good many times by Dr. Noeggerath, of New York). He first makes "a transverse incision about an inch long through the roof of the vagina up to the cyst, which coming into view is emptied by a free incision, and finally the edges of the two incisions are stitched together by silver sutures." This operation is entirely applicable to the varieties of cystoma last mentioned, or indeed to any variety not admissible of removal in the ordinary way. Experience already obtained proves this operation to be eminently practicable, as the contents of the cyst drains off its own gravity through the vagina, and the walls of the sac shrink gradually down into a hardened mass, not larger than an orange, which gives the patient no further uneasiness or trouble. Hence it

is in every sense more than the peer of enucleation, as it is a sufficient remedy for almost every case that cannot be removed through an abdominal incision. It possesses the further excellence of admitting of frequent and free injections of *Iodine*, or other agents calculated to heal the cavity, and that, too, without irritating the general system or exciting inflammation.

My preference, so far as surgical treatment is concerned, is *decidedly* in favor of the *two* operations only, (*i. e.*), first, removal through an abdominal incision in the ordinary way, this procedure will include 75 per cent. of our operative cases. And secondly, where from any cause, or for any sufficient reason, the tumor cannot be removed in the ordinary way, I should emphatically endorse the operation by vaginal incision just described, as affording us the maximum of gain for the minimum of risk.

I regret exceedingly that I have not sufficient time to elaborate all the different methods of performing ovariectomy, treatment of the pedicle, etc., but close for the present this already long drawn paper with the hope that I have not spoken in vain. Especially if the members of the association have followed me with half the interest I have felt in the discussion of the points raised.

CASE OF SEPTICÆMIA.

March 6 1877 was called to see Mrs. S— who, while cleaning a lamp chimney cut her wrist with a piece of glass, the wound was one-half inch deep and had been received about twenty-four hours before. When first seen the site of the wound was very painful and some swollen though not so much as the pain would seem to indicate. Rigors and nausea were present. Upon very slight probing of the wound for glass she became quite faint. Pulse about 120 and strong.

Having been somewhat exposed to cold immediately after the injury by washing some light articles, the diagnosis seemed to be chill or "cold" and she received *Aconite* with bread and milk poultice applied to wound. From this day to the ninth inclusive she received *Veratrum* 1st dec. and *Merc. sol.* 3, and poultice continued. A part of the time pain seemed a little better but swelling increased until the tenth when the constitutional symptoms were very marked; headache, chills, constant swelling much increased and extending rapidly towards the body; frequent desire to vomit. Learned to-day that the articles washed on the day of injury were some towels used about the head of a patient I was treating for traumatic abscess of the brain; the discharge from which were very fetid. About 9 P. M. when the pain was very great throughout the whole arm and the inflammation was rapidly increasing; I gave three grains of *Sulpho-Carbolate of Soda* and directions for two grains to be given every two hours through the night, and applied a flax-seed poultice. At 11 P. M. the pain was much relieved and the rigors had ceased. This improvement continued

through the night giving the patient some rest. Eleventh continued medicine and poultice. Twelfth found patient still better, though pain was increased during night, though less than previous evenings. Swelling of the arm decreased; of the hand increased but not inflammatory. Continued medicine two grains three hours apart. Thirteenth much improved; wound discharges more; soreness of arm and most of the hand less; appetite quite improved. Sitting up and dressed. Continued the poultice and medicine two grains two hours apart. Fourteenth still better every way; had more pain last night, being a stormy night. Fifteenth had a chill about 2 P. M. An abscess about two and a half inches above the wound between radius and ulna opened into the wound. Continued former treatment. Eighteenth much better every way; wound had discharged freely; swelling greatly reduced and hand blue. Continued prescription. Nineteenth swelling and soreness gone; abscess discharging less. Gave *Lachesis* 30 cent. Twenty-third abscess having closed, found it necessary to open it. Discharged freely. Other symptoms much improved. From this on, patient rapidly improved without further attention.

The items of interest in this case on the septic poisoning of the blood (which seems quite probable) and the quick relief following the exhibition of the *Sulpho-Carbolate of Soda* evidently a case of cause and effect; if not let others explain. The symptoms were out of all proportion to the slightness of the wound. The patient was robust and the symptoms were not referable to idiosyncrasy or dyscrasia.

The process of cure may not be dynamic but chemical, yet none the less worthy of attention; for, if it was a case of septicæmia it is safe to predict, that, under the attenuations, from 3d to 100 the lady would have gone to an untimely grave. *Carbolic* or *Salicylic acid* may have done as well in perceptible doses. Attenuations of *all degrees* are useful, but, for a rapidly putrefying blood mass I think, unsafe.

CLEVELAND, O.

E. H. PECK.

A CASE OF COMPOUND FRACTURE OF BOTH CONDYLES AND LOWER THIRD OF THE HUMERUS.

BY C. E. GEIGER, M. D. FOREST GROVE, OREGON.

I was called April 26th to see a little girl aged sixteen months who had fallen from a high chair striking her elbow. I got there six hours after the accident, which was 12 o'clock at night; found the arm badly swollen, and on examination, found both condyles fractured; and a transverse fracture of the lower third of the humerus. Crepitus could be heard and felt distinctly at both condyles and humerus.

Having set the bones as well as possible; pasteboard splints were used, as I had no others with me at the time. *Aconite* was given in alternation with *Arnica* for the soreness, and to reduce the swelling.

Arnica was also used externally; for the arm at the elbow was badly bruised.

April 27. I found my patient resting well; the swelling was mostly gone and but little inflammation. The arm was washed with warm water and castile soap, and the angular splint recommended by Dr. Franklin well padded and applied to the elbow and posterior portion of the arm; with straight wooden splints applied to the anterior portion and fore-arm; held firmly with a roller. The *Aconite* and *Arnica* were continued internally, and *Arnica* used externally.

April 30 Found my patient had rested well all the time; had no pain, the inflammation was mostly gone. *Symphytum* 1st dec. was given internally and the *Arnica* lotion used externally.

May 4. Patient was doing well; there was no inflammation; the bones were knitting together well. *Symphytum* was continued internally and *Arnica* externally.

May 11. The fractured bones were knit together well so that the child could use its arm and turn it in any direction. There was no ankylosis which is usually the case in compound fractures of the condyles. I used passive motion to prevent ankylosis. The child being small, I had the parents keep the arm bandaged for about a month, so that if the child fell, it would not be fractured over again.

The little girl is now well and has as good use of her arm as she ever had before it was fractured.

Medical News.

Cancer.— After removal by the knife, Dr. Newton (Eclectic) saturates the wound with *Sulphate of Zinc*, full strength.— *The Sun*.

Prof. B. Welch is editor of the *Weekly Chicago Times*. Our old friend and whilom professor of chemistry makes a spicy and newsy paper.

The Missouri Homœopathic College.—S. B. Parsons, M. D., on surgery, and G. S. Walker, M. D., on obstetrics (and dean), are two valuable accessions to this college. They are both able men.

Dr. B. Ludlam is spending his spare moments during the heated term in translating Jousset's Clinical Work, which he will edit with notes and additions. More than half the MSS. is now ready for the press.

Wanted.—Physicians are requested to forward to Dr. Hoyne at once clinical hints and cases for Part VI. of Clinical Therapeutics. The part will contain *Natr. c.*, *Plat.*, *Spig.*, *Stram.*, *Asaf.*, *Camph.*, *Cicuta*, *Dros.*, *Ip.*, *Led.*, *Nux mosch.*, *Ruta* and *Spong*.

The United States Homœopathic Pharmacopœia.— In compliance with many earnest requests from the profession, the above work has been prepared with great care. It is running rapidly through our press and will be ready about September 20th.

Season Hints.—If our readers in various parts of the country will give the remedy for the early fall colds, influenza, laryngitis, etc., we will have the key to the winter epidemic constitution. Study closely these avaut couriers. Forewarned is forearmed.

Bellevue Hospital Medical College.—The eighteenth Announcement received. Requirements, three years' pupillage "with a regular physician, in good standing," and two courses. Terms, \$155 each course. The faculty number thirty nine.

H. B. Fellows, M.D., well known to our readers, has been elected to the chair of professor of physiology and pathology of the nervous system, in Hahnemann Medical College, Chicago. Dr. F. is a scientific physician, an enthusiastic Homœopath, and will make an able teacher in his chosen specialty.

Hahnemann Medical College.—Nineteenth Announcement. We see that the alumni of this college number 519, while those in attendance reach the high figure of 1316. Of these, 229 attended last year. That looks like the decay of Homœopathy! The additions to the faculty are Drs. H. B. Fellows and C. E. Laning. Dr. N. F. Cooke, former professor in this college, gives a special course on special pathology and diagnosis.

Chicago Homœopathic College.—The announcement of this popular and worthy institution is at hand. It shows the management is awake to the requirements of the times. The division of the lecture term and frequent examinations of the student's progress, will insure thoroughness of instruction. The college building has been rearranged for the better accommodation of the large and growing clinique. The correspondence indicates a greatly increased attendance of students. The marked success of this college ought to satisfy all its friends. *

The Science of Therapeutics.—Our friend J. P. Dake, M.D., of Nashville, has outlined therapeutics, giving it a wonderful latitude, overlapping hygiene, physiology, chemistry, physics and materia medica. As an excuse, he says, "I use the term therapeutics in its original and broadest sense." That may be convenient, so as to include Allopathic (antipathic and isopathic) principles, but is hardly scientific—much less just to Homœopathy. Therapeutics might include the nurse also, from its definition "to serve, to take care of, to heal." We hope our friend will survey this field again, for we believe that when all the medical sciences are sharply and clearly outlined, by some master hand, Allopathy will "go to the wall." Hygiene is its chief means of subsistence now. Homœopathy the science of therapeutics. Excelsior!

New York Medical Society.—It is proposed to make the semi-annual meeting September 17th and 18th, 1878, at the "Asylum for the Insane," Middletown, one of the most interesting the society has ever held, and to that end will you please furnish a paper upon some congenial medical topic, and inform the undersigned of the title, at as early a period as convenient. This occasion will afford an excellent opportunity for visiting the "Asylum" besides enjoying an intellectual and social feast. The society will be entertained by the trustees of the Asylum and by the Orange County Homœopathic Medical Society. The banquet will be given on the evening of Tuesday. It is to be hoped many members of the "fair sex" will be in attendance. The Erie railway will furnish a special car on the 9 A. M. train (8:45 from 23d street) and excursion tickets at \$2, from New York, and at half fare to other points, if purchased of the undersigned in advance. Please make early application for tickets.

ALFRED K. HILLS.

Resignation.—In order that my resignation be properly understood by the profession, and to show that we had no row or dissatisfaction on either side, I have adopted the suggestion of my colleagues here, sanctioned by the Philadelphia fraternity, and send you the enclosed:
Yours fraternally, J. H. MCCLELLAND, M. D.

PITTSBURGH, March 12, 1878.

TO THE FACULTY OF THE HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA: *Gentleman*—I hereby place in your hands my resignation as professor of surgery and clinical surgery in the Hahnemann Medical College of Philadelphia. In so doing, permit me to say, that while my relations with my colleagues of the faculty have been most fraternal and pleasant, and while my labors in the college an unmixed pleasure, I have nevertheless felt it impossible to break up home ties and interests to remove to your city, which would be necessary did I retain my position in the college. I acknowledge having been received with great consideration by the profession of Philadelphia, and that a wide field was presented for professional pursuits. It is therefore with great regret that after two years of most agreeable association with you, I feel compelled to withdraw from the faculty of this time honored institution, my own *alma mater*.

With sentiments of high regard, I remain, gentlemen,
Very sincerely yours, J. H. MCCLELLAND.

PHILADELPHIA, March 18, 1878.

J. H. MCCLELLAND, M. D.: *My Dear Doctor*—Your resignation of the Chair of the Principles of Surgery and Clinical Surgery in the Hahnemann Medical College of Philadelphia was laid before the faculty at its meeting, Saturday evening, March 16, 1878. On motion it was accepted, with instructions to the registrar to inform you that we sincerely regret that circumstances prevent you from continuing your relation with us, and with the college. We cheerfully bear testimony to your acceptable labors in the position which you have held with us, and we feel that our institution, and our school of medicine would be greatly benefitted by a continuance of your valuable services. While regretting the severance of college relations, we trust that our professional and fraternal associations will remain unimpaired through life. With considerations of the highest esteem, I remain, dear sir, on behalf of the faculty, Very sincerely, yours,

O. B. GAUSE, Registrar.

Therapeutics

OF

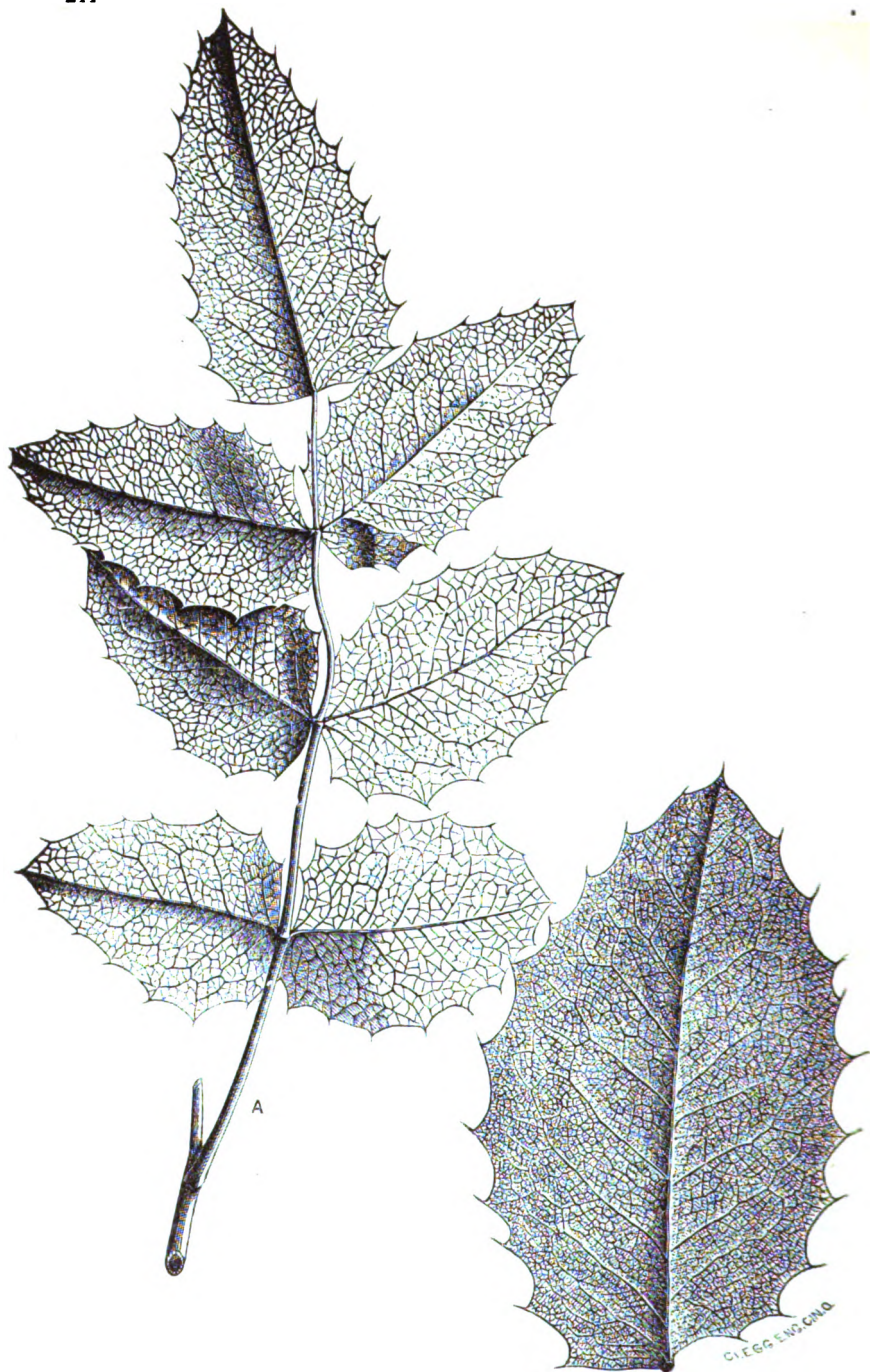
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BY

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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.

CHICAGO, Aug. 28.—Prevailing diseases are: (1). Dysentery. (2). Cholera infantum. (3). Rheumatism and (4). Sore mouth. Remedies used: (1). *Rhus*. (2). *Ars*. (3). *Rhus*. (4). *Nitric acid*, *Rhus*.

T. S. HOYNE.

DOWNINGTOWN, Pa., Aug., 19.—Prevailing diseases are: (1). Diarrhœa of children. (2). Cholera morbus. (3). Gastric fever. (4). Intermittent fever. Remedies used: (1). *Ars*. 6 and 200, *Bry*. 6, *Merc. sol.*, 60m. (2). *Aconite rad.*, tincture. *Pod* 6, *Verat*. 30. (3). *Bell*. 6 and 200. (4). *Ars*. 200.

L. HOOPES.

WATERTOWN, Wis., Aug. 1878.—Prevailing diseases are: Whooping cough, parotitis, bilious remittent fever. (1). *Bry.*, *Bell.*, *Merc. viv.*, *Caust.*, *Chelidonium*. (2). *Bell.*, *Bry.*, *Merc.* (3). *Bell.*, *Nux vom.* *Bry.*, 6th to 12th attenuations used of all but *Caust.* and *Chelidonium*. Inability to raise or expectorate the acrid tasting mucus. Aggravation from exhaling. Amelioration from cold water. *Caust.* The cough reechoes in stomach. Flying out of detached lumps of mucus from the mouth, when coughing, were the indications for *Chelid.* One dose, 200 of Dunham, cured in three weeks.

C. R. MUZZY.

THE LOGIC OF THE LAW OF SIMILARS.

BY T. M. TRIPLETT, M. D., PANA, ILL.

I will endeavor to explain this very briefly as I understand it Homœopathy is everywhere vindicated by the argument superior success, but it is well also to be able to vindicate it by the argument of logic. Some people have to be converted in the head first before they can be converted to our practice. Happily for us Homœopathy is a beautiful system susceptible of philosophical explanation. The *modus operandi* of drug action may always be enveloped in mystery, but that is altogether outside of Homœopathy. Now to the logic of the law.

1. Every drug has but one kind of action; this action is fixed, unalterable. It is this that gives every drug an identity. Thus each drug is a separate individual in the kingdom of medicine. To illustrate, *Aconite* has its own peculiar action which it always maintains; it never assumes the office of *Belladonna*, *Mercury*, *Nux*, nor that of any other drug; it never exercises but one kind of action, viz., that peculiar to itself. And so for all drugs. While the action of a drug never varies in kind, it varies in degree according to the dose. So great is the variation in the degree of a drug's action that it is exactly opposite in health and disease. Large doses of *Ipecac* cause vomiting; small doses cure vomiting in another person.

2. Every drug always acts on the same part or parts of the body. *Belladonna* always acts on the brain, *Nux* on the cord, *Dig.*, on the heart, *Ipecac* on the stomach, *Merc.*, on the liver, *Aloes* on the bowels, and *Canth.*, on the bladder. And so for every drug; each by the mysterious force of elective affinity goes to its own place in the human organism and there does its peculiar work. The Old School classification of drugs is built on these two facts in the natural philosophy of medicine; viz., that each drug has but one kind of action, and that this action is always exercised on the same organ or parts of the body. Narcotics are drugs that act on the brain; sedatives act on the heart; emetics act on the stomach; cathartics act on the bowels, and diuretics act on the kidneys. Thus they classify drugs according to the kind of action they have and the parts they affect. While their classification rests on a fact in medicine, they generalize nearly all specific usefulness out of it; this together with the fact that they generally write drugs for antipathic effect makes the Old School *materia medica* of but little practical value to the world.

Every drug has the same kind of action on a sick person that it has

on a well person. This follows, of course, as a drug has but one kind of action. *Belladonna* is as much *Belladonna* when it cures a sick man as when it poisons a well man. The difference is in the degree of action, not in the kind. Now a drug has but one kind of action, and as it always affects the same part, it follows that the disease it causes in one and cures in another *must* be similar; because the effect is produced in both cases by the same kind of action, and on the same part, the action being different only in degree. The intensified action of large doses produces disease, the modified action of small doses cures the similar disease. The modified action of small doses cures the similar disease. It follows also that a drug can only cure disease of a part in which it is capable of exciting a similar disease when given in large doses to another person because it can only affect the same part the same way in sickness that it does in health. Let us look at this from the side of pathogenesis. Any drug in large doses will produce disease of that kind and of that part that it will cure. So then the law of similars rests on the fundamental law in medicine that every drug always has the same action on the same part or parts. This is the law, and *similia similibus curantur* is a logical deduction from it. This law, that every drug has but one or its own peculiar action and that always manifested on the same part or parts, will hardly be disputed by any one in any school. There are slight individual variations from it owing to temperament, but these only prove the law as a standard. A volume might be written on this subject, but I shall not discuss it further now.

Let us now draw some practical deductions. There is but one way to cure the sick. When any physician cures a patient, no difference to what school he belongs, he cures him in accordance with the law of similars; because there is no other way. By cure we mean *the removal of disease by the direct operation of medicine on the affected part*. We mean no disrespect to the Allopaths when we say that their roundabout, indirect treatment does not cure at all. We call it relieving disease. It relieves the patient of a portion of his vitality too. There is some difference between curing and relieving disease. The former affects only the diseased part; the latter often reduces the patient more than the disease. The Allopaths do sometimes unconsciously practice Homeopathy, and so make direct cures; but they do it in a bungling way because their doses are too large and they give too many drugs. Again, as a drug has but one kind of action and that always on the same part, it follows that the highest dilution-

ists and the lowest dilutionists always cure their patients in precisely the same way, because there is but one way. The low dilutionist is as good a Homœopath as the high ; and the high dilutionist is no better a Homœopath than the low. Only the low dilutionist should not go so low as to disturb the physiological integrity of the organism ; and the high dilutionist should not go so high as to be uncertain. These and all are bound to one *cure* by the inexorable logic of law.

ABSCESS OF THE RECTUM.

BY MORTIMER AYRES, M. D., RUSHVILLE, ILL.

Read before the Illinois State Medical Association.

An abscess in the neighborhood of the rectum and anus is quite a common affection. There is hardly a physician even of an ordinary practice, who will not meet one or more cases every year, and to our surgeons and specialists, it is an every day occurrence to meet these cases, although it is often borne in silence, especially by women, through dread of exposure, and the surgeon's knife. And let me say right here, that the practitioner who is familiar with the different phases of the disease, has it in his power to prevent great suffering and inconvenience, and often save life. And to the Homœopathist it is of the greatest importance to early recognize this trouble, for with knife to give vent to the discharge at an early day, and has his well selected remedy to follow ; that most dreaded disease, *fistula*, is almost certain to be aborted. I shall here assume that all my hearers are well acquainted with the pathology of abscess.

Here, as in other parts of the body, it arises from an alteration or actual death of a portion of tissue. This necrosis or change in quality of tissue—the ultimate cause of every abscess when not due to the pressure of a foreign body introduced into the body—may originate in traumatism. Abscess of the rectum may be caused by perforation from substances that have been swallowed, and have lodged in the rectum, ulcerating into the connective tissue surrounding, when they are often found after lancing, they may be pins, needles, fish bones, seeds, etc.; abrasions caused by impacted feces, or substances introduced through the anus, may cause a perforating ulcer which will be the origin of an abscess. Other causes, such as contusions from kicks or riding horseback, pressure of stricture, or cancer of the rectum, and finally the tubercular diathesis.

Before describing any of the various forms in which we encounter abscess in practice, it is important to observe that all abscesses near the lower end of the rectum have characteristic features in common, viz., 1. They can rarely be made to abort, going on almost always to suppuration. 2. They do not heal readily, but as a rule tend to degenerate into chronic sinuses and fistulæ. 3. The pus they discharge is offensive in odor in consequence of the exosmosis of gases. Abscesses in the region of the rectum and anus vary much as to size and gravity. I have often been called to see patients whose first expression was, "doctor I have piles, and they are so painful that they prevent my moving, or doing any work, and I would rather you would cut off my hand than have an operation of the bowels."

Upon examination we find a little round lump formed just at the verge of the anus, hot and very painful; the sphincter is provoked to spasmodic contractions, and the little tumor is constantly pinched, and until this bursts, which will not be for four or five days, life is a burden. These little abscesses are very much like those of the eyelids (*hordeoli*), and apparently originate in the glandular follicles, and they cause an amount of pain all out of proportion to their size; these little abscesses often leave behind them a minute, "blind, external fistula," which keeps up a discharge of a small quantity of pus, or a watery, offensive discharge which is very disagreeable to the patient. If called at an early period in the formation of the abscess, you can generally abort it by the internal use of *Bell.*, *Sulph.*, *Puls.*, etc. If called later when pus is formed, open it with a lancet, and save your patient great pain and suffering. And here let me give a few directions in regard to the use of the lance in this disease, and it will apply to all cases where it is necessary to use a knife in the region of the anus. "All incisions should radiate from the anus as a centre." The reason is, you avoid cutting across the general course of the blood vessels, and escape possible effects of subsequent contraction in healing.

There is another kind of abscess that forms near the anus, and is sometimes called the "*dermoid*" abscess; it is generally as painless as the first described was painful; it often discharges and leaves a little fistula without the existence of the abscess having been known. As it is generally so free from pain, it is not usually brought to the notice of the physician or surgeon till the constant slight discharge attracts the attention of the patient, who is often a delicate, phthisic

ical person. A local stimulant is generally all that is required to cure the case.

Where the focus of the pus formation is situated farther from the verge of the anus, and beyond the grip of the sphincter, the pain even in the most acute grade is not so constant or severe as the first variety, and where such is the case, we have a greater redness of the skin, and febrile reaction.

This is the most common form of acute abscess in this region; when left to itself, the complete relief that is experienced upon the evacuation as the abscess leads the patient to dismiss the trouble from his mind, and it is only some weeks later when the fact is forced upon his attention by the soiled condition of his clothing.

Sometimes when the collection of pus is near the level of the upper limit of the sphincter muscle, it may fail to reach the surface externally, and discharge its contents into the bowel, forming what is sometimes called the blind internal fistula. Generally, however, we find this condition is not permanent, for sooner or later we find the abscess again collecting, which may break externally, and thus complete the fistula.

In these last two varieties, the exciting cause is generally a perforating ulcer which forms at the bottom of one of the lacunæ of the rectum. The ulceration being generally provoked by the lodgement of some substance in these little pockets from the passing feces. Here you see we have an explanation of the fact that when a complete fistula follows one of these abscesses, its communication with the bowel is most frequently found just above the limit of the external sphincter muscle, sometimes the starting point of the abscess is in the substance of the sphincter, and the resulting fistula actually traverses the muscular mass.

When the abscess extends entirely out of the sphincter, it occupies the space called the ischio-rectal fossa, where in the loose connective tissues, the abscess finds room for development, and its progress is much slower and more insidious, and more dangerous for the yielding power of the connective tissue tends to force the growth of the abscess more internal than toward the strong and unyielding skin and fascia; in these cases we often find the skin brawny and thickened over considerable extent, with a good deal of febrile excitement, and frequently evidences of septicæmic depression.

When a surgeon is not familiar with these cases, and waits for evidence of fluctuation before interfering, extensive destruction of tissue may take place, and be a source of the greatest danger to t

life of the patient, but if a finger is inserted into the rectum, it will readily recognize the increased heat and doughy feel. The surgeon should make an early and free opening through the integument, this affords the only assurance of safety. There is plainly a wide difference between the little round painful abscess first described, and the grave form last given; yet in practice we encounter many varieties of abscess, intermediate with these, and I would have you all bear in mind that the same rule of treatment applies to all, viz., an early and free opening with the double object of shortening the period of pain, and tissue destruction, and securing a cure if possible without a fistula.

Occasionally abscesses form in what is called the superior *pelvo-rectal space*. The symptoms accompanying the formation of an abscess in this region is very obscure, and its progress slow in consequence of the difficulty with which the pus finds an outlet; ultimately the pus discharges high up in the rectum or by a circuitous route, gradually finds its way out from the pelvis through the sacro-sciatic notch, gravitating downward, beside the rectum points externally near the anus, constituting a variety of fistula very difficult to diagnose as well as cure. This is an example of a variety belonging to our category of abscesses near the anus and rectum, which we cannot open early, simply because we cannot reach them even if accurately diagnosed. I could not have covered the subject of the present essay without mentioning them, nor could I have completed the etiology of fistula (as far as fistula takes origin in abscess) which I also had in view.

TREATMENT.

The treatment of abscess in the region of the anus, and rectum is the same as abscess in any other portion of the body; in the first stage by the appropriate remedy to abort the disease—which is often done by the well selected Homœopathic remedy. When pus is formed give it as early and free an opening as possible, and by appropriate injections such as *Carbolic acid*, etc., wash out the sac and get adhesions between its walls as soon as possible, which if you are unable to do, it will become a fistula, the treatment of which will come forth in another essay, at some future time.

WEATHER PROVINGS.

For the benefit of medical science, I am making observations on the influences that atmospheric changes and the difference of climate produce on health and the various diseases.

Can you find time to keep a record for this object? If so, note down each day the special symptoms, class of symptoms or diseases, you find most prevalent, and those that are aggravated, and then give also the conditions of the weather on that day. It would be well to state what kind of invalids improve, when you find a number all improving at one time. In other words, I wish to make a "Proving" of the climate and weather—the symptoms produced, aggravated or relieved

In order that I may make my observations general and available for the country and profession at large, please send me, on the first of each month the record you have kept, whether partial or complete.

To keep a record;—take a page of foolscap paper, rule a line an inch from the left hand edge (for a margin)—then put your dates to the right of this line, and these and any other observations on this subject, directly after the date. Put the year and month at the top of the pages. I hope you will feel interest enough in the subject to keep such a record, as it will be for the general good of mankind.

PHILADELPHIA, PA

BUSHROD W. JAMES.

HINTS ON MEDICAL ELECTRICITY.

In the present stage of electric science, the conviction has become very general among experimentors, that galvanism, magnetism, faradism, frictional electricity and the electricity of the storm-cloud are, in their essential nature, one and the same, being diversified in appearance and effects by the different modes and circumstances of their development. This conclusion has been reached in various ways, chiefly, perhaps, by observing the many analogies between the phenomenon of these several forces, and also by the fact that each of them can be made to produce, or be produced by one or more of the other. There are two other phases of the electric principal which are not generally classed here. I refer to the forces of animal and vegetable vitality. Of the animal, I regard the nervous fluid or nervous influence, popularly so-called, as being the very principle of animal vitalization—life force—and a modification of the electric forces. It is, I think, generally considered that the nervous influence is electric.

There are some alleged facts which go far to sustain this view. It is said that if we transfix a steel needle into a large nerve of a living

animal, and let it remain in that condition a sufficient length of time, the needle becomes permanently magnetic. So, too, if the point of a lancet be held for some time between the severed ends of a newly divided large nerve, that point becomes magnetic.

But the fact on which I chiefly rely for evidence of this identification, being almost daily conversant with it in my practice, is this: The nervous influence obeys the laws of electrical polarization, attraction and repulsion.

When I treat a paralyzed part in which the nerve force is suspended to all appearance, I have but to assume that this force is electric and apply the poles of the instrument accordingly, and bring it in from the more healthy parts along with the inorganic current from the machine. Forcing conduction through the nerves by means of the artificial apparatus, I rouse the susceptibility of the nerves until they will normally conduct the nervous influence, or electro-vital fluid, and the paralysis is removed. Again, if I treat an inflamed part in which the capillaries are gorged with arterial blood, I have but to assume that the affected part is overcharged with the electro-vital fluid through the nerves and arterial blood, and so apply the electrodes, according to well known electrical modes, as to produce mutual repulsion, and the inflammatory action is sure to be repressed. This thing is so perfectly regular and constant that I am entirely assured before touching the patient what sort of effect will be produced by this or that arrangement in the application of the poles of the instrument. If I desire to increase or depress the nervous force in any given case, I find myself able on this principle to produce the one effect, or the other, at will. Hence, I say, the nervous influence obeys the electric laws just as does the inorganic electricity. The author of my *Principles and Practice* says: "We find this subtle agent not in the nerves only, but also in the muscles and blood, more especially in arterial blood; indeed, it seems to pervade more or less the entire solids and fluids of the animal system." Vegetable vitality is another modification of the electrical force. The fact has been proven by repeated experiments that galvanic currents passed among the roots of plants cause a development almost incredible to anyone who has neither seen nor heard its rationale. I have seen it stated that by this process, lettuce leaves may be grown, within a few hours only, from the size of a mouse's ear, to dimensions large enough for convenient use upon the dinner table. The following experiment has been related by Judge Caton, of Ottawa, Ill., and subsequently the same has been confirmed

by his brother, Deacon Wm. P. Caton, of Plainfield, in the same state. It is said that the Judge had some choice evergreens which appeared to be affected by unhealthy influences, causing a suspension of growth and withering of branches here and there until such branches died. So the process went on, terminating after a while in the death of the tree. In this way he had lost some valuable specimens. At length a very fine and favorite tree was similarly attacked. He, of course, annoyed at the destructive process, and especially reluctant to lose so fine an evergreen, called to mind something analogous to what I have referred to, and resolved to try the efficacy of galvanization to reinforce the vitality of the shrub. Having a telegraph wire extending from the main line, in Ottawa, to his residence, he availed himself of this facility, and caused a wire to be passed among the roots of this tree in such a way as to bring the galvanic current to act upon them. It was not long before he saw to his delight a new foliage starting from the twigs, and after a little time the tree was again flourishing in all its beauty.

To insure the success of such experiments, proper regard must be had to the polarization. No attention may have been given this matter in the case related, but if so, the Judge must have stumbled upon the correct application of the poles, as to have brought the roots under the influence of the wrong pole would have been fatal to the tree. Now, although if taken by themselves, such experiments could not be regarded as conclusive in favor of the electric nature of vegetable vitality, notwithstanding that this theory best explains the phenomena; yet, when considered in connection with the fact that the nervous fluid of the animal kingdom is evidently a modification of electricity, and probably constitutes the vital force of the animals, the theory of its identification under another modification with the vital principle in the vegetable kingdom also, as deduced from experiments like those just mentioned, receives strong confirmation, and is now, I believe, being adopted by the best philosophers of the age. When we have settled upon the position that the electricity of the heavens and that of the artificial machine are identical, and their identity essentially one with galvanism, magnetism, the electro-vital fluid of the animal, and the life force of the vegetable kingdom, it requires no extravagant imagination, nor remarkable degree of enthusiastic credulity, to suppose that all of the forms of physical attraction and repulsion are the same all-pervading agent — Electricity. I feel no hesitation in expressing the belief that electricity, in one phase or

another, and controlled only by the will, is the grand motive power of the universe.

It is fast becoming a generally received opinion among modern *savants* that everybody in nature is really magnetic, more or less, and that all visible or sensible changes are but the result of changing poles. Chemical affinities and revulsion are believed to be only the more delicate forms of electrical attraction and repulsion; the ultimate particles of matter no less than matter in masses being subject to the control of electrical laws. The imponderable agents, light and caloric, under the ingenious tests of scientific scrutiny, are beginning to give some very decided indications of being simple electric phenomena. Indeed, the doctrine or theory that supposes caloric to be simply atomic motion is even now being generally accepted by the scientific world, and that motion in the atoms of a body which causes in us the sensation of heat is probably electric motion. And permit me to observe that, though the operations of nature seem at first thought to be wonderfully complex and mysterious, yet if the views here presented be correct, the marvel is changed to a profound admiration of the simplicity of the means by which the Almighty conducts His material operations.

A single agent made to perform processes so infinitely numerous, diversified and apparently complex! How amazing! Simplicity in complexity; majestic, like the mind of God!

Philosophy of disease and cure. Every disease is either preternaturally positive or negative. You will bear in mind that all acutely inflammatory or hypersthenic affections are electrically positive in excess, having too much vital action, being overcharged with the electro vital fluid; and that all paralytic diseases, or those of a sluggish azoodynamic character, are electrically negative, possessing too little vital fluid. By a universal law of electricity, positives repel each other; but positive and negative attract.

This is a principle of electric action everywhere known where the subject is at all understood. We apply it practically to therapeutic purposes. Therefore, when I wish to repress or repel inflammation which is electrically positive in excess, I place the positive pole to it, or, at least, bring it under that half of the circuit with which the positive pole is connected, and as near to the pole as possible. And because two positives repel each other, and also because the direction of the current is from the positive to the negative pole, carrying the

electro-vital fluid with it, either I must withdraw the positive electrode, or that excess of electro-vitality in the diseased part which makes it morbidly positive, and thus produces inflammation, must give way. I will not withdraw the positive, and therefore the positive inflammation must retreat and be dispersed. In treating this case I will place the negative electrode either on some healthy part, or if there be perceptible anywhere in the system a morbidly negative part, as is often the case, I place the negative there.

For example, if I am treating nephritis, when I do not perceive any part to be abnormally negative, I manipulate with the positive pole over the inflamed kidney having the negative electrode placed at the coccyx. The positive pole repels inflammation from the kidney, or rather expels from it that excess of electro-vital fluid which makes it morbidly positive, while the negative pole attracts the same toward the coccyx. On its way it becomes more or less distributed to adjacent nerves, or if gathered in the healthy parts under the negative pole, it is immediately dispersed by the normal circulation as soon as the electrode is removed.

But if I find a spinal irritation, say in one or more of the cervical or dorsal vertebræ, and at the same time a stomach affected with chronic dyspepsia, accompanied with constipation of the bowels, I will work over the inflamed or irritated spine with the positive pole, because I know from its irritation that there is an excess of electro-vital fluid making it improperly positive, and with the negative electrode I will at the same time treat the stomach and bowels and liver, because I know from the inaction of those organs that there is a lack of vital force — they are too negative. Adopting this method I accomplish two objects in the same treatment; first, the positive pole applied to the spinal disease repels from it the excess of electro-vital fluid, which is there doing mischief, and second, the negative attracts the same, along with the artificial or inorganic electricity, to the stomach and wherever else it is wanted, since negative attracts positive.

But suppose I do what nearly all doctors do, who use electricity without regard to polarity, that is, if treating acutely inflamed eyes, for example: apply the negative pole to the eyes, thinking thereby to make them more negative, or, if treating amaurosis, apply the positive pole to the affected part, thinking thereby to make them more positive; do you not see that by the fixed laws of electricity I necessa-

rily increase the evil I am seeking to remedy? Do you not see that by placing the negative pole upon the already overcharged and inflamed eyes I attract to them yet more of the electro-vital fluid, and increase their positive condition and aggravate the inflammation, and that by presenting the positive pole to the eye already more or less paralyzed, I repel what little electro-vitality they possessed, and so make the nerves more negative and dead? And yet, I repeat it, this is precisely the plan of nearly all of those who use electricity in therapeutic practice without any regard to polarization—all directly antagonistic to science and success. But the great mass of physicians who attempt to treat electrically have no knowledge either of the electrical condition of the various forms of disease, or of the distinctive and peculiar effects produced by either pole of the artificial current, and, consequently, all of their use of this powerful agent is entirely empirical, merely hap-hazard experiments.

I may have raised an inquiry a few moments since which ought to be answered. I said that in treating a positive disease, such perhaps as inflammatory rheumatism, or acute pleurisy, I would use the positive pole on the inflamed parts, and the negative pole on either some healthy part or on a morbidly negative part, if I could find such; so, too, I would treat a negative disease, such as amaurosis or torpidity of the liver, with the negative pole, placing the positive upon some healthy or morbidly positive part. The query may have arisen, By placing the one pole or the other upon a healthy part, do you not derange the normal electro-vital action there, disturbing its healthy polarization? I answer, yes, for the time being, I do, and if this disturbing force were steadily continued for any length of time, the disturbance would produce manifest and serious disease. But then a pole placed on a healthy part we generally move, or ought to move, more or less every few moments, which prevents the establishment of any perverted action in the part, and the moment the electrode is withdrawn the normal polarization and healthy action are resumed.

Relaxed and atrophied conditions should be carefully observed in this treatment. An atrophied muscle or organ becomes soft and flabby from lack of nourishment. But this condition is not properly one of relaxation. It is a diminution, a thinning out of atoms by wasting without replenishment. Such a condition is negative, and requires treatment under the negative pole. On the contrary, relaxed parts, such as appear in prolapsus uteri and in the sagging down of

the diaphragm, thoracic and abdominal viscera, exhibit no lack of nutrition or of vital action.

Relaxation is a loosening of atoms from each other more or less without loss of aggregate weight, and implies a condition electrically positive in excess, and calls for treatment with the positive pole.

MARY A. RIES, M. D.

PUBLIC HEALTH.

REPORT OF THE BOARD OF HEALTH AT WASHINGTON.

Through the courtesy of Dr. Verdi, president of the Board, we are privileged to call the attention of our readers to this interesting report. We can only give a brief *resume* of its contents. The president reviews the work done in the past five years of the existence of the board, and especially what has been done during the past year.

The most interesting report is that of the registrar of vital statistics which includes births, still-births, marriages, and deaths, the latter is a most elaborate and valuable report. It seems that nearly one-half (2064) of all the deaths (4246) occurred under the age of five years. The colored population furnish many cases of death from physical debility. The sanitary inspector reports forty-two deaths from atelectasis pulmonum congenital and nine from atelectasis pulmonum post natal. We supposed that all cases were "post natal." It is a fact worthy of note that the deaths among the colored people exceeded the births. The deaths were 2093 (of which, 236 were still-births, while the births were 1717. There were fifty-one twin-births, of which thirty-two were white. The colored people, especially of the District of Columbia, are not as prolific as this people are supposed to be. The lax habits of this people may account for it. Out of one hundred and sixty-one deaths of illegitimates, one hundred and fifty-six were colored. If the grand juries would take cognizance of these cases, as is suggested in this report, much might be done to arrest the crime of bastardy.

Out of the above 2064 deaths of children, 308 were caused by cholera infantum, commencing in May, and running on to October. Worms killed one (colored); aphthæ twenty-two (fourteen colored); inanity in sixty-six (forty-six colored); whooping-cough thirty-three (twenty-colored); scarlet fever thirty-two (only four colored); enterocolitis forty-four (twenty-nine colored); diphtheria thirty-three (only five

colored). Total cases of diphtheria, thirty-nine, of which, only five were colored. Dysentery affects both races nearly alike, e. g., children, twenty-six cases, colored, fifteen; total cases, fifty, colored, twenty-six. The deaths from syphilis were twenty-five, colored, twenty-two. Congenital syphilitic deaths were fourteen, of which, thirteen were colored. Marasmus claimed sixty-one cases, of which, fifty-seven were children under five, the others were under twenty-five; thirty-three were colored. Pneumonia carried off two hundred and twenty-eight children (one hundred and seventy-five, over two-thirds), colored, Teething carried off four, of which, three were colored; rickets six, five colored; congenital debility, thirty-nine; twenty-two white; umbilical hæmorrhage, six; five colored. It is interesting to follow out this hæmorrhage record. Hæmoptisis, eight; six colored; post-partum, five, three white; uterine, one (colored). Phthisis claimed five hundred and ninety-five, colored three hundred and ten. *Tabes mesenterica*, ninety-two; hydrocephalus, thirty-four; cyanosis, fifteen. *Scrofula* claimed nine, while rheumatism killed sixteen.

The report, as a whole, is very interesting.

DUODENITIS—AUTOPSY.

BY J. W. REYNOLDS, M. D., ROCKFORD, ILL.

Mrs. B., aged seventy-two, died on the 27th of June of chronic duodenitis, complicated with pneumonia. On the same day I made a *post-mortem* examination.

The uncommon nature of the disease, together with the peculiar pathological condition of the parts affected, have tempted me to give a history of the case, or so much of it as came to my knowledge or under my observation.

About a year ago this patient came to me for treatment. She stated that twelve or fifteen years ago she commenced to feel pain in the epigastrium region, which would bloat up at times. There was occasionally, belching of wind and the appetite was capricious. She consulted Allopathic and Eclectic physicians, and took many domestic remedies, but without much relief. As the disease progressed, the swelling was more circumscribed, but, as before, its bulk was not constant. The patient finally conceived the idea that she had a lizard in the stomach, and so she applied to a physician living at a distance

who had a reputation for skill in driving this species of vermin from the system with his unapproachable specifics. He administered powerful remedies, which caused much pain in their operation; and as a stool of peculiar shades passed the bowels, during this treatment she really believed that the "lizard" had been killed by degrees and expelled. The fact that the pain after this was not of a gnawing nature, also lent color to her mind that now she was free from her tormentor and would soon get well. But severe ulcerative pains now set in, and continued to increase in severity. From this time onward many physicians gave many remedies and made divers diagnoses. At one time she came under Homœopathic treatment, and then experienced some relief. For the last three or four years the symptoms had not varied much, and were about as follows: Appetite meagre and capricious; nearly constant eructations of gas, accompanied by expulsion of clear mucus; bloating in the epigastric region, with distress, which prevented sleep. Eructations always afforded a sense of relief. The amount of gas expelled from the stomach was simply enormous, and the operation resembled the blowing out of a candle. The bowels were constipated all through the course of the disease. She was also troubled with obstinate projecting hæmorrhoids. A good degree of emaciation was, of course, a natural sequence. My prescription at this time was *Carbo veg.* 6x trit., and as this appeared to aggravate all the symptoms it was changed to the 30th dilution. For a week or more after taking this, she was greatly relieved, and slept so well at night that she accused me of giving her an opiate. Owing either to the non-action of this remedy at the end of ten days, or the hopeless feelings of the patient engendered by the disease, she discontinued treatment for several months, the symptoms in the meanwhile remaining unchanged. She was then treated by an Allopathic physician, who, among other things prescribed *Felix mas* (query, another species of vermin?) but finally pronounced it cancer, and as being incurable. It may be stated here that scirrhus had been suggested by other physicians previously, although the great majority had not ventured upon a diagnosis. But no one had pronounced it what it too evidently was — a case of duodenitis. Here was a case where the diagnosis, by exclusion, came into play. It could not have been cancer of the stomach or any part of the intestinal tract, for in that case there would have been real vomiting of discolored substances, or the same would have been discharged per rectum, and moreover the disease would have terminated unfavorably long ago. The absence of vomiting of

the ingesta or of anything but clear mucus, together with the nature of the pain, excluded perforating ulcer of the stomach. The obstinacy of the disease, and the swelling and hardness in the region of the lesion, included the possibility of a simple hyperæmia of the mucus membrane of the stomach. From these facts I had no hesitation in pronouncing it a disease which commencing simply as an inflammation of the mucus membrane of the duodenum, had finally caused infiltration and puffing of that viscus at a fixed point, and I so informed the husband of the patient.

In the latter part of March, Mrs. B. was taken with broncho-pneumonia, followed by relapse. The usual remedies were given, and the recovery was complete, with the exception of a slight bronchial cough to which she was subject every winter. A month later I was again summoned, and found my patient suffering from a severe attack of pleuro-pneumonia. During this sickness the old disease came in as a troublesome factor; but she recovered so far as to get rid of the lung symptoms and fever. On the first day of her sitting up, she was injudiciously bathed by an attendant, which caused another relapse. Severe congestion of the lungs and pleura and high fever. Accompanying this there was great distress in the epigastric, and both hypochondriac regions. The lung disorder was again controlled, but the pains in the region of the liver and spleen appeared to resist *Aconite*, *Bryonia*, *China*, *Mercurius*, and all other remedies, and when finally they were ameliorated, I could not ascribe the result to any special course of treatment. The distress in the duodenum continued, and, though very obstinate, was not entirely intractable. At times it would come in paroxysms, and once I was compelled to administer a large dose of *Scapnia* to produce quiet enough for a little repose. At the end of ten or twelve days, special treatment, the pains, eructations and bloating of the epigastric region appeared to be under control. The feet now began to swell. The fever, however, had not abated much, but was more intermittent. The tongue was very dry, but the thirst inconsiderable. A week before death, the coating on the tongue was heavy, dark brown and very dry. The mind was clear, except for the last twenty-four hours, when delirium set in and continued to the end. The treatment, although insufficient to restore the patient, was not without avail in ameliorating the severity of the different symptoms. *Carbo veg.* 6th, 30th and 200th acted well in the bloating, pains and eructations. *Ars.* 6th, 30th and 200th,

completely stopped the dropsy of the feet and the thirst, and helped the fever. *Phos.* and *Rhus tox* were given when the pulse and general symptoms indicated their use. *Kali bich* was given for the dry, brown paste on the tongue, in alternation with some of the other remedies, but with little success. *Lyc.* in the 30th and 200th potencies, relieved the bloating in the lower bowels, and kept the fecal matter from accumulating. The diet was cream, although beef tea was used for a day or two. Vomiting of the ingesta occurred five or six days before death, but was easily controlled by *Carbo veg.* 200.

Ten hours after death I proceeded to open the body, assisted by an Allopathic physician. There was an adhesion of the pleura, with slight symptoms of emphysema. The lungs, heart and liver were intact. On opening the stomach, (which was smaller than normal owing to the abstemious habits of the patient for a number of years) signs of a light grade of inflammation along the greater curvature were apparent. The cardiac and pyloric orifices were normal, excepting that the latter showed the same amount of inflammation as, in the stomach. About two inches below the stomach, in the duodenum, the source of the mischief came to light. At this point there was an enlargement, shaped somewhat like a butternut, two and a half inches in length and one and a half or two inches in breadth, which felt hard to the touch—not so hard as scirrhus, nor nodulated, but consistent throughout. On opening this and other portions of the duodenum, a low grade of inflammation was shown to have existed at the time of death. No doubt the inflammatory process had been quite severe but the *Carbo veg.* had done its work faithfully. The gall-bladder was of a very dark color, and not far from a purulent decomposition. Its connection with the duodenum had, of course, brought about this condition. The pains in the liver, and the peculiar brown, paste-like coating on the tongue were undoubtedly caused by the arrest of function of the gall bladder. A dissection of this swelling showed a hypertrophy of the muscular substance. Now, what caused this condition? Given an inflammation of the mucous membrane sufficient in extent to cause an interstitial puffing, with consequent narrowing of the viscus at this point, it is evident that the peristaltic action had been increased. Nature, as conservative here as when she comes to the assistance of the heart in valvular disease, had thrown out her forces in the shape of hypertrophy. Watson tells us that many supposed cases of cancer of the pylorus are merely conservative hypertrophies.

The present condition is, no doubt, an example of the kind, though in a different locality. The immediate cause of death I can only attribute to the occlusion of the ductus communis choledochus, producing gangrene of the gall bladder.

So far as the appearance of the diseased viscera, and the ultimatum in death, is concerned, myself and associate were in full accord.

THE PHILOSOPHY OF THERAPEUTICS—A STUDY OF PHENOMENA.

BY C. S. MORLEY, PONTIAC, MICH.

In any branch of natural science it is the duty of the investigator to faithfully record all facts; to determine the order and conditions of their occurrence, and accurately investigate their origin. Scientific research has taught us something of phenomena, but little of ultimate causes. Science has removed many superstitions and has generalized that every effect must have an adequate cause, while she views phenomena as occurring under definite laws and with exact results. We observe phenomena, linked to matter, and are unable to isolate either the one or the other.

As we study the inter-action of bodies, consciously or unconsciously we regard matter as acting or as acted upon. Hence, we deduce the proposition, viz.: *Force* is or is not antecedent to *motion*.

Could we search the entire universe, it is probable we should fail to find the cause of "initial velocity." Let us analyze before we synthesize. In the hovel of the poor or in the mansion of the rich we may find a victim of consumption.

For months or years the sufferer has pined, with nothing to hope, yet in her mantled skeleton-form, life is dear. She expresses no expectant dread of the inevitable, and without a sigh, her *hope* of ultimate recovery is unshaken, even in the "pangs of death." The last convulsive heave of the chest, a tender quiver of the lip, in the calmness of peaceful sleep, she breathes no more. We linger for a moment by her side in awe of the ineffable presence; the eyes are closed by loving hands as the last drop of tenderness falls on her pallid cheek.

Ah! the eyes open,—that face is radiant for a moment, and life and death are in their last embrace. In the deadhouse with scalpel, microscope and chemical re-agents, we seek the most elementary

form ; but we cannot see its life or feel its power. We have in its eternal rest, a lifeless, human form, and are reminded, "Dust thou art and unto dust thou shalt return." When a moment ago was life—all is cold, dead, and motionless. Has ought left that body? When did it go and from whence did it come? Natural science can only answer, phenomena ceases when the conditions giving rise to it are unfulfilled, all beyond is "unthinkable and unspeakable." What is this body? *Lifeless matter*. If we anticipate nature's tardier processes, we may reduce it into *Carbonic acid*, *Ammonia*, water, and residue by oxidation. What are these? Lifeless, chemical compounds,—reduce them and we have $C+O+N+H$, etc. What are these? Inorganic elements. Have we lost nothing by this change? "In nature there is nothing lost." Where then is the beautiful form clothed with intelligence, emotion and will? Gone forever! But where have they gone, were they unreal, did we not hear and see the evidence of their existence?

The conclusion is irresistible, namely, that matter is subject to change; and with its every change new phenomena occur. From whence this change? Modern science has demonstrated that dissimilar atoms combine in fixed and definite proportion. Its cause is called chemical affinity.

It is held that this force causing union of inorganic elements, is transmuted into the organizing force of the vegetable, and anon, its energy appears in the organizing force in the animal. We have oxidized the animal and reduced it to $C+N+H+O$, i. e., inorganic elements.

Is there nothing lost? Nothing lost and nothing gained; yet we have lost organizing force and life? Science has but one answer: "Life is the phenomena of organized matter;" "life is molecular motion;" "force is but undulatory vibrations of a universal ether." We may be pardoned if this seems to us to be a confounding of cause with condition.

Yet we ask in vain, what causes "molecular motion?" For ourself we answer, namely: *Force is antecedent to motion*. 1. Force is that which causes action and reaction. 2. Each change of relation implies motion, molar or molecular. 3. Matter is that which impenetrably occupies space. 4. The nature of force is unknown. We see that it changes the relation of bodies and has definite modes of action.

There are two classes of phenomena constantly exhibited by matter namely: 1. Physical. 2. Chemical and chemicovital. Instance—

motion of the earth and heat of the sun—or a growing plant. These phenomena are states of matter produced by laws that govern the relation of bodies, *i. e.*, we have matter, elementary or combined, inorganic or organic, and arising from the relation one body sustains to another, we have force.

So far as we can conceive, force cannot exist without these relationships. Now it is thinkable—assuming that progressive change implies a beginning—that matter once existed and filled space, elementary or uncombined, absolutely cold, dark, and motionless. If elements were always in combination, modern chemistry has the honor of creating new forms of matter.

As nearly as we can determine, we have succeeded in retracing the steps of organization and chemical combination experimentally, resulting in the discovery of elements; hence we justify our conception on grounds that justify the conception of “gaseous or molten” state. An uncombined or elementary state of matter, while conceivable, would instantly change, if now the relation of elements are, namely, so that atomic forces exist and act, *i. e.*, if dissimilar atoms are at an insensible distance apart, we have chemical combination, light, heat and electricity.

The doctrine of progressive change from the elementary to the complex as dependent relationships seems true from the proofs in nature, what determines this evolution is unknown. Water, vapor and snow, are physically peculiar and distinct, and are convertible one into the other. Are these conditions produced by identical forces? We answer for ourself that every phenomenon has its distinctive causes, and these causes exist in virtue of condition or relation.

A grain of wheat with its garnered food falls in “good ground”—watered by the clouds and warmed by the sun, it germinates and grows—now the water dissolves its food and the winds fan it with living breath. Is there anything in the plant in virtue of condition and relation that does not exist in the molecules that build it?

If we investigate the development of the human ovary, we find it “tended and woven” in its mother’s womb by forces not its own; for nine *long* months it is weaving, and father or mother take no conscious part in the weaving. In the foetal calf, before the third month we have observed an eccymosed spot, corresponding to and proportionally the same as that produced by the blow of an ax on the head of the mother. What does this prove? If true, it proves a band of

relation between the mother and her young, that chemical or physical forces are inadequate to explain.

The sight of an acid fruit will often cause profuse secretion of saliva. A rustling leaf, or the weird swaying and sighing of a forest bough, impress us with instinctive vigilance, while under the impulse of fear; the heart's action is forcible, irregular, and painful; the extremities cold, the countenance pale, and the expression anxious. Even brutes when terrified present similar phenomena. Indeed many painful, spasmodic affections, and even grave, pathological conditions are undoubtedly super-induced by passional excitement. These are complex, psycho-physiological phenomena. As we regard these phenomena as molecular motion, having its initial impulse in the "molecular motion," said to produce consciousness.

It is clear an effect has been produced. Where was the impression made, on *molecules* or *cells*? Again we answer for ourself. the impression in its physiological aspect is primarily made on *something* existing by virtue of the relation living cells bear to each other in one body. Science at present refuses to give this *something* a name; but for convenience and for the purposes of this paper, we will name it *organic force*. Within our definition: 1. Organic force may receive and propagate impressions primarily made in the sphere of consciousness.

Every nutritive change, every functional activity exists in virtue of this force. In the unfolding purpose of the power that builds, fit material alone is appropriated while the unfit is rejected. Material absolutely unfit for nutrition is inimical to the body. Noxious substances are executed through channels in which they induce specific reaction:

1. Organic force arises from the relation of living cells.
2. Drug force arises from the relation of drug molecules to living cells.
3. The molecules of a noxious substance in the body induce organic reaction against it.
4. Organic reaction induces altered relation of cells.
5. Altered relationship produces altered phenomena.
6. The "primary" action of a drug presents active, progressive alteration of relationship.
7. The "secondary" action of a drug present altered relationship.

The border land between physiological evolution and pathological evolution is ill-defined to the pathologist; to the experimental therapist it is foreshadowed by the "true picture" in his provings.

This terra incognita, the science of therapeutics claims as her own. We have found that drugs induce definite changes of relationship of cells in virtue of the reaction of the organism. We infer that in disease the relation of elements in the complex body is such as to modify function and nutrition, *i. e.*, the phenomena of life. We infer that modifications of organic force is antecedent to nutritive change.

When Virchow demonstrated that inflammation could be produced by an irritant in the cartilage and in the cornea, destitute of vessels and nerves, he dealt a death-blow to neuro-pathologists, and they only. The same experiment proves the existence of a band of relation in the sympathizing body—*organic force*. The questions what will remove tubercle, what defibrinate the blood or remove a fatty cell-contents are not the problems of scientific therapeutics—they are the problems of the hypothecated method.

The problem of scientific therapeutics is, namely, what will modify pathological evolution or physiological evolution in excess. The science of therapeutics is the knowledge *a priori* of what will most successfully modify morbid process, the science exists by virtue of a natural law. The art of therapeutics is the application of substances, capable of altering the relation of cells in the body, to a condition of altered relation, so as to re-establish normal or modify abnormal relationship.

CHEMICO-PHYSICS.

1. Matter is made up of atoms.
2. Atoms are infinitely small.
3. Atoms do not touch each other; they are farther apart than the distance across them.
4. Dissimilar atoms combine in fixed and definite proportion.
5. The force causing molecular union is called chemical affinity.
6. Molecular forces exist in virtue of the relation of dissimilar atoms.
7. Atomic forces exist in virtue of the relation of similar atoms.
8. Molecules can be reduced to two or more dissimilar atoms.
9. The forces of a drug are inherent in its molecules.
10. Drugs may possess chemical forces that make them inimical to the organism.
11. Drugs are susceptible of mechanical use.

Organic force in a physiological organism, preserve its integrity, and differentiates its cells in harmony with the original plan of its several organs and tissues. This view of the matter will meet little sympathy from those who regard all morphological change as proceeding from molecules comprising a cell, by a modified chemism.

We anticipate that the objection would be precisely this, namely,

assuming that "organic force" exists in virtue of the relation of cells in an organism, it may justly be asked, by what method is this relation produced? Under our conception of force we can justly claim that one atom of matter, regarded separately and alone, *has no force*.

We see, however, phenomena produced by atomic force in an assemblage of atoms; we conceive of mass force or cosmical force, not as the action of one body on the other, as the sun upon the earth, but as the result of their mutual inter-action. Now it would be obviously wrong for us to regard force as an *entity* that can be transmuted and moulded into other forms. We think it a more rational conception to regard "molecular motion" as the condition of dynamic forces, namely, a mode of existence of acting energy.

Motion implies change of relation; and new phenomena result from change of relation. Energy may in no case be lost. Each force has its sphere of action beyond which we assume it cannot act, though its energy in the sense of molecular motion together with concomitant forces, are without doubt able to change the relation of molecules, so as to produce new phenomena depending on new forces. From this standpoint we infer that chemical forces simply fit inorganic matter for the relations observed in the organic world, but are inadequate to raise it higher in the scale of the organized or combined. Between the inorganic and the organic is an abyss that leaves no trace of a transition from one to the other, and we owe it to the truth we honor, to declare that it is "unthinkable."

The practical deductions from the foregoing propositions are, viz.:

1. That all change of phenomena implies change of energy and of relation, as in effect.
2. That morbid process implies change of relation producing organic reaction and modifying the phenomena of function and nutrition.
3. That drugs owe their curative force to their power of stimulating organic reaction.
4. That drugs stimulating organic reaction in a given sphere, are found experimentally to act truly curative to similar conditions arising in the organism *per se*, probably act in this way.

Ophthalmological Department.

PURULENT OPTHALMIA.

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

Read before the Illinois State Medical Association.

The subject which I have selected for a short consideration is purulent ophthalmia, a disease which probably there is none, more quickly destructive to parts of the eye, essential to good sight ; a disease highly contagious, oftentimes occurring as an epidemic, and is met with at all ages, and every stage of life ; a disease which the general practitioner as well as the specialist may be called upon any time to treat, and notwithstanding the great severity of the inflammation, in a large majority of cases, the eye can be saved, if energetic and proper treatment be instituted at the start. The first symptoms noticed by the patient may be those of a commencing catarrhal ophthalmia, or ordinary cold in the eye, as it is so frequently termed, and indeed during the first few hours it may be impossible for any one to determine what the disease will be.

The patient has a feeling as of sand or some foreign substance in the eye. The eyelids are slightly swollen and itch considerably, their conjunctival surface is somewhat thickened, and the Meibomian glands invisible ; there is a moderate injection of the ocular conjunctiva, and sometimes may be noticed a small quantity of catarrhal secretion at the inner canthus, or gluing the lashes together, though usually at this stage there is an absence of any discharge, the eye feeling very hot and dry. These symptoms increase rapidly in intensity, and the disease is soon fully developed. The lids, particularly the upper, are then red, enormously swollen, puffy, and often overlaps the lower ones ; the temperature is slightly elevated, and to the touch they feel soft and doughy ; they are opened or everted with difficulty, though sometimes an attempt to open them is attended with eversion of the upper lid, when considerable trouble may be experienced in replacing it. The ocular conjunctiva is hyperæmic and swollen, forming a ring of considerable elevation around the cornea, often overlapping its margin, thereby completely hiding its edges, so that this

membrane appears to be lying at the bottom of a considerable depression. This condition which is known as chemosis, is due to an exudation of a serous, sometimes a plastic material into the conjunctival, and subconjunctival tissue, and forms one of the chief sources of danger to the cornea. The cornea, as is well known, in its normal condition is devoid of blood vessels, but is nourished by the anterior ciliary arteries which pass up to its margin and then turn backward, forming loops, and then anastomose with the superficial conjunctival arteries. It is very evident that the pressure on these vessels, from the swollen and infiltrated conjunctiva may almost completely cut off the nutrition of the cornea, thereby rendering the probabilities of ulceration or sloughing of that membrane very great. The retrotarsal folds of the conjunctiva are very much swollen, and are seen in the form of thick circling folds when the lids are everted. During the first twenty-four or thirty-six hours of this disease, the eye is usually free from discharge. It may first be noticed as a catarrhal secretion, but soon changes in its nature, is thick yellow, creamy, and copious, so that it wells forth from between the lids when any attempt is made to move or open them. It collects in the depression caused by the chemosed conjunctiva, so that at first sight it may appear as if the cornea were in a state of suppuration. The natural lustre of the cornea is somewhat dulled, though if this is particularly marked, it is indicative of ulceration. The pupil is usually small, and may respond slowly to the action of *Atropine*, but if the iris is not directly implicated, dilatation can be brought about by the persistent use of a strong solution. The subjective symptoms of purulent ophthalmia vary considerably; during the first stage there is frequently considerable pain through the eye, and corresponding side of the head; but this may disappear when the discharge is established, and not again become very marked unless the cornea becomes ulcerated.

The eye-ball is quite tender to the touch, and the photophobia intense. As has been before said, suppuration of the cornea constitutes the chief danger, and any cloudiness or steamy appearance of this membrane is to be regarded as a grave symptom. The degree of sensation which the cornea possess should be frequently tested; if on touching its surface with a small bit of twisted thread, the patient feels it readily, or it causes a slight pain, there is less liability to ulceration; but at times the cornea is almost devoid of sensation, and can be touched with a piece of twisted paper, or even with the finger with-

out any act of resentment on the part of the eye, and there the danger of ulceration is proportionately greater.

CAUSES.

Cases of purulent ophthalmia are sometimes met with that cannot be ascribed to any direct cause, though it can usually be traced as the immediate result of exposure or inoculation. The gonorrhœal virus is one of the most active agents in giving rise to purulent ophthalmia, and is probably always due to the direct transmission of the pus from the urethra to the conjunctiva. At the time of birth, if the mother is suffering from gonorrhœa or profuse, acrid leucorrhœa, the eyes of the child are very liable to be infected.

When a case of purulent ophthalmia is met with, too much caution cannot be practiced in order to prevent its extension to others. As the eye will have to be frequently cleansed from the discharge, this had better be performed with bits of soft cloth, or cotton wool, when they should be immediately burned. If a syringe is used great care should be taken that none of the water flies back into the face of the one using it. Too frequently nurses or attendants have to pay a severe penalty for their carelessness. A catarrhal ophthalmia will sometimes assume the purulent form, especially if the patient is in a weak, debilitated condition. The discharge from a catarrhal, or even granular conjunctivitis may induce a severe purulent trouble, if transmitted to another eye.

The treatment of purulent ophthalmia may perhaps be better illustrated by citing a case. Mr. H., an old man of sixty, feeble and infirm, had a severe attack of this disease in both eyes, worse in the right; it was undoubtedly due to inoculation, as a baby in the house at the same time was suffering from ophthalmia neonatorum. When I first saw the case, the appearance of the eyes was as follows: Upper lids red, considerably swollen and closed, temperature slightly elevated; their conjunctival surface was rough, thickened, and would bleed easily. The ocular conjunctiva was in a state of chemosis and encroached on the margin of the cornea; this latter was almost completely anæsthetic in the right eye, and presented a dull, steamy appearance. Pupil contracted and irregular. In the left eye the cornea was sensitive and pupil movable. There was a constant, copious, purulent discharge, which required incessant attention. The pain and photophobia were slight, though the right eye was quite tender to the touch.

The first thing I did after cleaning away all the discharge was to cut

the chemosis; this is best accomplished by a small, curved bistoury; the point is entered the swollen conjunctiva at the corneal margin, and then the cut made outward; from four to six of these radiating incisions are made, this being repeated as often as once in twenty-four hours, so long as the chemosis lasts. This little operation relieves the pressure on the nutrient vessels of the cornea, and constitutes one of the most important features of the treatment. In this case, the beneficial effects on the cornea could be seen very quickly; within a few moments after the operation the corneal surface would present less of that streamy appearance, and would be more sensitive. A strong four grain solution of *Atropine* partially dilated the pupil. Perfect cleanliness of the eyes was ordered, and in order to ensure this it was necessary to wash them every fifteen or twenty minutes.

From four to six drops of a weak solution of *Arg. nit.*, one grain, and $\text{i}\frac{5}{8}$ *Aqua* was to be dropped into them once in four hours, and *Merc. sol.* prescribed internally. The improvement under this treatment during the next two days was evinced by a lessening of the purulent discharge in both, and some diminution of the chemosis in the left eye.

The right cornea continued in an anæsthetic condition, though would be somewhat relieved immediately after incising the chemosis, and on the fifth day after commencing on the case, I discovered a deep crescentic shaped ulcer near the margin of the cornea. Recognizing full well the additional danger that this, the very worst possible form of ulcer gave the case, and fearing that the whole cornea would now soon slough, a grave prognosis was given. The local use of *Arg. nit.* was changed to a five grain solution of the *Hydrochlorate of Quinine*, and the *Arseniate of China* substituted for the *Merc. sol.*

During the next twenty-four hours the ulcer had made no further progress; it was seemingly at a stand still; two days later it showed signs of healing, and had entirely filled within the next ten days. The discharge meanwhile was becoming thinner, whiter, and less in quantity, the chemosis very decidedly diminishing so that the white sclerotic could be discovered in places beneath the conjunctiva. The discharge did not entirely cease for nearly two months, during which time the palpebral conjunctiva remained thick and rough, though it did not become actually granular, as these cases are so apt to terminate. The local applications would have to be changed from time to time, as after the continuance of the remedy for some days, its effect would appear to be lost. *Arg. nit.*, *Sulphate of Zinc*, *Alum*, *Sulphate of*

Copper, and *Chlorine* water were each in their turn used, though in a weak solution, from one to two grains to the ounce.

The internal remedies used were, *Merc. sol.*, *China*, *Arsen.*, *Nitric acid*, *Silicea*, *Calc. c.* and *Arg. nit.*

This latter remedy is relied upon almost exclusively by some specialists, even during the acute stages, and without the help of any local treatment. The most marked effects in this case were noticed during the administration of the *Chin. arsen.*, the extension of the crescentic ulcer appeared to be entirely stayed.

Surgical Department.

RADICAL CURE OF HYDROCELE.

BY G. A. HALL, M. D., PROFESSOR OF THE PRINCIPLES AND PRACTICE OF SURGERY, AND CLINICAL SURGERY, IN HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

Before passing to the description of the operation and the reasons which compel us to believe that the radical cure of hydrocele is best performed in the manner to be described in this paper, we will carefully review a few of the prominent causes and conditions usually attendant upon this malady.

Hydrocele is an accumulation of fluid in the vaginal tunic of the testicle or in a serous cyst of the spermatic cord, between this gland and the abdominal ring. As a rule it is most common in adults, but may occur in any period of life.

The kinds of hydrocele of the tunica vaginalis are: Hydrocele occurring in the adult, hydrocele in the same tunic, in the infant, which is either infantile, or congenital hydrocele, hydrocele of the cord, and encysted hydrocele. The testicle and the epididymis are enclosed within this serous membrane, which has been derived from the peritoneum, or rather which is a continuation and prolongation of it into the scrotum. When obliteration has taken place just below the abdominal ring as is the case in a large majority of instances, these organs are contained within a shut serous sac, which like the pleura

and the peritoneum consists of two blades, the tunica vaginalis propria or the parietal portion, and the tunica vaginalis reflexa or visceral layer. Like all other serous membranes the tunica vaginalis is liable to exudation and if this takes place, from whatever cause, it constitutes what is called hydrocele or dropsy of the testicle.

Hydrocele may exist as a symptom of a general dropsical disposition in consequence of hydræmia, as sometimes found in old age, or it may result in consequence of tuberculosis, or other chronic diseases corresponding, in the main, to hydrothorax, ascites, etc., or, as is frequently the case, it exists as the result of some inflammation of the tunics, caused by mechanical irritation, chronic orchitis induced by gonorrhœal metastasis, or excessive venery. It may also arise from traumatic causes, a blow, a fall, a kick or a wound, or a bruise of the testicle; and as I fully believe, it frequently is aggravated and made to assume a more distressing character by repeated punctures, and the occasional injections of some irritating fluid. In hydrocele the scrotum is smooth, tense and glistening. The size of the tumor varies greatly, sometimes the sac will contain but an ounce of exuded fluid, and in other cases it may reach enormous dimensions and contain pints.

The average quantity, according to good authorities, is from eight to ten ounces. The tumor is usually pyriform in shape with its base directed downwards. The history of each case is that its growth has been very gradual, and that there has been but little pain attending its increase in size. The diagnostic points of hydrocele are enumerated in the following summary:

There is always an increase of the tumor from below upwards; fluctuation, or the want of solidity; the tumor is usually translucent, but after repeated punctures and evacuation the walls become thickened and there may be opacity; there is a sickening sensation when pressure is made in the region of the testes; the tumor is light in its weight, as compared with any solid growth of the same size; smoothness of surface; absence of cough impulse; absence of pain; there is an impression, on grasping it with the hand, as of seizing a sack containing fluid, which, upon pressure, readily changes its form, but does not diminish in size; in hydrocele, the testes are on the posterior portion of the sac, in scrotal hernia the testes are found at the apex of the tumor; the sense of touch in hydrocele imparts elasticity, in hernia there is a doughy sensation; in varicocele, a knotty whip-cord feeling;

lastly the history of the case is of great importance in determining the true nature of the disordered parts. Notwithstanding these clear points of diagnosis, there are cases when the real nature of this disorder remains deeply concealed; it may be complicated with varicocele, encysted and other tumors of the testes.

The fluid of common hydrocele, according to the most recent analyses, is the most nearly serous of any effusion resulting from the inflammatory process. It is generally limpid but in old cases and where accompanied by disease of the testicle, epididymis or serous membrane it is apt to be thick, and of a yellowish, amber, or citron color. Sometimes it is red, brownish or slightly greenish, sometimes it has a chocolate hue or the color of black coffee; in such cases there will be opacity of the sac. These changes are doubtless due to the presence of hæmatin intermixed with particles of cholestrine. It is free from odor, is saline in taste, and is coaguable by heat and the dilute acids. These conditions show its affinity with the serum of the blood from which it is derived. Besides the above enumeration there is occasionally found in this fluid, blood, fat, mucus, epithelium and semen. The presence of semen has been regarded as a remarkable phenomenon, the solution of which has been found only by the latest researches of Luschka. He declares that there is under the head of the epididymis, a rounded vesicle of the size of a pea, which stands in immediate connection with the seminiferous tubuli of the epididymis and, therefore, almost always contains seminal fluid. The cyst now seems under the circumstances to enlarge to such a degree that it forms an encysted spermatic hydrocele, or it may burst and diffuse its seminal fluid into the already existing collection of serous matter.

Concerning the anatomy of the parts involved in this affection, they will receive special attention when we come to speak of the operation for the radical cure.

Having thus reviewed somewhat the nature and cause of hydrocele we pass at once to the treatment, giving first the views of some authors respecting their favorite methods of cure, and passing a review upon these methods, then following with some facts, and the results of some cases that have come under our care, and with reasons for using the method of radical cure herein indicated.

Palliative treatment consists simply in puncturing the sac, and evacuating its contents. When a surgical operation is necessary to complete a radical cure, the surgeon has at his disposal either of the fol-

lowing methods, each of which have their advocates; excision, incision, application of caustics, setons, either of silk or silver wire, tapping and injection, and electrolysis.

Some medical men rely upon the administration of remedies internally. The following are some of the views of authors, and those who have reported cases of cure, concerning the value of the different operations.

Prof. James Lyme F. R. S. E. condemns in the strongest language all other procedures in hydrocele than that of injection, and all other injections than *Iodine*. Naphey's Surgical Therapeutics, p. 336.

Palliative treatment is always sufficient for children, but rarely so in the case of adults. The medical cure is by stimulating injections or setons. Bruitts System of Modern Surgery, p. 557.

The treatment of hydrocele consists in evacuating the fluid, and subsequent injections of port wine, vinegar or solution of *Zinc*. Howe's Art and Science of Surgery, p. 665.

For radical cure, Skey mentions only injections of port wine. Page 496, Skey's Surgery.

In Helmuth's very excellent work on Surgery, page 1116, there is given a full description of the surgical treatment of hydrocele.

Like most authors he advocates simple acupuncture for palliative treatment; and tapping and injection of the compound tincture of *Iodine* in small quantities, for the radical cure. The latter he believes to be very successful in ordinary cases. The author reports a few cases where operations by incision, seton, and electrolysis, were used with complete success. Besides giving a list of Homœopathic remedies found useful in this disease, together with the indications for their use, there is also a very interesting summary of cases that have been reported cured by the various modes of treatment, which in their condensed form would have to be copied entire were they properly noticed in this necessarily short paper.

If the operation is intended to accomplish a radical cure of the disease, the surgeon, after withdrawing the liquid from the cavity, injects through the canula a small quantity of *Iodine*.

It is necessary to use some judgment as to the amount of exercise the patient may be allowed to take for the two or three succeeding days, so as to induce a sufficient, but not an excessive, degree of inflammation in the sac. Franklin's Surgery, Vol. II, p. 650.

Curative Treatment.—The means by which the surgeon sets up adhe-siv? inflammation to restore the balance between secretion and

absorption, and thus effect a radical cure, is by the introduction of a small seton into the tunica vaginalis, or throwing a stimulating injection into that cavity after tapping. Erichsen's Surgery, p. 827.

Radical Cure.—My own judgement leans to the injection of a mixture of a drachm or more of compound tincture of *Iodine*, with double the quantity of water. By this practice a radical cure is almost certain to be secured. Bryant's Surgery, p. 559.

Mention is made in the Medical and Surgical History of the Rebellion, in Vol. II p. 420, of fifteen hundred and eighty six cases of hydrocele. These were returned in reports of an aggregate of six million, four hundred and fifty four thousand, eight hundred and thirty four cases. Ninety-four soldiers were discharged for disability arising from this affection. On the surgical lists, twenty-seven cases of operations for hydrocele were reported. Seven out of these twenty-seven cases died from the ill effects induced by the operation. The report continues: "When not otherwise specified, it will be understood that the operations consisted in puncture of the sac of the tunica vaginalis, and an astringent injection, usually of dilute tincture of *Iodine* is used." Further mention is made in two cases. In one, a dilute preparation of *Bromine* was injected, in the other case terminating fatally a seton was inserted. "These results," continues the report, "are cases exemplifying the old lesson of grave consequences from trivial surgical causes."

I am in favor of puncture and injection, and count incision and excision as operations nearly obsolete. Gross' Surgery, Vol. II, p. 853.

Sir Astley Cooper, at one time wrote in favor of treating hydrocele by caustics, and reports two cases where death followed in result. Cooper's Lectures on Surgery, p. 522.

Dr. Koerppen, in the *Eclectic Medical Journal*, December 1877, p. 555, reports two cases cured by the use of electricity after puncturing with needles. Both were well marked cases, and the cure a permanent one.

The Medical and Surgical Journal, Vol. IX, p. 451, Chicago Hahnemann Hospital Reports. A cure was effected by puncturing the sac with needles, and giving internally *Apis mel*.

Mr. Bradley, of Manchester, recommends after the liquid of hydrocele has been withdrawn, that the testicle of the affected side should be tightly strapped with soap plaster. In four cases in which this was done, complete obliteration of the vaginal sac took place with a radical cure. *Medical and Surgical Journal*, Vol. IX, p. 119.

Mr Samuel Osborn, F. R. C. S., has published in pamphlet form an article on hydrocele of the tunica vaginalis. He says: "The division of the treatment into palliative and radical, is scarcely correct, for the former occasionally cures, and the latter frequently fails." Out of fifty-four cases treated by injection of *Iodine*, nineteen had been *Iodine* failures, of these fifty-four, twenty-five have been followed up and seven found intact, the other eighteen having refilled, but two of these cases were of the original nineteen failures. The various other substances used for injecting by different operators are mentioned, including *Glycerine* and *Carbolic acid*. Excision of a portion of the tunic he mentioned only to deprecate. *Medical Record*, April 1878, p. 312. Mr. Osborne is justly open to the criticism of having failed to record the result of the operation upon which he places so strong condemnation.

Mr. W. H. A. Jacobson, F. R. C. S. and Assistant Surgeon to Guy's hospital, in the *London Lancet*, September 1878, p. 309, gives the following in favor of the long incision :

FIRST, THE DISADVANTAGES.

1. More trouble than injections.
2. Requires more time and subsequent dressings.
3. It involves more risks.

SECOND, THE ADVANTAGES.

1. It is absolutely certain, for the cavity of the tunica vaginalis is obliterated by granulations.
2. It can be performed when injections of *Iodine* and port wine are contra-indicated.
3. It succeeds in cases of congenital hydrocele which have resisted milder treatment.
4. It offers the chance to explore the cavity of the tunica vaginalis for foreign bodies, or irritating substances.

C. N. Dorion, M. D. reports a cure of hydrocele by making the incision and packing with lint. *Medical and Surgical Journal* Vol VIII, p. 109.

[To be Continued.]

Hospital Department.

HAHNEMANN HOSPITAL CLINIC.

GYNÆCOLOGICAL CLINIC.

EXTRACTS FROM A CLINICAL LECTURE DELIVERED SEPTEMBER 4TH, 1878, BY R. LUDLAM, M. D., PROFESSOR OF THE MEDICAL AND SURGICAL DISEASES OF WOMEN AND OBSTETRICS, IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, OF CHICAGO.

Reported by W. A. BARKER, Medical Student.

SPASM OF THE SPHINCTER ANI.

Our first case this morning comes from Iowa. In some respects it is a rare one. While she is being anæsthetized in the next ward, I will read the notes of her case.

CASE 6540. Mrs. —, from Iowa, of nervous temperament, and unusual intelligence, aged forty-one, is the mother of three children, the youngest of which is eight years old. All her labors were natural. At about the third month of her first pregnancy she began to have hæmorrhoids, and has had them more or less severely ever since. They used to bleed quite freely, but never very badly. They were always aggravated by the debility following confinement, or weakness from any other cause. Two years ago she had the first attack of spasm of the sphincter ani, which was very painful and continued without intermission for five or six hours. From that time until now she has never had an evacuation of the bowels without a repetition of the spasm. But the degree of the suffering varies with the character of the stools; there being much less pain when they are thin and fluid. For the past six months the suffering has increased. A year ago she was examined by two distinguished surgeons in an eastern city, and the case was decided to be one of stricture of the rectum. About that time she had a local pain and smarting, as from a fresh cut, at the posterior side of the anus, where it always caused a peculiar suffering when the nozzle of the syringe was introduced. But, under the topical use of *Hamamelis*, that feeling has passed away. She has frequently had irregular menstruation, the interval being prolonged to two or three months, and twice she went six months, the flow being afterward excessive, prolonged, hard to control, and followed by great debility.

The patient was placed upon her left side, and the operating table brought before the window, in a very strong light. Prof. L. then demonstrated the fact that the stricture did not involve the bowel above the sphincter, and spoke of Storer's plan of everting the rectum in women for diagnostic purposes. The margin of the anus was carefully examined for fissures and ulceration. Then a three-bladed,

vaginal speculum was passed into the rectum and widely expanded. The members of the class, and the physicians present had an excellent opportunity to search for morbid alterations, the signs of abscess, fistulæ, vegetative growths, ulceration, etc. But nothing of the kind being visible, Prof. L. declared the case to be similar to one of vaginismus, and decided to treat it as in Sim's operation for the latter difficulty. He said that these two affections often co-existed. He then took a bistoury, and made a free incision between the blades of the speculum, three in all, so as to divide the fibres of the sphincter. He spoke of the risk of an incision anteriorly, if carelessly made, and of the possibility of splitting the sphincter ani by cutting directly backwards. The blood flowed freely, but was soon controlled by sponges with ice water passed into the speculum. The dilatation by means of the instrument was continued for a quarter of an hour after the incisions were made. The professor said that Dr. Tilt had first proposed to cure vaginismus by introducing the two thumbs, and then forcibly separating them, so as to rupture the fibres of the sphincter vagina; that afterwards the same expedient had been practiced by Van Buren and others in case of anal stricture. On several accounts he preferred the operation which had just been made. He thought it quite possible that the spasm in this case might have depended upon ulceration at the beginning, and that if such ulceration had existed it had probably been cured by the *Hamamelis*. The fact that we could not find a cicatrix in evidence did not prove anything, because such scars were less common in mucous membranes than upon the integument.

The speculum was removed, and a sponge thoroughly anointed with carbolized *Cosmoline* left within the anus. This sponge was ordered to be taken away in twenty-four hours, and another one introduced. The patient to have *Collinsonia can.* 2, every two hours.

Sept. 12. The patient is doing very well. She had a stool this morning, without the slightest return of the old spasmodic suffering.

RECURRENT ABORTION.

CASE 6527. Mrs. V—, aged twenty-two, has been married fifteen months. In that time she has had three miscarriages; the first at four months, the second at three and one-half months, and the third at three months. Prior to this experience she was always well; she used to weigh two hundred and five pounds, now her weight is one hundred and forty-eight pounds. The first abortion was caused by a fall upon her back. She kept around for a week after the fall, had no pain or especial inconvenience, and at the end of a week miscarried without pain. The flow lasted about three days; she remained in bed for nine days, and then got up, but, as she did not feel very well, she took to her bed again and kept it for four days more. Then she felt well and returned to her duties.

The second abortion was caused by stooping and lifting a wash-tub. This was done in the morning. She began to flow at once, and at

nine in the evening the fœtus was discharged. She had no real pain, but kept her bed three days.

The third came on after putting up the clothes line, and hanging some heavy wet clothes upon it. This time she was in her bed for nine days.

The last abortion occurred six weeks ago. She had no physician in either case. Last week, or five weeks after the third "mishap," she had her menses, the flow continuing for six days. At that time she had more pain than usual with the discharge. This, she says, was the first and only time that she has menstruated since her marriage.

This case affords an excellent illustration of the natural history of abortion, (1.) because the patient is intelligent and honest enough to give an account of her experience; and (2.) because she did not have a doctor, either before, during, or after her "mishap." For once, therefore, we have a case of the kind in which the patient is frank enough to tell the whole truth, and at the same time, is free from the mischievous effects of professional interference.

Although this woman has been married only a little more than a year, she has already had *three* abortions; one at the fourth month, another at three and one-half months, and a third at three months. Her case is one of *recurrent* abortion. It does not fully illustrate what has been styled the "habit" of aborting, else it would almost invariably have occurred at the same period of pregnancy, and, having begun at the fourth month, would have continued to recur at very nearly the same date.

When abortion occurs repeatedly, it may assume a regular type, in which case it most frequently happens at the month. Or, as in intermittent fever, the type may change, and it may *anticipate*, or come earlier, as it has done in this instance. Sometimes the type is *retarding*, and a woman who began by aborting at the fourth month, will end by miscarrying at the sixth, or at the seventh month. And, whether the subsequent "mishaps" are earlier or later than the first, there is a curious tendency to respect the regularity of the monthly cycle, and, if they do not occur at the month, to happen half way between the periods. You will observe that, each time this woman has aborted since the first attack, her pregnancy has been shortened just two weeks.

My own observation leads me to conclude that, the more removed the date of a miscarriage from the time in the month at which menstruation would have occurred, the less the probability that a diseased state of the *ovaries* has had anything to do with causing the trouble. Exceptionally, however, as in inter-menstrual dysmenorrhœa, the ovarian influence may be most pronounced in the middle of the month, and hence abortion, or miscarriage, from ovarian disease might occur at that time also.

It is morally certain that, when this woman aborted at the fourth month, it was not in consequence of *metritis*; because she had no pain

from first to last, neither after the fall, nor yet with the expulsion of the embryo. And what was true of the first case, was true of the others also. Her singular exemption from suffering is also due in no small measure to the rest in bed which she took after each of the abortions, and to keeping off her feet, as if she had been delivered at term. For there is no such prophylactic of post-*puerperal* metritis as rest in the horizontal posture after the womb has been emptied of its contents, whether prematurely or not.

The treatment of abortion, and of its *sequelæ* is sometimes very difficult because of the impossibility of knowing what has caused it. But in this case, or rather in each of the cases under review, the exciting cause was *traumatic*; first our patient fell upon her back; the next time she stooped and lifted a wash-tub, and the third time she strained herself with the arms raised above the head. The etiology in this case is, therefore, very plain, and it sometimes happens that a disease is already half-cured when you know what has caused it.

It may, perhaps, appear strange to some of you that so slight an accident should produce such serious results, especially in a healthy-looking, vigorous woman like our patient. But it only proves that she was peculiarly susceptible to the action of this class of causes, which, in women who are differently constituted, might have had no such effect. There are those who can undergo almost any kind of physical exercise or fatigue without the risk of abortion. Some women work hard throughout their pregnancy, and others travel and incur the greatest risks by sea and land without any mischievous results. But there are those in whom a misstep, a fit of coughing, or straining at stool, may be sufficient to arrest the development of the ovum, and to bring about its expulsion.

But what shall we prescribe for this poor woman? Is my duty discharged to her and to you when I have ordered a few powders, and told her to come again? A moment's reflection assures me that, under the present conditions, she would probably abort as often as she conceived. Her predisposition to abortion is partly original, and partly acquired. If we suppose that her fall was severe enough to have caused a perfectly healthy woman to miscarry, we cannot think, other things equal, that the slighter shocks should afterwards have had such serious consequences. There must have been something in her clinical history to predispose her to a repetition of the accident.

And that something which is at the bottom of the difficulty, is what we want to cover with our prescription. In fifteen months she has had her menses but once. Three times in that interval, in consequence of a fruitful conception, the womb has begun and continued to develop until it was suddenly and forcibly emptied of its contents. Having the good sense to go into a *puerperal* quarantine, she dodged the contingencies of *hæmorrhage*, and of active inflammation. But, before the uterus could possibly have recovered itself, before its involution was half finished, before menstruation was resumed, gestation had begun again. And this process has been repeated twice already.

The first rational indication is to provide against such an experience in the future. For Nature would continue to resent such a disregard of her laws. The womb must rest, and recover its tone, as well as size and form. We must take care that she menstruates regularly. And she should be very cautious about becoming pregnant again under six months or a year, when with proper care meanwhile, she might be able to reach her term without any accident.

She will take *Calcarea phos.* 3d trituration, twice daily for one week; and then *Arnica* 3, one dose every alternate night.

PUERPERAL PYÆMIC OVARITIS.

CASE No. 6471, Puerperal ward. You have visited this young mother with me several times already. You know that she is only fourteen years of age. Her baby is twenty-five days old. You were present at its birth, and remember the particulars of her labor, which was normal in all respects. Your note-books, as well as our records show that she passed through the septic period without trouble. She kept her bed and was properly cared for until the ninth day. Prior to that period her pulse did not exceed 72, and the temperature did not reach 100° but once, which was on the evening of the fifth day, when it was 101.3-5°. On the ninth day, after sitting up to have her hair dressed, the temperature was 100.2-5°, and the pulse 72. On the morning of the twelfth day she had a severe chill, of thirty minutes duration, and a mild type of pyæmia set in, during the continuance of which her record was as follows:

Twelfth day, M. T., 103°, pulse 92. E. T., 103.4-5°, pulse 104.
 Thirteenth day, M. T., 102.4-5°, pulse 114. E. T. 104.1-5°, pulse 112.
 Fourteenth day, M. T. 101.4-5°, pulse 108. E. T. 104.1-5°, pulse 114.
 Fifteenth day, M. T. 101.3-5°, pulse 92. E. T. 103.2-5°, pulse 94.
 Sixteenth day M. T. 100.4-5°, pulse 92. E. T. 103.1-5°, pulse 94.
 Seventeenth day, M. T. 100.3-5°, pulse 96. E. T. 102.3-5°, pulse 112.
 Eighteenth day, M. T. 100.4-5°, pulse 102. E. T. 102.3-5°, pulse 108.
 Nineteenth day, M. T. 100.1-5°, pulse 94. E. T. 102.1-5°, pulse 96.
 Twentieth day, M. T. 99°, pulse 98. E. T. 102.3-5°, pulse 87.

During this period there was much uterine pain and tenderness. On the twelfth day the lochia became somewhat offensive. On the thirteenth, she had almost no discharge, but on the fourteenth, there was a pretty free flow of a bright red color, with copious perspiration. On the nineteenth, the lochia had ceased entirely, but on the twenty-third day it returned, was of small quantity, and very offensive again.

With this return of the lochia, which lasted only two days, the record says that "she complained of a pain in the right ovarian region, limited to a spot as large as a half-dollar." There was also "some pain in the uterus, no thirst, a little headache about the eyes, and a red tongue." The remedy prescribed by Dr. Parker, one of the house physicians, was *Belladonna* 3. The relief was prompt.

We watched this woman very carefully during the pyæmic period—from the twelfth to the twentieth day in her case. She came through

very nicely, thanks to the nurse and our assistants, and now you recall what I said of the risks of the local inflammation, either as a contingent or a consequence of the blood-poisoning. She first threatened to have a mammary abscess, but that was aborted; then followed evident signs of parametritis, which continued for ten days. This being disposed of, as you have witnessed, a sharp attack of ovaritis set in as late as the twenty-third day. * * * *

The clinical points in this case are, (1), The tendency to local inflammation in puerperal pyæmia; (2), the possibility, in some cases, of aborting the process of suppuration; (3), the relapsing tendency of these inflammations, and their seizing upon different organs successively; (4), the occasional occurrence of ovaritis without any inflammation of the peritoneum, as shown by the temperature and pulse the day before yesterday (98.4-5°, and 74); (5), the critical relief and defervescence which was due to the lochial discharge; and (6), the prompt effect of the properly chosen remedy, which in this last relapse was *Belladonna*.

Her temperature last evening was only 99.1-5°, and the pulse 64; this morning the record reads temperature 98.3-5°, pulse 68. But, while these figures are nearly normal, the woman is not well. A little over exercise upon her feet, would be very apt to induce an inflammation of the broad ligament, which, under the circumstances, would almost certainly end in abscess. A slight exposure to a draught of air, especially if it was damp, might develop mammitis, pneumonia, or arthritis, either of which would be of the puerperal type, and all of which, after what she experienced between the twelfth and twentieth days, would tend to suppuration. * * * *

Such a patient as this, especially if she is a primipara, who has had puerperal pyæmia within the first fortnight of her lying-in, is not to be considered cured and safe, until at least six weeks have elapsed from the date of her labor. * * * *

Our patient has a nutritious diet, consisting chiefly of milk, fresh meats and good bread. The remedy is *Arsenicum alb.* 3, four times a day.

Consultation Department.

THAT OBSTINATE HEADACHE.

Your correspondent "D", in the Aug. 15, No. 1, of *THE MEDICAL INVESTIGATOR*, describes an obstinate headache and asks what will cure. I answer *Iris versicolor*, mother tincture, ten drops in half a tumbler of water, a dessert spoonful every quarter or half hour until relieved, which will be in a few hours. Answer if relieved or cured.

J. B. WOOD.

ANSWERS TO CONSULTATION CASES IN AUGUST 15TH NUMBER.

T. C. asks "For periodical abscesses of the labia occurring month after month for years, what is the remedy?" We can only say, were

the patient ours we should give *Thuja* 200, one dose after each menstrual period; if this did not prevent the trouble should consult *Calc. c.* or *Graph.*

The "peculiar symptoms" of Dr. Crockwell's dropsical patient, "pain in uterus or right ovarian region extending down the thighs from reading or writing," are indicative of *Calc. c.*, *Natrum mur.* or *Silicea*, but neither of these will be likely to do much good, would suggest *Lyc.* 200, three doses in twelve hours, have the patient weighed, wait a week, then weigh again, if lighter, do not repeat as long as improvement continues; if no change is perceptible in ten days or two weeks for the better, give *Lilium tig.* 200 the same way.

Some one who signs his, (or her, for there is nothing said about sex) name D., asks for a remedy for chronic sick headache, but as neither age or sex is given, no prescription could be made with any degree of certainty. There is one thing however of which the patient may be assured, if he or she is in the habit of drinking either tea or coffee, particularly tea, *he* will never be cured.

Dr. Perkins wishes to have my opinion as to whether he made any mistake in his treatment of his case of ague, I think he did splendidly, the only mistake I can see was in giving the *Lach.* too low (30th) or in the repetition of the dose. By this, the type was undoubtedly changed and all the symptoms aggravated, and though the reaction would have come, and the case recovered without the *Nat. m.*, still this medicine was as much indicated when it was given, as though the *Lach.* had not previously been administered; it hastened the reaction, and perfected the cure in less time than it otherwise would have been. One dose of *Lach.* 30th would no doubt have cured the case by waiting long enough, or two or more doses of the 200 or higher would most likely have done it without an aggravation, or any return of the chill, but as the two doses of the 30th, "stirred things up generally" the next best thing was to do just as he did, hasten the reaction by *Nat. m.* 200. This is my judgement; Dr. Ballard can speak for himself.

A doctor L. A. Phillips criticises my prescriptions, says they are "remarkable for two characteristics, a use of very high attenuations, and a *very general* and marked dissimilarity between the symptoms and the pathogenesis of the medicines prescribed." "That periodicity is not characteristic of *Aconite*," that its pains are "not worse after eating," and would have us believe that they are *always* "intolerable at night." Now his article is also "remarkable for two characteristics." First his animus against high attenuations, and secondly, his ignorance of what he is talking about.

The lady prescribed for (thirty-five years of age) is said to have suffered for "six months with a *periodical* dead aching pain in the left arm and hand." She certainly did not suffer *constantly*, or how could the pain have been "periodical?" The inference was that the pain had returned at each menstrual *period* for six months, and this with athritic pains, "worse from mental excitement," and in the "left arm and hand, sometimes extending to the lower extremity of the same side," were three characteristics of *Aconite*. Besides it has pains

either better or worse after eating, and it is only catarrhal and inflammatory affections, not neuralgia or rheumatic pains without fever that are worse at night, or of a "sharp, stinging, or acute character." But as he is a novice in Homœopathy, we will give him some information in regard to *Aconite* which, if he should practice a few years, will be much more valuable to him than his criticism was to anyone. Should he have a case of hemicrania or sun-pain on the left side (though the side is not absolutely essential) commencing every morning, increasing till, 12 M., and going off as the sun declines, leaving the night's rest undisturbed, "sometimes the pain is concentrated in the orbit when it becomes intense recurring at regular periods," (Symptomen Codex, Vol. I, page 11, 11th line from the top,) he will have a fair opportunity to test the matter as to whether or not the pains of *Aconite* are "periodical." Again, in muscular rheumatism of the left lower extremity or calf of the leg, not particularly inflammatory, but of a "dead heavy aching character," better at night from rest, and on elevating the limb; worse from motion, from letting the limb hang down *except when it supports the weight of the body, when it is better.* These symptoms so far as my recollection now serves me in a practice of nearly thirty years, I have never failed to cure with *Aconite*. Gross' *Materia Medica* to the contrary notwithstanding, which has "pains better from letting diseased limb hang down." If any other medicine in the *materia medica* has this peculiar symptom of the pain being relieved by standing on the diseased limb, and increased as soon as the weight of the body is thrown on the other, I have never verified it in practice. I might just add that while some physicians seem to regard this medicine as a kind of general panacea, it is one I rarely prescribe unless my previous experience justifies it.

WASHINGTON, D. C.

C. PEARSON.

Medical News.

"Dynamization.—What is it?" Green student. "Don't know sir, unless it is a Painful malady, and epidemic in the east."

Born to Dr. and Mrs. DeVol of Tonica, Illinois, a young Homœopathist of ten and three-fourths pounds, Sept. 2, 1878.

E. S. Baley, M. D., is associated with Prof. Hall at 972 Wabash Avenue.

Country Doctor, Jr., will please send his right name. We must know who our contributors are. No anonymous articles admitted.

Chelidonium majus.—We are informed by one who knows, that a spurious American article of the above is being palmed off on the profession as "tincture from the green plant."

Baptisia tinctoria made from the dried root is unreliable. It would be well for physicians just now, not to sacrifice their reputations (much less valuable lives) by being fooled with impure or worth less articles. Look out for your medicines.

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Surgical Department.

RADICAL CURE OF HYDROCELE.

BY G. A. HALL, M. D., PROFESSOR OF THE PRINCIPLES AND PRACTICE OF SURGERY, AND CLINICAL SURGERY, IN HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

[Continued from page 278.]

Hamilton's Principles of Surgery, p. 872, contains the following paragraph in favor of the long incision for radical cure: "By the long incision, thus far I have not had a single failure or accident" and while speaking of the use of *Iodine* injections, he remarks as follows: Page 875.

"The conclusion to which experience has gradually conducted me is that this operation is not wholly free from danger; is altogether too unreliable to merit any further trial. I have for fifteen years abandoned it."

The same excellent author further remarks: "I am not aware that any plan of constitutional treatment other than surgical, has ever succeeded in dispersing hydrocele." Yet we find there are remedies, which in the hands of others have proven efficacious in disposing of this difficulty.

Dr. E. A. Munger, reports a case in the *North American Journal*, Vol. XIV, p. 375 :

“Feb. 1, 1864, was called to treat a boy three and one-half year old, for congenital hydrocele. I gave *Merc. sol.*, 3m, eight powders. March 30, case pronounced cured, and one year after there had been no return.”

Dr. Hastings, in *British Journal*, Vol. XVIII, p. 351, reports a cure by *Rhododendron* — he also used an external application of the same.

Dr. Black cured a case by the use of *Graphites*. *British Journal of Homœopathy*, Vol. VII, p. 525.

The Transactions of the Homœopathic Medical Society of N. Y. Vol. IX, 1871, p., 351. Report of a cure of hydrocele by the external application of *Iodine* and *Silicea* internally.

Dr. G. D. Beebe is reported to have cured a case of hydrocele with *Iodine* 30x. *Medical and Surgical Journal* Vol. V, p., 133.

Clinical case No. 2548, Hahnemann Hospital record. This case I successfully treated with *Apis. mel.* 3x trituration. Dr. G. A. Hall.

Raue's Pathology gives indications for *Arn.* and *Puls.* for cases resulting from traumatism. For those of unknown causes *Aurum*, *Graph.*, *Iodine.*, *Rhododendron*, *Silicea*, I suggest, in addition, *Apis*, *Apocynum can.*, *Golden muriate of Mercury*, *Iodide of Potassa*. I have thus far refrained from speaking of the operation of excision for the radical cure of hydrocele, or the expression of my opinion why this method has advantages over any others commonly used.

I am aware that in point of numbers there are few, who with me practice this operation. The great end to be sought, as all admit, is to cure the patient, and it is an unsatisfactory surgical operation, that needs to be repeated occasionally, especially so, if the trouble seems to be increased by our methods, rather than permanently relieved. Years ago I came to the belief that the injection of *Iodine* was an unsatisfactory proceeding, as well as unscientific in its therapeutics. That it is attended with frequent failures, is the common testimony of all the authors I have above quoted. The operation of injection is always accompanied with a considerable degree of pain. The presence of the irritating injections, always excites an extensive inflammation, but it is very seldom of the character designed. The irritants do not as a rule produce *adhesive* inflammation, and hence there follows frequently after this operation, rapid absorption of the serum, thrown out in consequence of acute inflammation, but the same amount of secreting surface is left in the scrotum, which is again in

time filled, and ready for repeated operations. In support of this view, I quote the following, from Billroth's Surgical Pathology, p., 479.

"The way *Iodine* is said to cause the cure of hydrocele, instead of causing adhesive inflammation, as is generally supposed with consequent obliteration, etc., is the *Iodine* is deposited in the surface of the membrane and in the endothelium, it remains here for months, at least, and by its presence appears to prevent further secretion. At first there is strong fluxion, with serous exudation, but the serum is again absorbed by the still distended vessels, and subsequently the membrane shrinks to the normal volume, by condensation of the connective tissue, which subsequently, remains more dense, etc. The shrinkage of the serous membrane, with new formations of the endothelium seems to me to be the cause of the arrest of the secretion."

The operation of injection, as shown by the above authors, is not a simple one, and not even without its dangers to life.

Of the cure by strapping unless you are fortunate enough in getting rapid absorption, the pressure increases the effusion, then the added pressure is liable to cause injury to the testes, which in some instances has been followed with inflammation and suppuration of that organ.

The use of caustic is unsafe. We not only have the danger and risk of active inflammation, but it may also be complicated with the absorption of the caustic used, which must always be considered a serious matter.

Electrolysis is decidedly uncertain in its curative effects, and it is liable to produce, as in other shut sacs, rapid degeneration of its contents. I have quoted several authors who used in preference, the operation of the long incision, and also those who add packing the sac with lint, etc.

This operation has certainly advantages over any we have yet mentioned, but it has happened, that in consequence of the cut edges of the tunic being brought into apposition, they have re-united and the serous secreting sac has again been formed.

The use of remedies alone will often disappoint us, however they should be thoroughly tried before resorting to surgical interference, And we believe that in many recent cases, and sometimes in congenital hydrocele, they may frequently obviate the use of the knife.

We describe the operation of excision as follows: The patient having been placed under the influence of an anæsthetic, the thighs are to be well separated. Then seize the tumor with the left hand, and in a line with the longitudinal diameter, make an incision, while the scrotum is tense, through the integument, and dartos, to the tunic, which will be recognized by the absence of capillaries and the peculiar

glistening appearance of this membrane. The incision should be made one-half the length of the tumor, beginning at the lower part of the upper third and continuing downwards to the upper part of the lower third. The tissues, external to the sac, should be nicely dissected back a distance of one-third of the circumference of the tumor, care being taken not to puncture the sac until all the layers above it have been carefully drawn back. If the accident of puncture or rupture should occur, the sac immediately becomes flabby, and the dartos enormously infiltrated, which increases the liability of suppuration and erysipelatous inflammation. After the sac has been carefully exposed, the trochar or aspirator may be used to evacuate it. When thoroughly emptied, the tunic should be lifted up with a tenaculum and seized with the forceps, then with the scissors or bistoury, excise so much of the sac as to allow the remainder, when the edges are brought into apposition, to just cover the body of the testes. This excision should not be extended upward too far on account of possible injury to large and important blood vessels.

After all hæmorrhage has ceased the parts should be nicely closed by interrupted, fine wire sutures, at intervals of about one inch, leaving the lower angle of the incision open for drainage. Apply *Calendula* water dressings to keep under the inflammatory action. Have the scrotum supported by a suspensory bandage, or adhesive straps to prevent dragging or possible injury of the cord. Place and keep the patient in a supine position, order a moderate diet, and give the appropriate remedies as they are indicated in each case. The following will be found serviceable: *Aconite*, *Arnica*, *Apis mel.*, *Bell.*, *Bry.*, *Rhus tox.*, *Ars.*, *Lachesis* and *Calendula*. Other remedies may be called for, and palliative treatment may be necessary in some cases.

We come now to speak of the reasons why this operation seems to us most rational, as well as radical. It is essentially the one proposed by Mr. Kinder Wood, as the modification of the once existing practice of removing the entire tunic. We claim nothing original in this operation, but in our researches, we find but a few authors who do anything more than describe it. My late lamented friend and colleague, Dr. G. D. Beebe, in the Transactions of the American Institute of Homœopathy, Vol. XI, 1868, p. 54, reports as follows: "The radical cure of hydrocele by removing a portion of the tunica vaginalis testis, with me, entirely supersedes the old operation of evacuation with the trochar, and canula, and the injection of irritants."

This is the only supporting testimony I have discovered in favor of

the cure by excision. The following are my reasons for advocating and using the method :

1. It offers a complete cure, excluding even the possibility of a return.
2. The dangers are not increased in this method over any other used, and so far as my experience goes, they are even lessened in the more aggravated cases.
3. It subjects the patient afterwards to as little pain and inconvenience as either of the other operations.
4. It can be performed upon any case where a surgical operation is necessary.
5. If the tunica vaginalis needs to be obliterated to prevent a recurrence of the hydrocele tumor, excision is a most reasonable procedure.
6. By removal of the redundancy of these tissues, the parts may return to nearly their normal size.

Practical operations and clinical experience warrant me in recommending this operation. It was more than thirteen years ago that I expressed my preference for this method of radical cure. Since then I have performed the operation seventeen times, and it is the uniform testimony of each case that a perfect cure resulted from each operation, and that there were no alarming symptoms caused in any of the cases, nor was the pain unusually severe or distressing. All made safe and rapid recovery. The following is the history of the more important and interesting operations.

CASE I. Mr. S—, aged sixty-eight, mechanic and used to hard labor, lifting, etc. Fifteen years before seeing me, while putting up a framed barn, fell astride one of the timbers and hurt the left testicle. Had acute orchitis for several weeks. As he recovered, the scrotum began to enlarge, and this became burdensome. He consulted Dr. W., who diagnosticated hydrocele, and drew off the fluid. Six months after it had refilled and was larger than before. Operation repeated. Nine months more and the tumor had to be evacuated again. This time an injection of *Iodine* was used, which caused a high degree of inflammation, and, as he said "gave him greater suffering than when the injury first happened." The sac again refilled and was this time injected with port wine. This operation was followed with chills and a high state of inflammation and great suffering. The sac again filled and was injected the second time with port wine. Three months after this, he noticed an increase in size, which at the end of a year had

gone on to enormous proportions. In the fall of 1865, in the absence of his physician, who was serving in the army, I was consulted. He had carried this burden two years. I performed the operation of excision, removing a portion of the tunica vaginalis two and one-half inches long and one and one-half inches wide. The operation was followed by inflammation, fever and pain. In four weeks, the patient was discharged, and up to the time of his death, five years afterwards, there had been no return.

CASE II. Date 1865, Westfield, N. Y. Mr. A. aged eighty-six, in rolling a log, was accidentally hit in the scrotum with a hand spike. This injury was followed by swelling, acute inflammation, and serous effusion. The tumor did not grow larger for several years, but when in his eightieth year he had a protracted attack of dysentery. This was followed with rapid filling of the tunica vaginalis. He carried the burden six years, then I operated for a radical cure by excision. At this time I drew off forty ounces of fluid. He suffered after the operation from erysipelatous inflammation which was controlled with *Rhus tox.* and *Ars.* He made a good recovery.

CASE III. The case of special interest, was that of Mr. C. aged thirty. Previous to this difficulty, he had sustained an injury in the scrotum by a kick from a school-mate. When the patient came to me for treatment, I discovered an out-growth from the testicle in complication with hydrocele. He had still further aggravated his case by riding horseback when I was called to operate.

I performed excision, and this brought to view a fibrinous growth attached to the right testicle which I carefully dissected away. It was found to be also connected with the albuginea, and was the size of a hen's egg.

There was in this case active inflammation, suppuration and some sloughing, but at the end of two weeks the man was discharged cured.

CASE IV. Mr. H. aged thirty, had gonorrhœa, which was suppressed by using powerful injections. About this time he rode sixty miles, through a drenching rain, upon horseback, injuring the left testicle and so aggravating an old hydrocele of ten year's growth. There was very violent inflammation extending through the scrotum, at the raphe' an abrasion had taken place, in consequence of this long ride, and at this point gangrene had set in when I made him a second visit. In this case a large share of the scrotum sloughed leaving

exposed a distended hydrocele. After the progress and danger of gangrene had been arrested, I seized the exposed tunica vaginalis and incised a portion, two and one-half inches long and one and one-half inches wide. The parts took on a granular formation. There was in this case no subsequent return of the hydrocele. The remedies used were *Merc.*, *Phos.* and *Ars.*

CASE V. Chicago July, 1877. Mr. S., colored, aged seventy-six, consulted me about an enormous hydrocele of twenty-one years growth. Its weight and distention dragged the scrotum down to the knee, unless supported by suspensory bandage. Length of tumor from the external abdominal ring to apex, was sixteen inches, the circumference, nineteen and three-fourths inches. The virile organ was obliterated, leaving nothing but an umbilical depression, through which there was an involuntary discharge of urine producing great annoyance.

On the 23d of July, by the aspirator, I drew off sixty-five ounces of fluid and injected the sac with port wine and the tincture of *Rhatana* root. This was followed with inflammation and severe pain.

After twenty-four hours, the sac was again evacuated and compresses and adhesive straps used. The sac refilled rapidly and on September 3, I operated for radical cure by excision. Drew off this time forty ounces of fluid, removed part of tunic three and one-half inches long, by two and one-half inches broad. On the following day owing to the infiltration of urine, which had occurred previous to this operation, he had a sharp attack of erysipelatous inflammation. His temperature on the second day after this operation was 104° pulse 122. Gradual improvement, and after twelve days he was convalescent. In a month he was discharged cured.

CASE VI. Chicago Hahnemann Hospital Reports. Clinical case No. 2933. Nov. 17, 1877. Boy aged five years, came to the clinic to have treatment. His case had been diagnosed and treated for two years as "Hydrocele in complication with hernia." The history of this case is meagre. We commenced by giving him *Apis mel.* 200x, a dose three times a day, and to report again in one week.

November 24. The appearance of the scrotum remains unchanged. Careful examination shows the case to be hydrocele without doubt, but there is no good evidence of the presence of hernia. Used the aspirator and took away two ounces of liquid. On testing this it was found to contain one-third albumen. Remedy continued.

December 1. The sac has again refilled. Remedy continued. December 22. The sac is as full as before, used the aspirator and removed the

same quantity of fluid. A solution made of one-third *Iodine* three parts water, was injected and allowed to drain out. Adhesive plaster, was applied to support the scrotum. Prescribed *Merc. sol.* 3x, three times daily.

January 26. We have seen this case from time to time, and as our methods here failed thus far, to-day we will operate for radical cure. Before evacuating this sac we will carefully dissect down to see if hernia really complicates the case as we have been told it does. It nevertheless is not present.

A portion of the tunica vaginalis was scissored off; the edges of the wound adjusted and held in place by sutures. *Arnica* ordered internally and *Calendula* to be applied externally. The boy made a rapid recovery and is well to-day.

CASE VII. Clinical case, No. 2969, Hahnemann Hospital records: Mr L., age twenty-eight. This patient came from the country to the Chicago Hahneman Hospital, December 15, 1877. The history of this case is in short, i. e., for twelve years he has had an enlargement of the scrotum. It was for a long time only about the size of a hen's egg. He had this tumor ruptured once by being thrown from a horse, and afterwards again aggravated by horseback riding. He noticed a gradual increase in the size of the scrotum after the rupture. It refilled. For a long time he has had to wear a suspensory bandage. The patient is here to have something done for his permanent relief. The tumor is shaped like a good sized cocoa-nut, but rather more oblong.

The operation of excising a portion of the vaginal tunic, was successfully performed. The patient's hospital record for the week following the operation, is as follows:

| | | | | | |
|--------------|--------------------|------------|-----|-------------|------------|
| First day, | temperature, 103½, | pulse 112. | - - | temp. 103½, | pulse 100. |
| Second day, | temperature, 100, | pulse 100. | - - | temp. 102, | pulse 80. |
| Third day, | temperature 100, | pulse 84. | - - | temp. 101½, | pulse 85. |
| Fourth day, | temperature 100, | pulse 80, | - - | temp. 100, | pulse 80. |
| Fifth day, | temperature 99, | pulse 80 | - - | temp. 100, | pulse 70. |
| Sixth day, | temperature | normal | - - | temp. | normal. |
| Seventh day, | temperature | normal | - - | temp. | normal. |

The sutures were removed after a few days, and the cut surfaces found to have nicely healed. The cure was satisfactory in every way.

CASE VIII. Clinical case No. 6063, Hahnemann Hospital records. March 9, 1878. Mr R. R. S., age seventy nine years. This man had noticed ten years ago a gradual enlargement of the scrotum. Its

weight is very burdensome and with it there is some pain. This old gentleman already quite feeble, asked our surgical assistance, and so we consented to operate for the radical cure of this hydrocele, using the method of excision. The patient being prepared, on introducing a trochar, five pints of liquid were removed. The largest hydrocele recorded, is that of a prominent English historian, and this case lacks less than one pint of fluid in equaling his. The operation was concluded readily, without accident or delay. The history of the man's subsequent recovery was of some interest. Immediately after being placed in the surgical ward of the hospital, there seemed for a few days to be an entire collapse of the gastric and hepatic functions.

The man sank into a typho-malarial condition, with delirium, and a semi-comatose state. At times he became restless, complained of being chilly, had pains in his back and neck, which he said made him feel as though his neck was tied up in a knot. Some of the time he had troublesome hiccough. He was threatened one day with erysipelatous inflammation, but this was dispelled with *Bell.*

There was some sloughing of the parts, but not serious. A week after the operation, the swelling and induration had decreased very materially, and although in feeble mental condition on April 13, he left the hospital for his home. Since then I have heard from him that he is steadily improving.

The cases which I have reported, numbering nearly half of those I have operated upon, are the ones most worthy of note, from the severity of each case, and in three instances on account of the age of the patient.

The other cases were those we might class under the common title of simple cases, being uncomplicated and each case recovering rapidly without protracted illness.

Traumatic Tetanus.—The *Pacific Medical and Surgical Journal* reports a remarkable case of traumatic tetanus, following a lacerated wound of the arm, in a lad of fifteen. The symptoms first appeared on the ninth day. Spasms began on the following day, and continued to the forty-sixth day. From the eleventh to the twenty-fourth day they averaged thirty-eight, when the patient was awake. [Will any reader who has cured a case of tetanus by our remedies, please report the same. *Angustura, Arnica, Belladonna, Gelsemium, Ignatia*, are reported to be indicated. Has any one confirmed their use in these cases.—ED.]

Gynæcological Department.

VARICES IN PREGNANCY.

A SUGGESTION.

I have had several cases of varicose swellings in pregnancy. In a few I have been successful, and relieved the sufferers, but in most of them I had to resort to the "elastic stocking." The similiarity between varicose and hæmorrhoids is acknowledged, and the medical treatment is always the same. Now it is, I think, well known that piles yield to subcutaneous injections of *Carbolic acid* (with or without oil) or of *Ferrum muriat.* in such a short time that every rational physician will prefer this cure to the solely internal treatment. I, then, should suggest to use the same treatment, viz., hypodermical injection, for varicose veins and would like to know whether, perhaps, some physician has tried it in special cases of pregnancy; if so, I hope to see reports in *THE INVESTIGATOR*. If it is considered wrong to use the remedy in such cases, I should like to see it explained why, whether it is injurious to the mother, to the embryo, or to both. I have not had the courage to make a trial, before I have seen some authorities express their ideas in respect to the matter.

M. A. A. W.

MENSTRUATION AND SOME OF ITS LESSONS.

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

Read before the Illinois Valley Homeopathic Medical Association at Mendota, Ill.,
May 2, 1878.

The following question was sent to me for an answer: "Is there any such thing as menstruation outside of the human family?" *Ovulation* is the most important function of the genital organs, and must necessarily precede menstruation. What is known as menstruation is simply a sequence, and consists of a discharge of *waste matter*, and it makes no real difference whether it *be blood or mucus*. All discharges of blood without ovulation, is not menstruation, but hæmorrhage. About the time when ovulation is complete, all of the genital organs assume the appearance of congestion, including the uterus; even the cervix and os uteri are three times their natural size. This, no doubt,

is for a special purpose; it is the time of *heat* and sexual passion. And as menstruation takes place relaxation occurs, and a meek, quiet, submissive disposition supervenes, and the subject more readily yields to the sexual impulse. The question then answers itself in the affirmative. Keeping the premises clear in the mind, we can more clearly understand when illustrated by cases from actual practice, the importance of these fundamental facts.

A young lady was brought to me who had been insane for three years. In attending meetings got her feet wet when *unwell*. The flow prematurely subsided, and by *metastasis*, congestion of the brain took place which resulted in insanity. In the course of six months she was cured by inducing a free and regular flow from the uterus, and removing the cerebral congestion.

A lady in the country got her feet and ankles chilled by going out to milk, in the wet grass, during menstruation. The next day when I saw her, the natural flow had subsided, and the blood was oozing from her eyes, and she was suffering intensely with congestion of the frontal brain. The patient was saved, but with the loss of sight. In one case of miscarriage the flow suddenly subsided, and then took place from the *mouth*. A woman scrubbed the floor with cold water, in her bare feet, when *unwell*. The flow ceased, congestion and effusion of the brain took place, and she died in three days, in spite of the most thorough treatment.

I was called in council to see a lady who had not been regular for three years; nature at this time made an effort which was partially successful, but the flow lasted only a few hours; congestion of the brain took place, and she died in the course of eight or ten days, with what appeared to be cerebral typhus; but in fact it was a metastasis of the congestion of the genital organs to the brain, with menstrual effusion. A delicate married lady overworked herself during the monthly flow, which induced by metastasis congestion of the upper lobe of the left lung, producing hæmorrhage, and as a sequence, consumption. A paper was recently published in *THE INVESTIGATOR ON Hæmatocele*, which was described as large collections of blood in the various shut cavities of the body, but mostly located between the uterus and rectum. I do not remember that the writer assigned any cause for these curious collections. To my mind it is simply vicarious menstruation in places where the effusion can not escape. I had a singular case of amenorrhœa; this lady was very much

depressed, and complained of heat in her head. One morning I received a well written letter from her as follows :

“DR. HOFFMAN—*Dear Friend* : I have made up my mind to *kill you*, and wish to give you your choice as to the mode of dispatch which you will please indicate to me at once. MARY.”

Of course this was a temporary fit of insanity, produced by congestion of some part of the brain ; the patient died, some three months afterward, with what appeared nervous exhaustion ; it may be worthy of note that in this case all of the genital organs were very much shrunken, and did not manifest the least sexual passion. A lady recently came into my office and proclaimed herself the granddaughter of the Earl of Essex, and gave me a specimen of her oratory, poetry, and music. She was in the “*turn of life*” and is evidently suffering from cerebral congestion.

I might give a much larger number of cases, but think enough has already been stated to establish this very important fact that this physio-pathological congestion of the genital organs during menstruation may be transferred to other parts of the body. This congestion has a special tendency to effusion, hence the source of the flow and the danger of its premature cessation. It is clearly evident that a large proportion of pulmonary hæmorrhages in women, are no more nor less than vicarious menstruation and that most every organ of the body may be affected in the same way.

Many cases of piles, pain in the back, under the clavicle, in the occiput, on the top of the head, in the orbits of the eyes, heart, lungs, liver, spine, stomach, bowels veins, and other structures arise from these congestions. And I believe it to be a fact beyond all dispute that a large proportion of diseases peculiar to women come from indiscretion during the monthly periods. And I want it distinctly understood that this metastasis is not that of the flow, but an actual transference of the uterine congestion to different parts, which may or may not result in effusion, and as a sequence hæmorrhage. It is no reflex or sympathetic action, but a genuine metastasis. When we thoroughly understand that this inflammatory or congested condition of the genital organs may in some measure be transferred to every other part of the system, and that this congestion takes place every month during the fruitful period of every woman's life, we can readily understand the thousand aches and ills peculiar to women, which baffle so many in diagnosis and treatment. But we must not confound this enlargement of the uterus and cervix at this period with

erection, as some seem to have done. The erection is temporary the result of the sexual impulse, while the congestion of which I speak is more permanent, lasting usually from ten to fifteen days, and with some longer. And now if I have succeeded in directing your attention to these important facts in sexual physiology and pathology, viz.: the periodical effusion of a superabundance of blood into the structure of the genital organs, especially the uterus and its effusion or discharge, and a possible metastasis of a portion of this congestion to every part of the system, with a full comprehension of the great variety of pathological conditions which may arise from these causes and the sequences and dangers, the object of this paper is attained. Of course I have given but the merest outlines. "The greatest study of mankind is *man*," and if this includes *woman*, I can truly say, that the half has never yet been told.

THE USE OF LAMINARIA AND SPONGE TENTS IN DISEASES OF THE UTERUS, WITH CLASSIFIED CASES AND RESULTS.

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

Read before the Illinois Homœopathic Medical Association. •

The following observations regarding the use of sponge, and sea-tangle tents in the treatment of certain uterine morbid conditions, are made from actual clinical application.

It is not the object of this paper to go into any discussion regarding the advisability of the use of tents in such diseases.

It is well known that there is a wide difference of opinion among medical men, as to their use at all. Some condemn them as mischievous and even dangerous, in every case. Others greatly limit their safe application. Others again, and I think the majority, use them according to their indication in each case. Neither is it designed in this paper, to consider the various modes of introduction, nor any of the technicalities of uterine diagnosis or treatment. I wish simply and briefly to call your attention to the following classified cases of uterine disease in which these tents were used, viz :

1. Antelexion, eighteen cases.
2. Retroflexion, forty-seven cases.
3. Stenosis of the cervical canal, nine cases.

4. Membranous cervix (undeveloped, or infantile,) three cases.
5. Membranous dysmenorrhœa, eleven cases.
6. Endo-cervical metritis, six cases.

Let us first consider the cases of anteflexion of the uterus.

These cases represent flexions of every possible angle of deviation, from the normal position. It is remarkable, in some cases, how slight a departure from the normal axis of the uterus, which as you know, is a little inclined forward towards the bladder, will cause distressing symptoms.

In two of the foregoing cases, the anteflexion was slight, but there was great irritation, and a constant weight and pressure behind the pubes. This was relieved by the dorsal decubitus with elevated hips. Anteflexion or pessaries failed to relieve either case, probably on account of the irritable bladder. I decided, therefore to straighten the uterus by dilating the cervix. This was done. One laminaria tent, in each case as large as could be introduced into the cervix, was used. The result following the completion of this was immediate relief, which continued in one of the cases, four months, when the lady became pregnant with her first child; and in the other case, so long as the patient remained under my observation.

In six of the eighteen cases the flexion resulted in sterility. No very troublesome symptoms accompanied the condition which was not suspected, until the causes of their sterility were being investigated. On examination, the flexion was discovered. It was pronounced to be the cause of sterility, and treatment by dilatation advised. This was done, one tent, only, used in each case. Within a year pregnancy followed in three of the cases. One of the three remaining cases when conception did not occur was again treated by dilatation, but did not cure the sterility. Two of the cases were lost sight of, and results not known.

Of the ten remaining cases, the anteflexion was attended, and complicated by more or less cervical metritis. The patients having the more usual symptoms and also leucorrhœa, for which they had done almost everything, domestic and professional advice had directed, yet without relief. On examination the deviation in the cervical canal seemed to offer a reasonable explanation of the hitherto incurable nature of the trouble. The cases were treated by sea-tangle tents. The result of dilatation by one tent as large as could be placed, was usually sufficient. Sometimes, however, on removing the first one,

another was required—in no case, more than two being used. Now as to results, six of the ten, were cured of the metritis and leucorrhœa with the straightening of the fluxture.

Three were found to have the flexure return in from two to four months. They were again subjected to the same treatment, but by fuller dilatation. In one of these a cure was effected. The other two were observed to gradually return to the flexed condition again. One of the four in whom the flexion returned, was not further treated.

Of the forty-seven cases of retroflexion, treated by dilatation, twenty-eight, more than one-half, were cured of the flexion. Where there was decided prolapsus in connection with the flexure, the dilatation was followed by a well fitted Hodge pessary, or Smith's, or Thomas' improved, as seemed best indicated.

Of the nineteen cases in which the flexure returned, twelve were treated again by a more thorough dilatation. Seven of these were cured, while five returned again, to the flexed condition, in spite of the aid of pessaries. Many of these cases are still under observation and remain entirely relieved of the flexure.

The third class of cases to which I call your attention, are those of stenosis of cervical canal—more or less complete—tents, all of them were cured. Three of them were cured with one tent. Six were treated with two tents in succession, a larger one being introduced after the small one had dilated.

The fourth class are those of membranous cervix. One was cured, one, result unknown, and in the last one, there was no relief.

The fifth class, are the eleven cases of membranous dysmenorrhœa. Six of the eleven were entirely and permanently cured of this most distressing trouble. Two were helped for the two following menstruations, when they were lost sight of. The three remaining were relieved somewhat by the first dilatation. After two to six months the cervix was again dilated with further relief, but a complete and permanent cure was not attained, the disease slowly returning again.

The sixth and last class of cases, numbering six, are those of endocervical metritis. These cases were of long standing, had resisted many kinds of treatment from many physicians. Desiring to pursue some method of treatment untried by others, I enlarged the canal with sea-tangle, and sponge tents, and so was able to follow up a more thorough application locally by cotton balls and cotton cloth medicated stems, applied directly to part without the close apposition of the

cervical walls which hinders the treatment. Of the six, four were promptly and permanently cured. The other two were not relieved and one of them was aggravated by treatment. Now as to observation upon this mode of treatment.

During the first years of my practice I labored to cure cases of uterine disease, attended with flexures and dislocations, by faithfully prescribing, covering the symptoms fully, and giving the remedies internally.

Some cases were thus cured, those more recently affected, as a rule. In those cases where the disease was of many years standing, I met with failure and disappointment. Even the best applied local treatment to the inflamed cervical canal, and in conjunction with the remedies, gave very indifferent results.

The reason of this seemed to be, to my mind, the more or less acute angle of flexion. If it is next to impossible to cure a gleet following gonorrhœa when complicated by a urethral stricture without first dilating, or incising the stricture, so it seemed to me in the uterine disease. The angle of flexion really caused, or acted as a *stricture*. This stricture was the persistent cause of the obstinate endo-cervical metritis of the distressing dysmenorrhœa, and of the whole train of symptoms. It was a mechanical cause, and must be removed by a mechanical remedy. It barred every step towards a cure by other means. A few years ago, medical opinion was so divided on this subject that one hardly knew which author or advice to follow. In such conditions, it is often forced upon us to decide and act on general principles. Since I have acted on this principle, I have met fewer disappointments, and had more success in managing these cases. I wish to be distinctly understood in this matter. I do not advise using tents in *every* case that comes to us of these diseases. Our remedies, if they are well selected, are able, and do cure, cases of uterine flexion and prolapsus; but many chronic cases require a mechanical remedy as the real similitum in the case. The most obstinate of cervical catarrhs depend upon a flexion. Dilate this and restore the parts to their normal nervous relations, and thus correct the circulation, or vascularity of the part, and then you can cure your case.

Anteflexions with an irritable bladder are rarely cured, even by the best fitted pessary. In such cases the tent will often cure the case. Any one of these six classes of disease may cause sterility and how few of these cases are cured, so that conception follows without the use of dilatation.

Old cases of retroflexion, when there is a real *hinge* joint at the junction of cervix with body of uterus, are almost intractable to pessaries, and often to remedies alone. The dilation of this bend will put the case where a support will be safe and often will itself promptly relieve the trouble.

In stenosis of surgical canal, in membranous, undeveloped or infantile cervix, and in membranous dysmenorrhœa, the general voice of the profession recognizes the great benefit of the dilatation as a means of cure. There is a less uniform view as to its use in endocervical-metritis. My own limited experience, having but recently, within a few years, decided to employ it, in selected cases, makes me look upon it favorably, in a certain class of difficult and chronic cases.

The use of the sponge tent in dilating the uterine os and cervix in retained placenta, after abortions or miscarriages, as well as for purposes of uterine exploration and diagnosis, and for removal of tumors, and for other uterine operations, has not been included in the scope of this paper.

As to the dangers attending the use of sponge and laminaria tents, in the way I have advocated, I will say one word in closing. It is purely drawn from my experience. I believe the danger of their use can be practically reduced to nothing at all, if due care is used in their introduction, and after management. They should not be left in the cervix longer than from twelve to twenty hours. Often they are fully dilated in from six to ten hours.

When fully dilated they should be removed, especially should this be done soon if it is designed to introduce a larger one. I have never used *three* tents in succession. I think that might be dangerous. Following these general rules, I have yet to observe any bad effects, traceable to the use of sponge or laminaria tents, either inflammatory or septic. Allow me to hope that these facts drawn from my own experience may be of some practical aid to others.

“*Battley's operation*” consists in removing the functionally active ovaries in (1). amenorrhœa where there is no uterus, or only a rudimentary one, or where there is incurable atresia uteri. (2). When there is suffering at the menstrual molimen. (3). Incipient insanity depending on an ovarian or uterine disease. (4). Fibroid tumors of uterus attended with severe hæmorrhages. (5). Chronic pelvic cellulitis. (6). Recurring hæmatocele.

Physiological Department.

A CASE OF EPILEPSY.

BY H. B. FELLOWS, M. D., CHICAGO.

Read before the Illinois State Medical Association.

About two years ago I was summoned hastily to see a married lady of middle age. She had fallen suddenly with some contortions, and had remained unconscious for a few minutes. As the unconscious state passed off, she rallied into a confused state of the mind, and remained in this condition for some time. When I arrived, I found her complaining of a dullness of intellect, and a hard headache. On inspecting the forehead carefully, I found it covered with little red punctata. Inquiry of the friends brought forth the fact that she had a similar "fainting fit" as they called it, once before. For some little time before she had suffered from a pain about the left shoulder and neck, and one of her family had been bathing the parts with a solution of the tincture of *Aconite*, thus irritating what Brown-Sequard calls the epileptic zone. The patient had not been feeling very strong for some time, and had, as she said, felt nervous. After this her general strength gave out, and she was obliged to keep her bed. If she attempted to get up, she became so faint as to compell her to at once lie down again. She also became very low spirited, and could not bear to be alone. At night it became intolerable for her to be alone. She said that if left alone she felt she must get out of bed, and find company, even if she had to crawl to it on her hands and knees. She knew this looked foolish she said, but her best reason did not enable her to exert the least control over her feelings in this respect. Without company she felt desperately bad, but with company her feelings were more tolerable. As weeks and months passed on, these epileptic attacks were repeated from time to time, coming now about every month, and always near the time of the menses, sometimes only one taking place at the time, and other times more. Before going on with the special history of the epileptic attacks, it will be necessary to pay attention to another feature of the case. Some years previous to the time I was summoned to the fit above described, I was asked by the husband what cause there could be for the peculiar nervousness of his

wife, and I suggested the probability of some uterine disturbance, but as she was then under the care of another physician, I heard nothing more of the case. Now, I made a thorough examination of the case, and found much inflammation of the cervix, with ulceration extending into the body of the uterus. It not only extended upwards, but outward on the vaginal surface of the cervix. The sound entered the uterus between three and four inches, and showed marked retroversion. The right side of the cervix was firmly grown to the side of the vagina, producing some lateral deviation and fixation of the cervix. This was probably the remains of old trouble. The general size of the uterus was not large enough to lead to the supposition of fibroid or other tumor. The proper treatment was used for this state of uterine affairs, and the patient was soon able to leave her bed, and in due course of time, to attend as usual to her household affairs. But in the meantime, the epileptic attacks came just about as frequent; she seldom passed but a day or two beyond the time of menstrual effort, without one or more fits. The epileptic seizures were at times preceded for some days by lowness of spirits, and præcordial anxiety with palpitation of the heart. If she was much more than usually employed about any duties which would irritate the uterus, attacks would come intermediate between the menses; but these intermediate attacks were quite generally tracable to such a cause.

For the past year the fits have not been nearly as frequent, now occurring only once in four or five months. But as she began to go over her month without them, she would have her feelings of depression, and a "queer feeling in her head," as she termed it. Without the fit she would not be able to throw off the mental depression nearly as quickly, and in fact it seemed to me to deepen about the time the fit would ordinarily come on, and last for a few days in that way. Then the sky would clear up, and there would be sunshine again. Now these attacks of depression are apparently becoming more manageable, and I am not without hope of seeing the whole case cured. The remedies which have been of essential service in this case, were *Sena* and *Sulphur* for some of the symptoms in the earlier treatment of the uterine conditions, and *Caulophyllum*, *Caulophyllin*, *Cimicifuga* and *Laurocerasus* for the epilepsy.

The points of interest I would call especial attention to, are these: this case was one of reflex irritation at first, and I firmly believe if the uterine condition had been attended to in its earlier development, the epilepsy would have been prevented. Prevention in such diseases as

epilepsy is better than cure. Where epilepsy has been produced by peripheral irritation, the removal of this irritation does not necessarily produce a cure of the fits; for the pons and medulla by a repetition of the epileptic action which takes place in them, take an epileptic tendency, which will cause them to act as in idiopathic epilepsy.

That mental disturbances follow the epileptic attacks is true in very many cases. In this case an attempt to get up and run into the street showed itself at times, and force had to be used to prevent the patient from doing so. At this time the state of unconsciousness has not passed off, and though complicated actions are performed, yet it is not likely any mental action takes place. The cerebral convolutions do not recover their normal activity until after the basal ganglion of the brain have begun to act. This may result in various automatic action, for which the patient is not responsible, but which may yet be criminal. Attacks of petit mal may be followed by this epileptic vertigo, and even epileptic mania. Whether epileptic mania ever attacks a patient except as the immediate sequel of a fit more or less severe, is an open question. A condition of this case bears up this question, and perhaps in this lies the chief interest of this case. And observations on this point should be collected, as they have an important medico-legal bearing. The point referred to in this case is the fact, that when the fits begun to skip over the usual time, the patient would have the mental depression which sometimes preceded a fit, very much deepened, and it would continue so for some days, often accompanied by a "bad feeling" in the head. At other times the patient would be bright and cheerful. The case shows that some mental trouble may appear without a fit, and if the lighter degree of mental disturbance may occur in this case, why not the greater which would affect the criminal intent of an act, when the conditions of the patient were such as to increase this tendency.

Ophthalmoscopic examination showed a normal optic disk in each eye.

Phosphorus in Nervous Diseases.—The dictum that *Phos.* is indicated in tall slender persons has often prevented its administration to fat people even when otherwise demanded. Diseases of the nervous system requiring *Phos.* are often found in fat patients. Fatty degeneration, fatty muscles, fatty heart, fatty liver especially when the skin is icteric, respiration difficult, sleepy and dull; in all of these *Phos.* will sometimes relieve the adipose accumulations.—*Hahnemannian Monthly.*

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

CORNWALL, N. Y., Sept. 11.—A few cases of remittent fever and some surgical accidents nearly fills our bill of health.

J. T. HOTCHKISS.

MECHANIC FALLS, Me., Aug. 12.—Prevailing diseases are: Cholera morbus, diarrhœa and dysentery. Remedies indicated: *Ipecac*, *Mercurius* and *Veratrum alb.*, which help very readily when properly selected. THE INVESTIGATOR is perused with deep interest.

W. WATERS.

NEW ALBANY, Ind., Sept., 24.—Intermittents and remittents are common, *Rhus tox.* cures. Look out for influenza with aching in the head and back, fever blisters on the lips, and dry cough, and thirst. If it comes, give *Rhus tox.* 30 or 200.

A. MCNEIL.

MARION, Ind., Sept. 4.—Prevailing diseases are: Malarial fever, bilious remittent fever, cholera morbus, cholera infantum, etc. Remedies used: *Podophyllin*, *Nux vomica*, *Arsenicum*, *Bryonia Aconite*, *Belladonna*, *Carbo veg.*

E. P. JONES.

VAN WERT, Ohio, Aug. 15.—Prevailing diseases are: (1). Diphtheritis. (2). Typhoid, and (3), bilious remittent fevers. (1). *Bell.*, *Bapt. t.*, *Merc. sol.*, *Kali bich.* (2). *Gels.*, *Bry.*, *Ars.* and *Rhus tox.* (3). *Aconite*, *Gels.*, *Verat. v.*, *Ars.*, *Nux v.*, *Merc.*, *Pod.* All cases so far have yielded readily to the remedies indicated. THE UNITED STATES MEDICAL INVESTIGATOR is always welcome. A. S. KIRKPATRICK.

NOBLESVILLE, Sep. 16.—During the past month have an epidemic of diphtheria, for which *Phytolacco*, *Lachesis*, and *Mercurius protiod* have been the remedies. It was rather mild; no deaths under Homœopathic treatment, but quite a number under Allopathy. Remittents have prevailed considerably *Aconite*, *Bryonia*, *Nux vom.* and *Mercurius* have cured. *Ipecac*, *Nux*, *Cedron*, *Cauch* and *Apis* have cured all the recent intermittents. THE INVESTIGATOR is the best journal of our school.

C. C. LODER.

SOUTH BEND, Ind., Sept. 9.—Prevailing diseases are: Catarrhal, rheumatic, intermittent and remittent forms, also diarrhœa and dysentery. Remedies used: *Aconite*, *Arsenicum*, *Merc.*, *Aconite*, *Rhus*, *Bry.* Intermittents a variety of remedies; *Ars.*, *Nux v.*, *Ign.*, *Calc. carb.*,

Gels., *Lachesis*, *Ipecac*, *Nat. mur.*, *Cina*, this last has given me success in a number of cases where it is characteristics were well marked. Diarrhœa mostly been of the painless character, and *Pod.* has given good results in every instance. The more dysenteric cases require *Merc. cor.* or *sol.*, *Ipecac*, *Arsenicum*.
W. H. HANFORD.

ROSE CREEK, Minn., Aug. 15.—The prevailing diseases here at present are, bilious remittent and gastric fevers, and intestinal catarrhs. For fevers, *Bapt.*, *Pod.*, from 1x to 3x; *Lachesis* 6x, *Arsenicum* 3x to 6x. Had one case of fever with excessive fœtor of the breath, ulcerations of the buccal cavity, dark red face, pulse 100 to 120, low form of delirium at night, constipation, tenderness in right iliac region. *Bapt.*, *Aconite*, *Lach.*, *Ars.*, *Rhus tox.*, and *Bell.* failed. *Salicylic acid* produced prompt relief, and in thirty-six hours all grave symptoms had disappeared. The preparation was prepared by putting two grains of acid to a drachm of glycerine, one teaspoonful of the mixture to nine of water, teaspoonful doses. In intestinal troubles I have not yet found the epidemic remedy. There are three kinds, first, dark brown discharges with meal-like specks, vomiting during each stool. Second, whitish stools with fainting and great pains in the bowels. Third. Watery passages every hour, or sometimes as often as every half hour. No pain, complete loss of appetite. Have tried *Ars.*, *Merc. cor.*, *Merc. sol.*, *Merc. viv.*, *Aloes*, *Pod.*, *Verat.*, *China*, *Nux*, *Colocynth*, *Sulph.*, *Collinsonia*, *Lachesis* mostly but they do not do the work. THE INVESTIGATOR is invaluable. Could not do without it.
S. W. RUTLEDGE.

CHICO, Cal., Aug. 28.—My principal *vis-a-vis* just now is the old arch enemy of comfort, ague. I have been disappointed in one or two drugs, especially *Natrum mur.*, so much lauded by others. If it had proved itself worthy I would have made a fine reputation for Homeopathy hereabouts. All of the cases are and have been of the same type, quotidian and tertian, only occurring at different hours, but nearly always at 11 or 12 in the day. Sometimes light, sometimes heavy chill; heat *always*; terrible headache, bursting during the heat; very little sweat at any time. *Bell.* 3 and 200 would palliate the headache, but in two cases I was forced to give *Morph. sulph.* one-quarter grain which gave great relief in every way. But I have managed to wind up every case but one inside of a week, but I don't know which of several did it. In the chronic ague of the Sacramento valley, *Ars.* 200 has not failed me, and *Nat. mur.* 200 cured an old quartan with headache as a principal symptom. Why has it failed in the acute form? I gave the 200th in rare and frequent doses. I have given *Nux* 30 and *Nat.* 200 *mixed* and only one paroxysm thereafter. I have given *Nux* 30 alone for early and severe chill, chilly during fever, constipation, etc., and have failed. Latterly I have put several remedies under the same cork roof and no explosion, but between them they have cured! Why not put the whole "caboodle" in one bottle and cure all men? Is this the goal to which we are hastening?! Would it be the jail of progress?
E. STEVENSON.

PROPHETSTOWN, Ill., Aug. 14.—Prevailing diseases are: Malarial and intermittent fevers, summer complaint and cholera morbus; have had two severe cases of cholera infantum. Remedies used: For intermittents, *China*, *Ars.*, and *Eucalyptus*. *Merc. sol.* 3x, *Pod.* and *China* do nicely in summer complaint or diarrhoea. Cholera infantum controlled by *Merc. sol.*, *Apis mel.*, *Hellebor. nig.*, and *Iris* without whisky toddy. In THE MEDICAL INVESTIGATOR, Vol. VIII, No. 3, I notice an article from Dr. J. Martine Kershaw of St. Louis, which, although I do not want to criticise, seems rather un-Homœopathic. He says, "To give a remedy and omit the common-sense laws of health is too much to expect from any drug, and naturally the drug fails to help the little one, if the common sense is left out." Good sound logic so far, and many of the doctor's suggestions are very excellent, but is it Homœopathic. Is it according to the common sense laws of health he speaks of to give whisky toddy to an infant to overcome the waste and exhaustion attending cholera infantum, and then advise the profession at large to do the same thing? It is true the drug is not always the medicine most needed by the sick body but don't dope the innocent babe with whisky toddy three or four times a day. Prescribe the remedy called for by the totality of the symptoms and a good common sense diet, change of air, etc., but don't let it be said that Homœopathic physicians have to resort to whisky toddy to tone up infant's prostrated by cholera infantum.

A. P. WELLES.

THE TREATMENT OF NASAL CATARRH.

As this is the season for nasal catarrh, I can but reiterate the facts I gave you two years ago. One of the most prevailing sufferings in San Francisco is nasal catarrh. The Old School treats that suffering with poor success, and scores come to Homœopathy for relief. Our practitioners have not yet made a success in catarrhal cures, and the reason why is not very difficult to explain. The Allopathic school spoils its chance of success by using topical applications, and the Homœopath indulges very often in the same fallacy. The Schneiderian membranes must be left alone. Snuff and all kind of irritative injections prohibited, and all lower attenuations or dilutions from drugs abolished. If we wish to cure catarrh, we must resort to high potencies; not lower than 200. Only a few remedies are truly specific.

Sanguinaria 200.—Catarrhal discharges from the nose, of a yellow or a grayish-white color. Acts best in bilious constitutions and in persons of a sanguinary or phlegmatic temperament, whenever atony of the liver exists. Headache in the right hemisphere of the brain, with drawing pain back into the neck, and bilious vomiting.

Lycopodium 200.—Thick, yellow discharge, copious and fatty; con-

stipation, prostration, impotence. Palpitation of the heart, and general psoric diathesis.

Thuja 200.—Catarrh after measles, scarlet fever, or small-pox. Offensive green or brownish discharge, leaving green stains. Croup, chilliness, gleet, leucorrhœa, asthma and headache.

Kali bich. 200.—A remedy next to *Thuja* and *Sanguinaria*, and of greatest importance when the nostrils are filled with a dry, hard crust, bloody at the edges, when discharged. Itching pains in the os ethmoideum, crista nasalis, or in the septum narium, which irritation often affects the periosteum of the os maxillary superior. Scarcely ever is any other remedy needed. I have cured numerous cases only by those remedies mentioned. One precaution has to be taken, and it is, not to repeat the remedy beyond the period of a full reaction. I generally give one remedy every other day, in the morning, and half an hour before breakfast, and for one or two weeks. If the reaction, with a profound discharge should occur sooner, then all repetition of the remedy is discontinued at once, and without any more medication the patient is cured permanently, from between four and eight weeks. When after the third week a steady improvement goes on for two or three weeks, and aggravation then sets in, one or two powders of the appropriate remedy is necessary. Such a demand exists very seldom when an exact diagnosis has been made from the start.

Local applications should never be resorted to, because they are infirm to remove a constitutional suffering, which by some means becomes chronic, and destructive to the organism. Remove the cause, and the local symptoms will disappear, when the dyscrasic condition of lymph does not longer exist. A cold, small douche, allowed to operate once a day, for a few minutes, at the root of the nose, can in some dormant cases, be used with some advantage.

OMAHA, Neb.

P. W. POULSON.

ALKALINE AND ACID CHILDREN.

BY J. C. MORGAN, M. D., PHILADELPHIA, PA.

According to the authorities, (*Vide* Harley on Urine) urine is alkaline when the individual subsists on vegetable diet, as do the horse and the rabbit. But when the last is compelled to eat meat the urine becomes acid at once, as is that of the dog, a carnivorous animal.

So is it with man; the gouty dyscrasia being also a result. So also with woman, whose nerves and secretions suffer accordingly, and so is it as well with her sucking child. This accumulation of acid is seen by its consecutive elimination by the bowels, skin and kidneys. Vegetable diet is indicated for the nursing mother, to favor the increase of fat.

THE IMPROVEMENT OF OUR OFFSPRING.

BY A. C. RICKEY, M. D., DAYTON, OHIO.

I read with a great deal of interest Dr. Baer's article on "First causes of Structure and Character of the Embryo in Utero," published in January and February in *THE INVESTIGATOR*. I heartily agree with the doctor in every position he takes and statement he advances. But I want to ask him a few questions on this subject, which I hope he will answer through the pages of this journal.

This subject has been very interesting to me. I have given it much study, and my convictions are very strong, as Dr. Baer has said that by proper attention to the laws of natural selection and that higher culture of the heart of which all are capable, our children could be greatly improved as to their natural endowment, physically, mentally, and morally.

There is no subject upon which all classes and ages are so greatly in need of instruction as in reference to the healthful management of the sexual organism, both in youth and in the marriage relation. It would lead me far beyond the limits of this paper to say what ought to be said on this subject, so I pass on to the enquiries which I wish to make.

1. How shall parents be able to control their offspring, so that they may choose the time of their conception, and the conditions under which they shall be born?
2. How shall man be able to so regulate the sexual desire, as not to beget children when conditions are not favorable?

I have known some very intelligent people who have started out in their married life in high hope that they should be able to have children just when they wanted them, and not have them when they did not want them, but have never known anyone to have any special success at such efforts. Children were born when they did not intend and did not want them. And yet they used every legitimate means to control the matter.

Now if Dr. Baer can throw any light on this subject, there are many willing, earnest married people all over the world who would be very grateful for such information.

But such knowledge does not exist. All nations and people have exhausted their wits to discover, or invent, or devise some way to gratify the sexual appetite without incurring the risk of having children. They have *not succeeded and never will*. The Creator is wiser

than his children, and saw what would be the result of such liberty in the gratification of man's strongest appetite. Just look at the inevitable results which would follow.

If it were possible for married persons to have sexual intercourse without risk of offspring, how soon would many of them get ready to have children in this age, when so many women of every class and circle will hazard even their lives to get rid of children already conceived. Ten generations would well nigh depopulate the globe.

And if it were possible for married persons to exercise such liberties it would also be possible for the unmarried. Once rendered possible for the young to gratify this strongest of all passions, and what would be the end? Even now at the risk of being disgraced and ruined for life, many, very many run the risk. What would become of virtue and purity?

The world would rapidly lapse into sensuality of the lowest order. The marriage relation would cease. The family would be unknown. The race would soon become extinct.

The purity of society and morals rests upon individual virtue; virtue rests upon the sacredness of the marriage relation and the family bond; the strength of the marriage relation rests upon a pure, holy, sanctified love, and pure love rests upon the right relations of the sexes. The sexes brought together in marriage, results in offspring. All efforts made to thwart the designs of God our Creator and ruler is a high hand raised against His eternal decrees, and is certain to be overthrown and punished to the full extent of His law.

We see on every side, men and women who are reaping the bitter consequences of such efforts as the practice of conjugal onanism, the use of condoms and womb vails, the use of astringent injections to destroy the spermatozoa, the use of the sound to puncture the membranes, and the very, very common practice of "removing obstructions" induced by a "cold," etc. Among these consequences, among men we find nervous exhaustion and all those complicated disorders to which it leads; among women, all forms of uterine disease, menstrual disorders, weak backs and broken general health. I can point to many in my own field of practice who are victims to this and kindred disorders induced in this way.

We often see families where there is one child, and then no more for a lapse of five or ten years. Now what is the matter? Has the mother suddenly become sterile? Not often.

The result of my study, observation and experience, is that they who enter the marriage relation (and we believe it to be the duty of all marriageable persons to do this) will save themselves trouble, expense, and perhaps incurable disease, by gratifying the sexual appetite moderately, temperately, and naturally, without resorting to any of the many unlawful and pernicious means to prevent offspring. Those who are unwilling to take the consequences of a legitimate marriage relation, ought to remain single.

There is no greater mistake made than for young married people to strive to avoid having children. Children are the light and joy of the house. There is no way a man can spend his money, and no monument he can raise to his honor that can compare with a well raised family of children. Why then seek to thwart nature in conferring such a blessing on the married pair.

My observation fully warrants me in saying that those women who do not tamper with the fruit of the womb, live longer, have better health, cleaner hands and consciences, and have more true enjoyment than they who have grown expert in preventing the conception and taking the life of their unborn offspring.

I know of but two means that can be used to control conception, which are without evil consequences, and these are by no means absolutely sure. The first is to limit coition to the ten days just preceding the menses, during which time few women will conceive. The other is the use of luke warm injections of pure water immediately after coition.

A great deal has been written on this subject and the best time for begetting children, but it is extremely difficult to reduce these theories to practice. Some writers say children should be begotten in daylight when both parties are at their best. This is not practicable. Others say that the amative propensity should be gratified only for the purpose of pro-creation. Such writers don't practice what they preach and are very short-sighted. It was not the intention of the Creator that man should have control over his amative passion, save inside of certain limits. If there were not an uncontrollable instinct which led men into the pale of matrimony, the majority would not enter.

The reproduction of species is nowhere in nature left to the free choice of the individual, else, as in the case of a large part of the human race, there would be no reproduction.

In conclusion, I wish again to say I like Dr. Baer's paper much and believe great results will follow the dissemination of such knowledge among the masses. While it may not be possible to carry out in practice, all that is acceptable in theory, much can be done.

Let all who become parents, for the sake of their children if not for themselves, strive after the largest, broadest, fullest culture of body, mind and heart, and seek to surround the advent of our little ones with the best possible conditions.

*HOT SPRINGS IN DISEASE.**

In general terms any chronic disease dependent upon a dyscrasy, may confidently look for improvement here. Most all forms of rheumatism, neuralgias of all forms, especially sciatica, many forms of skin disease disappear like magic. Catarrh, whether it be of the head, bowels, bladder, or uterus, any mucous tissue. Bad cases of paralysis have recovered here after trying everything else. All forms of uterine difficulties receive benefit here. One probable reason for this last is, that few chronic uterine difficulties exist without catarrhal complications, at least such has been my experience. Very few practitioners but have met many ladies suffering from uterine and ovarian troubles that yield for the time being to treatment, to recur again after a short interval, no matter how much precaution is used. In such cases, a condition of the system (a dyscrasia) will be found to be present, causing the ever ready and annoying return of the uterine symptoms which in such cases, are only symptoms. If physicians would get in the habit of sending such patients here for a season of hot water bathing, they would find their patients much more tractable on their return.

You also ask about the necessity for medicine here. While many cases get well here without any medicine, still a majority are certainly more rapidly benefitted by taking from time to time the Homœopathic remedies indicated. Very many people come here after having used and become disgusted with all kinds of medicines, and declare they will not touch a drop while here. Almost every one of that class will ask for medicine inside of the first week. It is the custom with the Old School doctors here, to give large amounts of strong medicine so that taking medicine has become a fashion here. Of course I do not believe in giving any patient a single dose of medicine, unless it is clearly indicated by the symptoms and condition of the case.

Many Homœopathic physicians throughout the country are in the habit of telling patients of theirs coming here that they need no doc-

*Read before the Chicago Academy of Homœopathic Physicians and Surgeons.

tor, only use the waters. The first thing the patient does on arrival here, is to meet some old acquaintance, or make a new one (a thing easily done here) who will tell him not to use the waters without the advice of a physician. Not having been recommended to any particular doctor, they will certainly go with this friend (old or new) to "his doctor," which seventy-three chances out of seventy-five, (the number of doctors in the valley) will be Old School. Of course these Old School doctors advise the use of the waters from *their* standpoint which differs as widely from ours, as do our styles of practice. Along with the advice as to how to use the waters, they will be told that they *must* take certain remedies to prepare their systems and assist the waters. Their friend (may be a drummer for some pestiferous quack) has spoken very highly of this (their) doctor, and the first the patient knows, though a Homœopathist, and really desirous of employing that practice, if any, is roped into employing his "*friend's*" Old School doctor, whose first prescription may be 300 grains of *Iodide of Potash* a day.

I have enlarged considerably on my subject, but still feel that I have fallen short of doing the subject justice.

HOT SPRINGS, Ark.

L. S. ORDWAY.

MODIFYING INFLUENCE OF EPIDEMICS ON THERAPEUTICS.*

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

THE INFLUENCE OF THE GREATER EPIDEMICS.

"Coming events cast their shadows before."

"Epidemics give distinct and unmistakable warnings of their approach. These warnings consist of two events: First, the sudden outbreak and general spread of some milder epidemic; and secondly, the transformation of ordinary diseases into diseases of a new type, more or less resembling the character of the extraordinary disease at hand" (Dr. S. Smith, *Nature of Epidemics*, p. 5).

Sydenham gives a graphic description of such a transformation of the fevers and inflammatory diseases prevailing in London, some months before the outbreak of the great plague in 1665. Dr. Southwood Smith observed a similar change in the general type of the fevers in the London Fever Hospital, six months before the first visitation of cholera in 1831 (*Ibid*, p. 6). Dr. G. E. Shipman reports that eight months before the appearance of cholera in Chicago, in 1853, nearly every case of disease was complicated by a diarrhœa which

*Presented to the World's Homœopathic Convention.

called for a cholera remedy (MEDICAL INVESTIGATOR, Vol. X., p. 292).

An interesting question arises: How long may the warning precede the epidemic proper? We have just seen that it extends for a few months, but Dr. Hennen informs us that "for four or five years preceding that (1813) in which the plague raged (in Malta) sudden deaths (apoplexies, etc.), were more frequent than ordinary, and during the twelve months immediately preceding and especially for the last month of the period the increase was still more, insomuch as to excite public observation" (*Cyclopaedia of Practical Medicine*, Vol. II., page 68).

Some years before the cholera epidemic of 1848, Bœnninghausen reported a malignant whooping cough prevalent among the children in his neighborhood (Munster). "In its origin the indications for the employment of *Drosera* (the epidemic whooping cough remedy in Hahnemann's day) were only exceptional, and none of those were developed which call for other remedies ordinarily employed. However, in all affected, swelling and puffiness were remarked above the eyes, between the eyelids and eyebrows, where it frequently formed a thick little bag—a symptom which had never been observed among those of any other medicine except *Kali carb.* (219), and in fact this medicine was the only one that, at the commencement of the epidemic, effected a quick and lasting cure. In the last stage, this malady took another form, characterized by cold perspiration on the forehead and vomiting during the fit, symptoms which required the use of *Veratrum alb.*" (*Manual of Therapeutics*, p. 18). The modifying influence, indicated by the change in the treatment, was no doubt the coming cholera epidemic. The greater epidemic influences the lesser.

"Anterior to 1831, fever in London, for a long series of years, had been essentially an acute inflammatory disease. Six months before the cholera epidemic, fever ceased to be inflammatory, and became a disease of debility. Up to 1855, this character of the fever had never disappeared (*Nature of Epidemics*, p. 7). The same is, without doubt, true to-day.

This explains why *Aconite* is not so frequently indicated now as it was in Hahnemann's time.

Buchner says: "Fibrinosis of the blood has disappeared more and more since 1827, and this is the reason why cholera has traveled repeatedly so easily all through Europe; as soon as fibrinous diseases regain the ascendancy, the albuminous cholera will disappear" (*North American Journal of Homœopathy*, February, 1874, p. 291). In the light of the above we can understand why such remedies as *Gelsemium*, *Baptisia*, *Arsenicum*, *Veratrum*, etc., are so frequently indicated year after year.

But cholera is not the only epidemic that is modifying therapeutics. The widespread influence of the yellow fever epidemic in 1872-73, was manifested by the character of the cholera epidemic of 1873, by the prevalence of the dengue in India and in the south, and by the

great demand for "bilious remedies." Many physicians would not believe that this country was visited by cholera in 1873, because the stools were chiefly bilious rather than of a rice water character. The reports from the various cities and towns (chiefly in the southern section of this country) published by order of Congress make a large octavo volume. The epidemic reached Memphis in May, and was followed in July by an epidemic of inflammatory dysentery. In August yellow fever appeared and raged as never before. Throughout the south this epidemic was followed by dengue, which is defined by Dr. W. H. Holcombe, of New Orleans, as "a compound of yellow fever, rheumatism, scarlet fever and influenza." In 1872, the dengue raged in India. In the winter of the same year an epidemic of jaundice prevailed in Paris. In the early summer of 1873 many cases of jaundice were met in Chicago, and *Nux vom.* was the epidemic remedy. *Bryonia alb.*, another "bilious remedy," was the one chiefly indicated in the dengue in Galveston, Texas, (MEDICAL INVESTIGATOR, Vol. X.)

MODIFYING INFLUENCE OF THE LESSER EPIDEMICS.

"It is a very singular fact that both in the middle ages and in modern times, the lesser epidemic which has generally preceded and pre-announced the coming of the greater, is influenza" (Dr. Southwood Smith, Member of the General Board of Health, 1848-1854, London).

In the fall of 1868, Dr. W. Eggert, of Indianapolis, Ind., reported an epidemic of scarlet fever prevailing, and that *Rhus tox.* and *Apis* were the chief remedies. "*Belladonna*," says Dr. Eggert "has been of no use whatever." In March, 1869, he reported a change in the character of the epidemic. "*Belladonna*, five or six weeks ago, was hardly ever indicated on account of the rash being papulous, but now it has to be called on more frequently, for the rash has assumed a smooth form." (MEDICAL INVESTIGATOR, Vol. VI., pp., 116, 236).

What had changed the type of this disease? An epidemic of influenza had passed over the country, and the atmosphere, surcharged by a large amount of ozone, had become more highly inflammatory (*Ozone and Antozone*, p. 136).

Hahnemann, in January, 1798, records the prevalence of a mild epidemic fever of a remittent type that was promptly curable by *Ignatia*. In March, this fever assumed a different form, and now *Opium* was the indicated remedy in the majority of cases. In April, a severe epidemic of influenza appeared, different from that which had been observed five years previously. The attacks of fever were now changed, and *Camphor* was indicated, and only failed in about one case in a hundred. The point of interest in the report is that now the fever assumed more of an intermittent and inflammatory type, and was promptly relieved by *Ledum* and finally *Aconite* (*Lesser Writings*, p. 329).

Influenza and therapeutics are likewise modified by other epidemics. "In 1860, diphtheria reappeared, and, since then," says Dr. O. P. Baer, of Richmond, Ind., "all our catarrhal affections, for several years,

have presented more or less diphtheroid symptoms" (MEDICAL INVESTIGATOR, Vol. IX., p. 530).

"In 1863, meningitis cerebro-spinalis, or more properly typhus stupidus, made its appearance, complicating all our diseases. In the fall months of 1870, typhoid fever prevailed in Richmond, Ind., and called for *Arsenic*. In December, the weather changed suddenly from warm to cold and the character of the disease changed as suddenly. Catarrhal fever set in, complicated by meningitis; and *Aconite*, *Nux vom.*, or *Belladonna* were indicated at first, but finally the epidemic remedy, *Ars. alb.*, was again needed" (Dr. Baer, MEDICAL INVESTIGATOR, Vol. IX., p. 531).

In 1872-'73, a severe epidemic of influenza spread all over the United States from east to west, affecting both animals and man. "In New York, *Bryonia* was first required, and later *Lycopodium*; while in Philadelphia *Nux vom.*, and later *Phosphorus* cured the majority of cases" (Dr. Lippe, MEDICAL INVESTIGATOR, Vol. X., p. 169). Dr. Poulson, of Council Bluffs, who studied the epidemic very closely, decided *Sulphur* to be the similitum. His success confirmed his selection.

In February, 1873, a mild epidemic of influenza again prevailed in the region of Chicago. Now, *Arsenic* was the remedy. Cholera was coming a few months subsequently, and we detect its modifying influence (in the Mississippi Valley at least). *Sulphur* is a cholera prophylactic, and *Arsenic* is recognized as one of its most valuable remedies. As the character of the lesser epidemics is modified by the greater, so also is the therapeutics.

[To be continued.]

RELIABLE DRUG SYMPTOMS.

BY W. P. ROBERTS, M. D., CHICAGO.

In an old number of THE INVESTIGATOR, page 604, September 1870, I find the following, viz.: "If exceptions are taken to any ideas presented in our columns, let them be discussed freely, kindly, and concisely." Under the above rule, I beg leave to take exceptions to some assertions, I find recorded, in THE UNITED STATES MEDICAL INVESTIGATOR, August 15, Vol. VIII., No. 4, page 168, under the head of "Our Drug Symptoms, etc." I read the paper with much interest, but the way the doctor attacks symptoms, of old and well tried remedies, at the close of his interesting paper, reminds me of that proverbial, "cow, that kicked over the good mess of milk," etc. Speaking of milk brings to mind that there is a "difference between cow's milk and milk-man's milk." Thus it is with the *profession*, and probably ever will be, until each and every one of us do away with

our prejudices, and unite our "*miles and muckels*," each year, for a term of years, thereby creating a fund sufficient to force our alma mater to establish a scientific department, and pay a competent person to take charge of said department, (for there is a deal of work to be done to make a success of it), the object of such a department would be to advance the law of Homœopathy by proving and re-proving, drugs, upon healthy persons, (who must be remunerated for their services) by the aid of all the modern sciences, such as the microscope, thermometer, sphygmograph, chemical tests, etc., my idea is to put the prover under a wholesome diet, for several days, then examine the excrements as indicated above, administer the drug and keep the prover under it, long enough to prove the remedy thoroughly, keeping a strict record twice or more daily, of pulse, temperature, respiration, and changes if any in excrements, the prover all the while kept upon the same diet. If the alumni of the different Homœopathic colleges in the land, would unite, and each pay \$5 a year for five years or more to their respective alma maters, there would be more done to advance the cause of Homœopathy, and it would be valuable to us, besides leaving to those who are to follow us, an heritage as rich as Father Hahnemann has left us. He had but little help, while we by each giving a little, can accomplish what he designed should be done instead of jangling over what he did, and abusing one another. But to return to the *exceptions*, I think those doctors who have been deluded by those symptoms Dr. S. alludes to, were *deluded*, by not having a reliable *remedy*, or else by not getting a "perfect picture on the wall." I once heard a professor make the assertion to a large class of students, that he had no confidence in *Lachesis*, it had failed him many times. But that *assertion* did not *delude* me, (for I had seen good results from *Lachesis* when rightly affiliated), and I hope the *assertion* in the paper referred to, will not *delude* any one from using the remedies referred to, when they are indicated by the symptoms the doctor condemns as useless. I could cite many cases in my short experience to prove, that those very symptoms have not *deluded* me, but on the contrary, have helped me out of several cases, and thereby advanced the cause of Homœopathy. I have in mind two cases under *Lachesis*, and two under *Lycopodium*, which I will cite at this writing:

CASE I. A middle-aged lady in the poorer walks of life, who came under my preceptor's care, after an illness of six months, under constant treatment by an Old School doctor, of good repute; for a series of mammary abscesses, having had five of them, but contrary to the

doctor's wish, no knife was used. At the time she came under Dr. B.'s care, I had the pleasure of seeing the case, and hearing the lady's story, she was confident and *positive* she would have another abscess. At that time, the objective symptoms were, three fistulous openings, which had a purplish-blue appearance about their margins, (which I was called upon to remember, and always keep a picture in my mind of how it looked). Subjective symptoms, always worse after sleeping; could not lie on the left or affected side; with absence of milk on affected side; patient was given one dose of *Lachesis* 200, and placebos to last a week. At our next visit, which was in six days, found patient much better; could lie on affected side after taking placebos three days, did not feel so badly after sleeping, and the milk had been restored to the breast. Another dose of *Lach.* 200 was given, and placebos as before; the patient made a good recovery which was permanent, and the threatening abscess was aborted, and the *cause of Homœopathy advanced.*

CASE II. *Lachesis* is reported in THE INVESTIGATOR, August 15, page 188. The doctor *alludes* to the breathing through the open mouth, etc. I wish to make the point that my patient kept the mouth tightly closed all the time. (for I watched it many hours), and it was by mechanical means we got it open to administer medicine. The case was considered hopeless, by the Allopath that preceded me, and and by my council, but when I discovered the symptom "worse after sleeping a few moments," I gave the medicine with so much confidence, that I felt easy to go home and wait several hours, and told the parents they would soon see a change for the better. When I returned, they informed me it got easy in less than an hour. I found it sleeping and breathing quietly.

CASE III, for *Lycopodium*, was a *clinique* to me from my preceptor, Dr. Bedford. He was called to take charge of a case of suppressed *rash* in scarlet fever; a child, four years old, given up to die by an Allopath. He gave the child *Bry.* for several hours. I was with him at his second call, he said the child had not improved under the *Bry.*, and he was going to change the remedy, and asked me if I saw any indications for a remedy. The patient was unconscious and the mother could give no information. I observed the fan-like motions of the *alæ nasi*, and the doctor said *Lycopodium* was the remedy and that was the only symptom he got. He dissolved a few pills of the 200 in one-half glass of water, and ordered a teaspoonfull given once an hour through the night; the child was soon relieved, the rash

reappeared, the child made a good recovery without any *sequelæ* under the doctor's care. (I do not know whether it had any other remedy or not).

CASE IV., *Lycopodium*, I gave in valvular disease. A colored boy, six years old, came under my care last April, suffering with pain in heart, and great dyspnœa. I found by questioning the parents, (who were very ignorant), that the child had never been able to play like other children, it got out of breath if it run at play. I treated the case the best I knew for two days, with remedies laid down for the heart, and rheumatism, which I thought it had from the pain, etc. On the third day I was summoned in haste, for they thought the boy was dying. As I entered the room where my patient was bolstered up, and struggling for breath, I could but notice the "fan-like motion of the *alæ nasi*," the mouth tightly closed. I told the mother (who was taking on at a fearful rate) that I thought I could relieve her child, at the same time gave the boy a dose of *Lycopodium* 200 (which I knew to be good). I then noticed the child could not bear to have its mother leave the room. I made further enquiries, and found the child could not bear to be left alone, that he got worse about 4 P. M., and that the urine was loaded with red sand. I continued the remedy repeating the dose frequently for a few hours, then twice a day for a week or more; the boy made a good recovery, and with a few doses of *Calc. carb.* 30, for sweat about the head, he has been stronger and better this summer, than any time during his life. But the valvular trouble still exists, and I would like for some one of experience to tell me how to cure it? I would like for Dr. L. to tell us more about *ovarian colic*, and where we can find the proving that *Colocynthis* produced it?

CURE FOR HYDROPHOBIA.

I can give some facts which may be of use to somebody, thereby giving life. The time between the biting of an animal by a mad dog and showing signs of hydrophobia is not less than nine days, but may be nine months. After the animal has become rabid, a bite or scratch with the teeth upon a person, or slobber coming in contact with a sore or raw place, would produce hydrophobia just as soon as though he had been bitten by a mad dog. Hydrophobia can be prevented, and I will give what is known to be an infallible remedy, if properly administered to man or beast. A dose for a horse or cow should be

about four times as great as for a person. It is not too late to give medicine any time before the spasms come on.

The first dose for a person is one and a half ounces of *Elecampane* root, bruised, put in a pint of new milk, reduced to one-half by boiling, then taken all at one dose in the morning, fasting until afternoon, or at least a very light diet after several hours have elapsed. The second dose the same as the first, except take two ounces of the root; third dose same as the last, to be taken every other day. Three doses are all that is needed and there need be no fear. This I know from my own experience, and know of a number of other cases where it has been entirely successful. This is no guess work. Those persons I allude to were bitten by their own dogs, that had been bitten by rabid dogs, and were penned up to see if they would go mad; they did go mad, and did bite the persons. This remedy has been used in and about Philadelphia for forty years and longer with great success, and is known as the Goodman remedy. I am acquainted with a physician who told me that he knew of its use for more than thirty years, but never knew a case that failed where it was properly administered.

Among other cases he mentioned was one where a number of cows had been bitten by a mad dog. The half of this number they administered this remedy to the other half not. The latter all died of hydrophobia, while those that took the *Elecampane* and milk showed no signs of that disease.—*R. C. Shoemaker, in Country Gentleman, Montgomery County, Penn.*

[The *Inulus* or *Elecampane* is a remedy that promises well and deserves more careful study. Allen's *Materia Medica* gives a brief skeleton of its action. Who will take this remedy, and elaborate it for us?—ED.]

CHLORAL ANTIDOTES STRYCHNIA.

On reading an article in your journal of Feb. 15, 1878 under "*Coffee as an Antidote to Strychnia.*," this heading calls to mind my experience with my boy's little dog about three years ago. I was called from my office to kill her, as the family concluded her back must have been broken, for she could only drag her hind parts. Upon my arrival, she was unable to move, but was panting very rapidly and frothing at the mouth. She was twitching in every muscle, and soon after had spasms.

Having previously seen *Chloral hydrate* recommended for strychnia poisoning, I immediately gave her about xxx grs. dissolved in water. Five or ten minutes later, the jerking not subsiding, I gave about xx grs. more. In a few moments, all muscular contractions had ceased, and she was sleeping soundly. Twelve hours after, she was as lively and playful as ever before.

During the following two weeks, she had three similar attacks. One large dose of *Chloral hydrate* cured her promptly each time. Through the whole of this trying ordeal, she suckled a litter of small pups, not one of which showed any sign of physical disturbance. Nor did she even after exhibit any symptoms of former *strychnia* poisoning. In administering the remedy, my aim was to push it to the extent of allaying all nervous irritability and when that was accomplished I believe the poison to have been completely antidoted.

WOODSTOCK, Ill.

W. H. BUCK.

Consultation Department.

RECURRENT ABSCESS OF LABIA. APIS.

I would suggest *Apis mellifica* for T. C's case of recurrent abscess of labia majora (vide INVESTIGATOR, p. 173). I had a similar case under observation some time ago, and *Apis* if timely administered, would generally abort the abscess, and at length effectually cured the case.

APIS IN FOLLICULAR VULVITIS.

In this connection too, allow me to say, that it is the only remedy which has afforded me any satisfactory results in the treatment of follicular vulvitis. I have only used it in the 1st, 2d, and 3d dilutions.

BRIDGTON, N. J.

J. G. B.

ANSWER TO CASES FOR COUNSEL.

If W. F. W. wants to cure gall-stone accumulations, let him give *China* ix dilution gtt. v, twice or three times a day and follow it up for some months, and his chances will be excellent.

G. M. OCKFORD.

Would suggest, for F. M. Martin's patient, *Rhododendron* 30.

G. M. O.

TREATMENT FOR GALL-STONES.

Answer in accordance with my experiments, to CASE 1 in consultation department of September 1st, signed W. F. W. *Pure Olive oil*, is the remedy par excellence for gall-stones. Give warm, one table-spoonful every six hours, until every vestige of the concretions are gone. If the pain is very severe, I put a little *Morphine* into the oil when given, *Chelidonium* 6th as an adjunct, and alternative to the oil every three hours. These two remedies will cure any or every case of gall-stone that is curable.

C. D. WOODRUFF.

GALL-STONE CURE.

Answer to W. F. W's Gall-stone case, in September 1st UNITED STATES MEDICAL INVESTIGATOR. You will find *China* 6x curative, (radical), as it appears to cause contraction in the gall bladder. The

usual mode of administration is six pellets twice a day, five days; then same dose once a day, ten days; then same dose every other day etc., until ten drachms are taken. For the very interesting particulars, concerning this simillimum, I refer you to *New England Medical Gazette* Vol. IX (1874) p. 453, 56, article by Dr. David Thayer of Boston, from which these facts are taken.

WORCESTER, Mass.

W. A. KNIGHT.

GIVE THE POTENCY PLEASE.

I am a graduate of an Eclectic medical college, but have become a convert to Homœopathy. Like many, if not all new beginners, I am, when reading the medical journals, sorely puzzled in regard to the "dilutions" and triturations. For instance, I read remedies most used in a certain disease are: *Bell.*, *Merc.*, etc.

In what dilution or attenuation were these given, 3rd, 30th or 200th? Is there any rule to govern us, or do we have to give according to our experience. Perhaps your answer through THE MEDICAL INVESTIGATOR, would throw some light on this subject for "new converts."

C.

HYPODERMIC INJECTIONS IN PILES.

What is the best hypodermic injection for piles or prolapsus ani? I saw somewhere in your journal* a discussion on this subject.

R. W. N.

I would state to you that after considerable experience with hypodermic injections of *Iron*, *Carbolic acid*, *Ergotine*, etc., that it all resolves itself down to the use of *Carbolic acid* and *Glycerine*, one-third of former to two-thirds of latter, but only in cases of hæmorrhoids of the internal variety. You will commit a sad mistake to use it in prolapsus ani or external hæmorrhoids, for they require very different treatment. Hope these hints will prove serviceable to you.

RUSHVILLE, Ill.

MORTIMER AYRES.

CASE FOR COUNSEL.

Miss M. M., aged twenty-four. Mental sanguine temperament. Brain too large for the body. A writer of no ordinary ability. Pale, freckled complexion. Has never menstruated but once or twice. Has been under treatment of several prominent "force" doctors and taken much strong medicine without any benefit. Appetite usually good; craves acids; tongue usually light colored; always a disagreeable, somewhat metallic taste; a kind of slimy coating in the mouth and on the teeth not easily washed off. Somewhat drowsy after meals; feels dull and sleepy nearly all the time; sleeps all night and part of the day. Bowels generally regular. Pulse about 90 and weak. Extremities cold. Neuralgic pains mostly on top of the head. Feels worse mornings. No trouble with kidneys. [*Nux* 30, in water.] P. S. R.

QUERIES AND ANSWERS.

During the summer of 1877, *Colostrum* was highly recommended for cholera infantum and other bowel troubles incident to dentition.

*See June 15th number, p. 570. *et seq.*

Will you please state if it is still used and recommended by physicians of Chicago. [Dr. Burt can answer.]

Will you please reproduce the article on Carnomania, that you refer to in last journal? [If a number wish it.—Ed.]

I take this occasion to say that Dr. Sarchet's criticism on Dr. Underwood's paper on "Anteversion at Full Term," strikes me as fair, and a complete refutation of the principles advanced.

For Dr. Martin's case of rheumatism, on page 195, last number, entitled "What will help?" I would suggest a *patient trial of Sulph.* 200, to be followed by *Apis*. E. H. PECK.

CASE FOR COUNSEL.

Mr. —, age thirty-three, been married ten or twelve years; general health good; has never had gonorrhœa, syphilis or scabies. Has had varicocele of left side from childhood, but has never suffered much inconvenience from it, except some chafing, and soreness during hot weather. About three years ago he noticed an unusual and very offensive smell arising from the privates. On examination I found a slight eruption resembling very much in appearance the common tetter, with a sticky fluid oozing from it, which gave his clothing a reddish-brown color; and the hairs around the parts were the same color, by the material sticking to them, so that soap and water would not wash it off. The eruption extends along the inferior portion of the penis, covering a space a fourth of an inch wide and the entire length of the penis, extending over the left side of the scrotum. The eruption causes but very little soreness, and he suffers no inconvenience from it except the terrible smell which is offensive to himself as well as others, and is more like a dissecting room than anything that I can compare it to. During the last three years, I have given the following remedies, one at a time: *Sulph.* 30, *Lyc.* 30, *Merc.* *viv.* 3, *Nitric ac.* 3 and 30, *Hepar sulph.* 3, *Rhus tox.* 3; and in the last three months I used *Phyt.* tincture, externally, and *Sulphur* ointment. I have seen no benefit yet from anything I have used. It is worse during hot than cold weather. The offensive odor can be relieved by washing with soap and water daily, but it is not always convenient for him to bathe so often. If any one can tell me what this is, and what will cure it, I will be greatly obliged. Will answer any questions that may be asked about the case.

HAGERSTOWN, Ind.

N. F. CANADAY.

BANDAGE FOR ELEPHANTIASIS.

H. A. Koerppen asks for successful treatment of elephantiasis of the leg. If the doctor will apply compresses and the roller persistently, each morning, keeping the bandage *wet* for two or three days, and carefully changing all the clothing at bed time. Have length enough of bandage to cover five or six layers deep, say twenty-five yards. A two inch wide roller for *each* dressing. See to it that the venous blood is *aided* (by the *careful* application of the *roller*) in passing the point of diseased distention. This will need practical care to have the bandage applied so as to *not* compress the veins. In ten days he will have reduced the enlargement to the natural size, and not *interfered* with his *locomotion*. He may keep actively on his feet, but apply the bandage

more firmly each day. I have successfully treated two very marked cases in this way, both of several years standing, one had been treated a whole year in a New York Hospital, (Allopathic). I have for forty years used the bandage as a specialty. I have a large experience in the use of the bandage, and have nearly a hundred cases where superior and inferior extremities have been saved to usefulness.

J. T. HOTCHKISS.

COUNSEL WANTED.

What is the best way to cure a case of ozæna of seven years standing in a boy of eight years. As far as can be ascertained no syphilitis or scrofula is at the bottom. When a year old the boy got a cold and since then his nose has been running a thin yellow; the green always has an offensive smell; the bridge of the nose is flattened; roof of mouth not affected; farther no symptoms at all; health not interfered with. Was treated a year ago by an Allopath, and was cured (?) for three months, when it came back worse than ever. I have treated him since the end of June and have used *Alumina* 30, *Silicea* 30, *Kali c.* 3, *Aurum met.* 10, *Nit. acid* 15, and as external means, injections of *Salic. acid* 3 and *Glycerine* and water; afterward *Serpentaria* 1st trituration as snuff. The last remedy was *Aurum*, and the case was getting worse. I don't know if it was medical aggravation or a result of change in the weather. I stopped the medicine until now to see the result, and only use as injection. *Iod. potassa*; *Iodine* aa, dr., jss.; *Aqua gts.* ij. Of said solution take three drops in one ounce of water and syringe out the nasal cavity. The only change is the greenish color of the discharge is altered to yellow, and since the last wash was used the offensive smell has disappeared. What is the best way to proceed with safety, and the best chance to cure? Please mention dilution and repetition.

C. L. J.

NEPHRITIS VERA SUPPURATION.

I wish to express my warmest thanks to the many friends who have written me offering suggestions in the treatment of the case that I reported for council in the May 15th number, p. 457.

By referring to the history of the case, it will be observed that there are none of the characteristic symptoms of pyonephrosis as given by our text-books.

There being no chill at commencement of trouble, the first symptom being hæmaturia, there was entire absence of pain in the region of the kidneys, the only sign of trouble there, being a slight burning sensation at times over both kidneys a little more marked over the right one, no pain in thighs nor shoulders; no urging to void urine except during the last two days. The mind perfectly clear, no nausea nor vomiting. This man continued as at first stated until the day before he died. When painful micturition supervened, on account of the accumulation of cloths or rather broken down kidney remaining in the bladder, I removed quite a quantity of this with a No. 12 catheter, on the second day after these began to accumulate, the patient experienced a chill, and on the use of the catheter again pus and gas escaped. The gas indicating the presence of gangrene.

About twelve hours before death the prostrate gland became inflamed and was the source of excruciating pain so that it was deemed advisable to administer an anodyne.

As this patient had constant and the best of Hydropathic treatment from the first, all the active inflammatory symptoms were ameliorated. Six weeks was the duration of the last sickness. F. DUNCAN.

ANSWERS TO CONSULTATION CASES IN SEPTEMBER 1ST NUMBER.

W. F. W. asks "what can be done for gall-stones?" He will probably be advised to give *China*, but I must confess I never cured, or to my recollection relieved a case with it, while the contrary has been the case with *Belladonna*. During the paroxysm would give the 200 in water, one teaspoonfull every hour if the pain is severe, until better, then at longer intervals, leaving it off entirely when it ceases, and until another attack comes on, then return again to the medicine. In this way they will be likely to return at longer intervals, and be much less severe. Next to *Bell.*, or where it fails, *Lyc.* 200 should be given in the same way. One or the other of these remedies will very likely cure the case, though the attacks may continue to return at irregular intervals for six months or a year.

For F. M. Martin's case of rheumatism of the knee joints, worse all night, female forty-three years of age, there can certainly be nothing better than *Puls.* Should give the 200th every three hours, commencing in the morning, till five powders have been taken, then wait till two nights have been passed, and if they were more comfortable, wait as long as any improvement is noticed. If none is observed in two or three days, give the 2000 in the same way. This will scarcely fail to give relief if it does not cure the case out right, Next to *Puls.* would suggest *Lach.* 200 or higher, given in the same way.

Dr. Woodruff wonders if any other *poor doctor* ever had such experience as his in "anteversion at full term." Should not wonder much if such were the case, and would kindly suggest to the doctor that in the future, instead of sitting "eight hours with finger hooked in the mouth of the uterus," that he put his finger in any other convenient place, say in his pocket, and see if the labour will not terminate just as soon, and he be much less "paralyzed."

WASHINGTON, D. C.

C. PEARSON.

CASE FOR COUNSEL.

I would like to ask through THE MEDICAL INVESTIGATOR what will cure the following case of sore eyes. A little boy aged three and one-half years has sore eyes, and have been sore most of the time for a year and a half. His mother when from three to ten years of age had sore eyes most all the time, and her lids became granulated, but she got them partly cured, and as she became grown up her eyes became quite well but was always near-sighted, and after she got married you would hardly think that she ever had sore eyes. Her little boy's eyes now seem to be affected in the same manner. When his eyes first became sore I gave *Graphites* 6x and washed them in a wash made of *Sulphate of Zinc* and rain water, and it seemed to cure them. In about five or six months after they became sore again, and the

same treatment tried again, but did no good. He seems to be a very healthy boy every way except his eyes. His right eye is the worst, the left seems to be quite well; the right lid is a little swollen, and some times quite red; the eyes are very bad in the morning when he first wakes up; the light hurts them very much, but in the afternoon and evening they seem a great deal better, and look much better than they do in the morning; his nose runs a good deal, and his eyes are worse the more his nose runs, like a person that has a bad cold; in the spring he had a kind of a scurf come around the left eye, which looked like ringworm; it was mostly under the eye and toward the temple on the left side, and in a few weeks it went over to the right eye and left the left side, and finally went away from the right side; now there is no sign of it, but he has a few pimples on the left and right side of the face and temples, which look very much like small warts but they come and go, but do not seem to amount to anything. His feet and hands are sometimes quite hot, but he seems to be well and hearty all the time; is quite fleshy, light hair, light complexion. Now will some one tell me what to give and just how to treat his eyes, and any information that will help me in the treatment of his case will be thankfully received.

H. W.

CASE FOR COUNSEL.

Patient, lady aged forty-four, light complexion, brown hair, amiable and cheerful disposition, sensitive to treatment. Had two miscarriages, one I believe produced by herself when about twenty-five years of age; no children since. Had acute, then chronic metritis; treatment Allopathic; ulceration burnt with caustic for weeks at one time. She has been treated Homeopathically now for five years. I have only lately examined her womb; found it almost normal, with large scar on one side, but think it flares up a little occasionally, but does not trouble her much. Slight leucorrhœa of thickish mucus, more after stool or urinating; a few days before menses a thin or milky discharge, causing itching, relieved by water; menses too often, but latterly every twenty-three days. Has fleshed up considerably in the last four years, was thin before. Palpitation, as she says, as if the heart turned half over and back; wants to get up when it comes on or move. Distention of abdomen, worse after eating and evenings; at first much passing of flatus in evening. The fecal mass collects and lies in lumps in rectum, not able to pass it when so. A black speck before left eye in strong light, or looking at anything white, ascends then descends. Not much thirst, but drinks much, especially evenings; mouth feels dry though moist; bitter taste in fauces when swallowing; sleepy after one o'clock dinner; very anxious. Gave *Chinin. sulph.* 1st trituration, with marked relief for a time then it ceased to help; most relief from *Sulphur* 200th dilution, which she took for some time; bowels became regular, palpitation and other symptoms better; after a time seemed to give morning headache; discontinued; found lately she had for some years suffered from suppressed grief; gave *Ignatia* 30th dilution; she took it for several days before menstruating and two or three days after it came

on had a dreadful time ; too much ; clots ; worse on motion ; it lasted two weeks ; on getting over it felt as if she would be unwell, and had slight lancinations in womb (was this an aggravation ?) and felt weak ; complains of heaviness of legs when walking or going up stairs. She has had for some time twitches or jerking of the leg, and sometimes spasmodic closing of the teeth when almost asleep ; a blue sunken line under eyes ; has had occasionally a headache, sensitive to light which disappears after a single dose of *Ignatia*. When she had the morning headache, a dose of *Bryonia* did same. Complains of empty feeling in stomach at bedtime, 10 o'clock ; very sleepy ; bad taste in mouth in morning ; some moth patches. I am anxious to help her, and will be very thankful for advice given through this journal, and will report progress through same.

M. G. M.

Book Department.

HOMŒOPATHIC THERAPEUTICS. By S. LILIENTHAL, M. D., New York : Boericke & Tafel. Chicago : Duncan Bros. pp. 710. \$4.50.

This is essentially a dictionary of Homœopathic Therapeutics — a vast collection of remedy indications, attached to the diseases by name, selected from all sources by our indefatigable friend. We are informed that Jahr's Clinical Guide is the skeleton around which the author clustered the experience of our best men. We emphatically endorse the suggestion "that some of the friends of our cause get their copy interleaved, in order that every omission can be filled out, and corrections made wherever necessary." Those who cannot afford that will find wide margins, and excellent paper upon which to make additions. We believe this "therapeutic key" will be very popular with the profession when its value is known. It is verily a *multum in parvo*.

FOWNE'S MANUAL OF CHEMISTRY ; THEORETICAL AND PRACTICAL.
Revised by HENRY WATTS. A new American from the twelfth London edition, Philadelphia, Henry C. Lea, Royal. 12mo. of over 1000 pp. \$2.75.

This is one of the most compact and complete works on chemistry, and the one we would advise all to get. It makes an excellent companion to Attfield's Medical Chemistry (\$2.75). Fowne's Chemistry will be the leading text-book on this subject, as long as it is so ably edited, as this one is by Prof. Bridges, and so elegantly and cheaply published.

ANATOMY, DESCRIPTIVE AND SURGICAL. By HENRY GRAY, F. R. S., etc., Philadelphia : Henry C. Lea. pp. 983, leather. \$7.00.

This is a new American from the eighth English edition to which is

added Land marks, medical and surgical, by L. Holden. There is little changes in the text, except to be more profusely illustrated. We find these changes a great improvement on our old "Gray," and we advise all to get this new and improved edition. The publishers work is excellent.

DISEASES OF INFANTS AND CHILDREN AND THEIR HOMŒOPATHIC AND GENERAL TREATMENT. By E. H. RUDDOCK, M. D. Third edition. Revised and enlarged by G. Lade. London: Homœopathic Publishing Co. Chicago: Duncan Bros. 12mo. pp. 240. \$2.00.

In this edition of this excellent little domestic work on diseases of children, we find few changes by the editor. Some might object to the frequent reference to tinctures, and some other rather crude directions, still on the whole, it is far preferable to put into the hands of mothers than patent medicines. It merits, as it has received, a wide circulation.

Medical News.

Dr. E. A. Wehrman goes to Europe, to attend the clinics in Vienna for about two years.

Married.—At the residence of Jeremiah Pierson, Jacksonville, Ills., September 5th, 1878, by the Rev. Dr. Glover, Miss Minnie A. Pierson, to Dr. J. W. Primm, of Pittsfield, Ill.

Homœopathic Success with Yellow Fever.—Dr. Holcombe, in a private letter of recent date, states that he had treated two hundred cases of yellow fever, with only twelve deaths.

Pulte Medical College.—Please say in *Journal* that Wilson and Owens are back in the faculty, and our troubles are over. Everything harmonious, and prospects good for fine class. Beckwith goes to Cleveland, to lecture to "mixed classes," doing for spite what he could not do for principle. J. D. B.

Suspended Animation.—Three numbers of the *Hahnemannian Monthly* come to us bound in one, with the sad announcement that this excellent journal is suspended — for the present. The valedictory by editor McClatchy is very touching. We imagine he feels somewhat as we did when this journal "went up" in smoke.

\$100 Prize Essay on Diphtheria.—We feel that the profession has not yet received all the light possible on diphtheria, especially in the management of the laryngeal form. We therefore offer the above amount for the best monograph on Diphtheria. This essay must give its nature, history, cause, symptoms, course of the various forms, (catarrhal, croupous, septic and gangrenous), sporadic and epidemic, pathology or pathological anatomy, secondary affections, sequelæ; diagnosis, prognosis, treatment (local and general—hygienic and remedial, Homœopathic experience), and prevention. The MSS must reach us by Christmas, and will be at once submitted to three experienced physicians, who will make the award.

THE
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A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

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Materia Medica Department.

PLANTAGO MAJOR VS. PLANTAGO RUGELII.

My attention has recently been called to a remarkable difference in the characters and properties of different plants classed by botanists under the name *Plantago major*. There seems to be, medically as well as botanically, sufficient grounds for dividing this species into two.

Below are tabulated some of the most obvious diagnostic features of the two plants :

| No. 1. | GENERAL ASPECT. | No. 2. |
|---|-----------------|--|
| Very stout, dark green. | | Moderately stout, pale green. |
| LEAVES. | | |
| Round ovate, not tapering to petiole, thick, much wrinkled; petiole green at the base, or very slightly reddened; deeply grooved above. | | Ovate, tapering to the petiole, thin, somewhat wrinkled; petiole purplish-red at base, less grooved above. |
| SPIKES. | | |
| Commonly densely flowered, obtuse at the apex; stalk green at the base, or only slightly reddened. | | Less densely flowered; acute at the apex; stalk purplish-red at the base. |

BRACTS.

Round ovate, lower sometimes | Lance-ovate or lance-linear, low-cordate, never tapering to petiole. | er tapering to petiole.

CAPSULES.

Spreading in the spike, ovoid, | Erect in the spike, oblong, acute, obtuse, opening near the middle. | opening much below the middle.

SEEDS.

Generally eight to eighteen, minutely net-veined on the surface. | From four to nine, not net-veined.

PROPERTIES.

Acrid, bitter, poisonous, cows reject it. | Not bitter, may be eaten with impunity for "greens." Cows eat it with avidity.

HABITAT.

A native of Europe, introduced to the United States, and found in waysides and about dwellings. | A native of the United States, also found in waysides and about dwellings.

None of the botanical text-books, except Gray's *Synoptical Flora of North America*, published May, 1878, recognizes the distinctness of these two species of *Plantago*. In this work Gray gives to No. 1 the name *Plantago major*, L., and to No. 2 the name *Plantago Rugelii Decaisne*.

There can be little doubt that the former is the medicinal species; and there is a strong probability that a tincture made from the non-poisonous plant would be therapeutically inert.

MILWAUKEE, Wis.

LEWIS SHERMAN.

HYDRANGEA ARBORESCENS.

COMMON HYDRANGEA. SEVEN BARKS.

Read before the Western Academy of Homœopathy.

A genus of shrubby plant, to which the name was applied for no obvious reason, belonging to the natural order *saxifragicoææ*, and native of Asia and North America.

The wild hydrangea (arbor), is a shrub four to six feet high; its flowers, which are borne on flat cymes, are white or yellowish, and usually all fertile, but sometimes with a row of sterile ones around the margin; the species ranges from Pennsylvania southward, (vide American Cyclopædia).

The root is the part used in medicinal preparations, and consists of a caudex, proceeding from which are numerous radicles, from the thick-

ness of a large quill to that of the finger. Before use it should be cut in transverse pieces while fresh, then dried. The taste is somewhat aromatic and pungent. The root was analyzed by Mr. Laidly of Richmond, Va., who found in it gum albumen, starch, resin and various salts, among which was a proto salt of iron. Attention was called to it as a remedy in 1850 by Dr. S. W. Butler, whose father Dr. E. Butler, long residing as a missionary among the Cherokee Indians, employed it in the treatment of calculus complaints. Some reports were afterwards, in 1854 and 1855, published confirming its usefulness in "sabulous or gravelly deposits" in the urine, by Drs. W. L. Atlee, D. Horseley, and J. C. S. Monken. Dr. Butler used it in the form of decoction, or of a syrup made from a decoction with sugar or honey. A strong syrup may be given in the dose of a teaspoonful three times a day. In over doses it occasions vertigo, oppressions of the chest, etc. (vide U. S. Dispensatory).

There is a patent medicine sold for gravel, by the name of *seven barks* during the last four or five years, which I presume is the same species of *Hydrangea*.

This is about all I have been able to find in regard to the common *Hydrangea* as a remedial agent. I think I saw at one time the bare mention of it in the treatment of gravel in some Eclectic work on practice.

Illustrative of its action I will present the following case, the only one in which I ever used it, then a last resort, and as the sequel will prove, with quite satisfactory results.

February 3d, 1874, was called to see Mrs. B. who had been suffering for the past eighteen months with renal calculus. She had been in the hands of three Allopathic physicians, and had received no permanent relief, but was really growing worse all the time, when I found her in the following condition: Very anæmic, for the last six months passing thoroughly mixed bloody urine most all the time, menses scanty and irregular, sometimes too late, sometimes too soon with leucorrhœa, bowels constipated, worse when on the feet much, backache and soreness in the region of the kidneys; some indigestion, not much appetite, flatulent, very despondent, awakes at 4 A. M. with backache, and unable to go to sleep again; white coating over the tongue, and generally feels worse in the morning; feels worse sometimes late in the afternoon from 4 P. M. to 8 P. M.; short of breath, aching and weakness of legs; at first her spells of renal colic were six months apart, but for the last six months every six or eight weeks, and

always worse afterwards;— upon examination of urine, I found a gravelly deposit, but more marked when she had been on her feet considerable, barely able to be up a portion of the time.

I placed her upon *Nux* 3x and *China* 8x, continued one week with some improvement; continued another week, no improvement; bloody urine almost continuous. Tried *Sepia* 6x for five days, no better; *Arnica*, *Ipecac* and *Ham.* were all fairly used with the same result. Upon a closer individualization, I felt sure *Lycopodium* was indicated; placed her upon the 6x every two hours, and she was now so weak as to be compelled to keep her bed; improvement set in, and in three days but slight trace of blood in urine, and gravelly deposit much less; better every way; appetite good; bowels more regular. In ten days tried sitting up, when the return of the bloody urine appeared; took her bed again and no more trouble, but upon resuming the sitting posture a re-appearance of old trouble. Tried *Lyc.* 30x, same result; tried *Nux* 30x, apparently some relief while the patient remained in bed, but as soon as she would sit up, a return of the bloody urine would occur. I was now about to give up in despair, in fact, told the husband I thought his wife could not recover. During this treatment an old lady had mentioned to me that she knew of a case of gravel being relieved with the Seven Barks. I paid no attention to this. In consulting with the husband, we decided to have counsel and called in her first physician, their former family physician for many years, a very intelligent and liberal minded Old School practitioner. He thought her case hopeless, but advised me to try the *Hydrangea*, as he had known a case to get some relief from frequent attacks of renal colic, when there was bloody urine afterward, by the use of it. Said he had some of the powdered root, so he sent me some and I had it prepared for use with little faith, I assuré you. A decoction was made and the patient directed to take a teaspoonful three times a day. She was now confined to her bed, and passing bloody urine nearly all the time. The first day she complained of great dizziness and crazy feeling, and was afraid of the medicine, so I ordered only one-half teaspoonful three times a day. On the third day much better and no blood in the urine. Continued the treatment, and in a week was able to sit up some in bed. Still continued treatment, and in two weeks was able to be up and walk around the room without any return of trouble, the urine gradually becoming freer of all gravelly deposits, she now took the medicine only twice a day for the next two weeks, and then only once a day for a week or so, when she

was finally discharged cured. It is now four years since, and the patient has had no further trouble, although in eighteen months after she went to northern Texas on a new farm, and was exposed to many hardships. I have heard from her frequently, and her health has remained continuously good.

Gentlemen, I know of no other remedy that would have met this emergency. I have never had another case where I needed this remedy, our well proven remedies being sufficient. To you, this imperfect and hurriedly prepared paper is submitted for what it is worth.

WARRENSBURG, Nev.

W. L. HEDGES.

SCIENCE OF MATERIA MEDICA.

BY M. M. EATON, M. D., CINCINNATI, OHIO.

Read before the Western Academy of Homœopathy.

Theories and philosophy regarding the action of remedies have been little discussed in our school, and thinking we had listened to a surfeit of discussion on "physiological livery," etc., and retorts more cutting than profitable in our journals, I have chosen this subject to present as one of your committee on materia medica.

I shall not attempt to startle you with new discoveries or charm you with flowery language, but with a sincere desire to strengthen the cause of Homœopathy, I offer a few plain words. Can we not as a school, have some science as well as art in our therapeutics, and still not endanger our symptomatology; or the truth of our motto? Believing fully that "*Similia Similibus Curantur*" is the motto to which we can proudly and successfully cling, we are not debarred thereby, from offering an explanation; or entertaining a theory of the *modus operandi* of drugs Homœopathically selected, and administered.

To my mind, if a good logical reason could always be given for the faith that is in us, we would be doing a service to suffering humanity, in that we would thereby receive more careful attention to our claims of successful treatment from those Old School gentlemen, who have some prejudice against us, on account of our erroneous theories and practices, as they say. Now, if we can show them that our remedies act in conformity to a law they acknowledge, and that our motto gives us a guide to the selection of the proper remedy with almost unerring, certainly, we may look for large accessions to our numbers, and have

many true converts to our pleasant and successful way of treating the ailments of these poor mortal bodies, and thereby extend the beneficial and life saving science of Homœopathy.

I need not consume time in quoting the meaning of the term, science of *materia medica*. To cure disease, to aid nature to restore perverted and abnormal action, is doubtless the aim of all conscientious medical men. Far be it from me to impugn the motives of any who differ with me in this or other schools of medicine. I simply ask the same charity.

To my mind the fundamental principle of Homœopathy is to be found in this very short sentence: The primary and secondary action of remedies are directly opposite; or in other words, the effect on the system of a minute dose is contrary to the action of a large quantity of the same remedy. Some may exclaim then, when your patient has an over dose of *Opium*, give him a small dose to cure him. No, because by so doing we increase the amount of *Opium* in the system, and thereby would continue the action of the large dose, this would of course fail to combat the symptoms produced but would intensify them. But let us have a patient presenting the symptoms caused from disease similar to those, a large dose of *Opium* would produce in the healthy, and we will combat and relieve those symptoms with the minute doses of *Opium*. All acknowledge that the primary action of *Opium* or the action of minute dose is that of a stimulant. Is it not sound reasoning, sound logic to give *Opium* in minute doses to rouse the torpid, stupid brain, when said stupor is caused from disease? There are cases of traumatic lesions of the brain, where *Arnica* is indicated instead of *Opium*. But I was speaking of disease and not traumatic lesions.

We believe that this rule holds good in actual experience throughout most, if not all remedial agents. And a careful reading of the United States Dispensatory, will confirm my assertion in the mind of almost any earnest, honest student of medicine, who will read, with reference to observing whether or not this is so. We are obliged to own, we know not why, we have drug affinities. Why *Cantharides* affects the mucous membranes, and especially those of the urinary organs we cannot say. This was learned empirically at first; but we now know it as well as we understand the law of gravitation; we simply know it's so. Why *Cantharides* will relieve inflammation of the bladder, accompanied with bruising pain, given in minute doses we know; because of this law we have learned of the general action of

medicines, and knowing that a healthy man, taking a large amount of *Cantharides*, will suffer from this train of symptoms, we know if we have these symptoms caused from disease, that *Cantharides* in minute doses, will relieve him. First, it gives this relief, because of this law of remedies that Hahnemann first proclaimed to be a law. Second, the minute dose may be explained from the fact that the inflamed bladder is sensitive, and would receive impressions, which in the healthy would be unappreciable, and though unappreciable in the healthy, may restore health to the diseased organ. If given in too low a potency, we would aggravate the symptoms, because the quantity necessary to affect the diseased organ is so much smaller than in the healthy, that when given to the patient diseased in this way it may have the same effect, if given low, that the large dose of mother tincture would have on the healthy, and consequently instead of relief, we would have aggravation.

Giving our remedies singly is another explanation of their great efficiency in minute doses, in that it has its full scope of action, and is not counteracted by another remedy in combination. The more affinity two remedies have for the same organ, the greater the reason they should not be used in alternation; even another reason for the great efficiency of our remedies may be found in their thorough comminution, thereby favoring their rapid and entire absorption. This point I believe all now concede.

That some knowledge of the toxicological effects of drugs, as well as the therapeutical, may be of service to us as Homœopathists in leading our minds to at once grasp those remedies, which toxicology has shown have a particular affinity for the affected part, that we may from them select the remedy, which pathogenesis has shown the best adapted to the distinctive, and characteristic symptoms present, I fully believe.

If theories of the action of remedies are distasteful or obnoxious to any I say, to them, then go ahead with symptomatology alone, you will succeed. Do not let me stand in your way. I believe in symptomatology it is my chart in the selection of remedies, but I love to reason about it and explain in my own mind, at least, why this is so.

I like to be able to defend Homœopathy, with my Old School friends and classmates by arguments and theories they cannot dispute or controvert, and not alone rest on my assertions of cures effected.

With the theory I have to-day presented, I have compelled acknowledgement of the soundness of the philosophy of this reasoning, by nearly every Old School physician to whom I have presented

it, and desiring the good of the race and the honor of the profession of medicine, I sincerely desire all medical men should adopt the motto "Similia Similibus Curantur." Let us frankly admit that all our treatment of the ailments of suffering mankind cannot be explained by this theory. By honesty we lose nothing. Poisons must be ejected; or neutralized by chemical treatment. A mechanical irritant like the anteverted womb, may need mechanical treatment to relieve the irritated bladder or urethral or nasal polypi may need removal by mechanical means, before remedies can relieve the irritated parts. Likewise a blood poison should be recognized and apparently neutralized. Worms should be killed, even if we have no remedy known to generate them. When we do those things, we are not treating disease *per se*, but removing the cause; often while we use the appropriate remedies for restoring a normal action.

If we are satisfied with the simple statement of our patient regarding his sensations, and are willing to trust alone to these symptoms in the selection of remedies, we will come far short of our duty, and far short of success in obscure cases which originate possibly in an organ, or part remote from the seat of pain, here again we have a wide field for investigation, study and research; and may I add for speculation and theory? And when explained and our theory proven true, we have strengthened the science of medicine. We have made the road easier for our successors. We have aided to alleviate human woe. With our motto proven true, by theory, and demonstrated by experience we may claim fairly that there is science in our *materia medica*.

Hospital Department.

HAHNEMANN HOSPITAL CLINIC.

ANTERIOR SPINAL PARALYSIS.

A CLINICAL LECTURE DELIVERED AT THE HAHNEMANN COLLEGE AND HOSPITAL, BY H. B. FELLOWS, M. D., PROFESSOR OF PHYSIOLOGY AND PATHOLOGY OF THE NERVOUS SYSTEM.

Two weeks ago we showed you a little child, through the kindness of Dr. Roberts, which had paralysis of the right arm and left leg. To-day we have a little girl to show you with paralysis of both legs. These cases illustrate two different stages in the disease to which I want to direct your attention this morning. This disease is *anterior spinal paralysis* or *inflammation of the anterior horns*. It is also known as *infantile paralysis*. There is a doubt about the propriety of retain-

ing the latter name, as a disease so very nearly the same, if not exactly the same, in all essential feature, occurs in the adult. The history and present conditions of these cases are as follows :

CASE I. A child nineteen months of age, had for a few days a high fever and diarrhœa. Dr. Roberts treated the child for these conditions with success. One morning, however, the parents discovered the child could not move the right arm or left leg. The paralysis had apparently come on in the previous night. The fever did not return, and the child seemed well and bright in other particulars. When I first saw it, some days ago, it could move the fingers of the right hand slightly, and now has some grasp in that hand.* The muscles of the paralyzed leg are decidedly softer than those of the sound side, showing a beginning atrophy, and there is not the same degree of temperature as on the well members ; it is lower. *Gelsemium* 3 was given the child. Higher potencies are to be substituted from week to week, without the conditions call for another remedy.

CASE II. This little girl, now six years old, was attacked two years ago in July with intermittent fever. This was followed by pain and swelling of the bowels, constipation and fever. These symptoms partly subsided to give place to others ; the head drew back and the right shoulder forward ; the bowels remained constipated for a week or more and there was slight retention of urine, but not sufficient to call for the catheter. There was much irritability and restlessness, the child wanting to be turned over constantly. There was no delirium. The child moaned much as if in pain, but had nothing like general convulsions. Flexing the limbs did not cause pain or aggravate the symptoms, but the mother thinks there was some hyperæsthesia. The fever subsided, the constipation disappeared, the neck and shoulders came back to their natural positions, the bladder gave no more trouble, and a weak and emaciated child began a tedious convalescence. In October following, about two months later, hooping cough set in. The patient was helpless, and for some months was unable to sit up, and when the child grew stronger, the mother discovered both legs and the right arm to be paralyzed. She cannot say when this paralysis took place, for the limbs had been equally helpless ever since the child was acutely sick. During the first months the limbs were much wasted, more than at present, the mother says. There were no bedsores, notwithstanding the long confinement.

* Dr. R. tells me it still improves, and can now move the left foot a little.

The present condition shows a paralysis of the legs complete below the knees, except a very slight movement of the toes of right foot. The legs are both reduced in size. You see how small they are, and how the head of the tibia stands out, making the knee joints look large. The leg is flabby, cold, and mottled. The thigh muscles are not so useless, but are not strong. The left arm has regained its power and is not atrophied in any of its parts. The general health is fair and there is no trouble with either bowels or bladder. Sensation in paralyzed parts good.

This disease is the grand source of the half-dead, shrivelled limbs, club feet, and other sad deformities. In the case before us, this child can only move itself from place to place by putting its hands on the floor and pushing its body along by their aid. It will be a sad fate if she has to go through life in this condition.

The disease attacks both sex indiscriminately. In children it is most frequent during the first dentition. More children are attacked during the warm months than during the cold ones, and both hearty and feeble ones are its victims.

The onset of the disease is generally quite sudden, never prolonged. It may follow other severe and prolonged febril disorders, as gastric or remittent fever, typhus, measles or other malady. Such was the case in this instance, but probably the paralysis existed for weeks before it was believed to be anything but extreme weakness. It is usually preceded by fever which varies much in degree and duration. A child may be put to bed in seeming perfect health, have fever come on during the night, and be found with complete paralysis of one or more limbs in the morning. This, in fact, is the way in which a majority of cases begin. There may be, though this is not as constant as the fever, more or less convulsive action, which varies from slight twitching of the muscles or grinding of the teeth and rolling of the eyes, to well developed convulsions, with some degree of coma. The child may be suddenly paralyzed while playing, or become so more gradually, perhaps limping at first, to afterwards lose all power of motion in the affected parts. In such cases there will be no acute symptoms, but the paralysis will be complete in a comparatively short time.

The nature of this fever is undoubtedly inflammatory. The exact cause of the convulsions is not settled; it may be the fever, the heated blood irritating the convulsive centers, or they may suffer from an irritation conveyed from the parts of the cord more directly

involved. There may be some hyperæsthesia, but this like the fever passes off in the early stages. I have seen neuralgic pains in some cases remain.

The paralysis may be a hemiplegia, a paraplegia, or a cross-paralysis, as in case first. The muscles of the trunk are often involved, but it spares the face. Not all the muscles first attacked will remain paralyzed, but some will not recover their power. Atrophy soon begins in these muscles, and they become flabby, lose in bulk, and show the "reaction of degeneration" to electricity.

The muscular fibres first become reduced in size, the transverse striæ disappear, while the longitudinal fibres become more marked. The connective tissue increases, and oil globules gradually take the place of contractile muscular substance. Finally the oil globules are absorbed, leaving only the sarcolemma bound together with connective tissue.

The blood vessels running to the atrophied muscle, are of reduced size, and are subject to atheromatous degeneration. The bones may be involved in the atrophic changes, according to the grade of the disorder. Contraction of the muscles antagonistic to the paralyzed groups takes place, and this, with the weight of the body upon the weakened parts, produces the deformities.

The groups of muscles most frequently effected are, according to Mr. Adams: 1. "The muscles of the anterior part of the leg, forming the extensors of the toes and the flexors of the foot. Sometimes this is the only group of muscles which escapes when the leg is attacked, it is less affected in the second case above. 2. The extensors and supinators of the hand, these muscles being always affected together, and 3. The extensors of the leg, and with them generally the muscles of the first group. When single muscles are affected, the most likely to are: (a). The extensor longus digitorum of the toes; (b). The tibialis anticus; (c). The deltoid; and (d). The sterno-mastoid."

The deformities which take place are primary and compensatory. Of the first forms are talipes of both kinds, shortening of limbs, etc. Of the second forms are the curvatures of the spine.

Concerning the pathogenetic explanation of these conditions, we will have to look for it in the spine. A more or less acute inflammation of the anterior horns of the gray matter, causing a partial degeneration of it, will explain in a reasonable way all the essential symptoms of this disease. The anterior horns are, according to the best of our knowledge, the point where the motor fibres pass from

the lateral columns of the cord to the anterior roots of the spinal nerves. These fibres and the connecting, ganglionic cells, are destroyed by the inflammatory degeneration which has taken place at this point. Whether there are separate ganglionic cells which preside over nutrition, trophic cells, or whether the motor cells have this additional office, does not make any difference with the explanation; for such a destruction of these parts would be followed by loss, both of voluntary motion and reflex action and atrophy of the muscles receiving their nerves from the degenerated parts. During the acute stage of the disease, a greater extent of gray matter is involved in the inflammatory condition, and the paralysis is correspondingly more general. When the inflammation subsides and portions of the diseased territory return to a healthy condition, the paralysis will correspondingly become less general. Only such muscles, or groups of muscles, will remain paralyzed and atrophy as receive their nerves from points where the inflammation is destructive; hence the more general paralysis at first, and the more localized affection later in the case.

DIAGNOSIS.

When the disease has advanced to the atrophic stage a diagnosis will be easy if the characteristic symptoms are held in mind, viz., the sudden onset, the more general paralysis which gradually becomes more local, the unimpaired sensibility, and the rapid sequence of atrophy of the parts that remain paralyzed.

In the earlier stages, of complicated cases, as in the second case above given, there may be some difficulty in at first making the diagnosis clear. Here symptoms of meningeal irritation might for a time have obscured the nature of this case but careful observation would have soon set matters to rights. The meningeal irritation was principally in the neck, and paralysis and atrophy in the lower extremities, which proves that this irritation did not cause the latter symptoms. The absence of anæsthesia in the paralyzed parts, the slight and temporary loss of control of the bladder and bowels, the freedom from bedsores, the entire lack of reflex action, prove that the case was not one of acute myelitis. Reflex action may not always be present in myelitis, but it is the rule when the disease is confined to the upper part of the cord.

Myelitis of the anterior horns can be distinguished, from hæmorrhage into the cord by the very sudden onset of the latter, the entire lack of fever, etc., and the fact that anæsthesia is present in the paral-

parts. There is also paralysis of rectum and bladder. Congestion of the cord produces symptoms of less degree; the paralysis is never so profound, and there is not any succeeding atrophy.

Acute ascending paralysis progresses upward, soon involving the muscles of respiration and causing death. The electrical reactions are also different.

In progressive muscular atrophy, the paralysis does not precede the atrophy, but the loss of power in the muscles accompanies *pari passu*, the wasting.

TREATMENT.

Acon., *Arn.*, *Bell.*, *Cocc.*, *Caust.*, *Merc.*, *Hyos.*, *Gels.*, *Nux vom.*, *Phos.*, *Plumb.*, *Rhus tox.*, *Sulph.* will be found among the most useful remedies. The first case began on *Gels.* 3, and is to have it higher from week to week. The second case received *Caust.* 30, and will receive higher potencies in the future, if no other remedy should be indicated. Electricity is useful in these cases; galvanism should be applied with the positive pole to the spine, or over some prominent point of the nerve, and the negative pole to the muscle labile. The interruptions of the current should be slow. Only cells enough should be used to produce slight contractions of the muscles, and only to contract each group of them three or four times at one seance. The galvanism should be applied from the spine at the seat of the disease through the body. Erb recommends applying the positive pole at first, and then the negative to the back, using each for a couple of minutes. The sponge electrodes should be large, and a pretty strong current used. The application should be daily or at least, every other day, and continued for a long time. Too early a use of electricity is to be avoided. After all acute irritation has passed away we may begin a tentative and gentle use of it. Massage, and gymnastic exercise of the muscles should also form a regular part of the treatment. Nor should the necessity of fresh air and sunshine be forgotten. A change from plain to mountain air, or from inland to seashore is often of benefit. The diet should be generous and strong, and more especially in the case of those patients who have shown a lack of constitutional stamina in their previous lives. The paralyzed parts should be kept warm by the application of heat if necessary. Contractures of muscles and deformities are to be guarded against, and for this the appliances of orthopædic surgery will be called into use.

What have our patients to hope from treatment? In the earlier stages we can certainly promise improvement, and greater improve-

ment than would take place from the natural course of the disease if left to itself, and possibly a cure. In older cases less is to be hoped, but even in cases of long standing, we may hope for some benefit from continued treatment. If we find any response to galvanization of the nerves of the paralyzed muscles, we may give hope to the patient, and if the muscles respond to its direct application, we are justified in continuing treatment. If muscular action occurs more readily after a short course of treatment, it gives hope for still greater improvement. The muscles which do not react to galvanism, or which react less and less from week to week, will be lost. The recovery generally takes place first in the arms and later in the legs, but this is not the invariable rule. This is not a fatal disease without death takes place from the convulsions, which usher in a part of the cases. Who can tell how many fatal cases of convulsions are but the beginning of the anterior horns of myelitis?

Consultation Department.

REPLIES TO QUERIES IN THE MEDICAL INVESTIGATOR.

September number, page 195, to query; "What will Help?" I would advise a monthly alternation of *Iodide of Ammonia* 3x, *Salicylic acid* 6, and apply externally *ox-gall* to the knee.

"Gall Stones." Give your patient a glass of *Olive oil* and await the result, after which give, in monthly alternations, *Sulphur* and *China* high, and please report the result of the above treatment in *THE MEDICAL INVESTIGATOR*.

August number, page 174, "Obstinate Headache, What will Cure?" "D," be seated a few moments, reflect upon your sex, and tell us what you are, man or woman? [An old maid.] SAN FRANCISCO.

COLD FEET IN BED.

Will some one of your correspondents tell me what will relieve a girl of sixteen years, who vomits the first twenty-four hours of her "regular period," and is in great pain. She has dark hair and eyes, medium size; also what drug has "feet and limbs grow cold after getting into bed at night, and remaining so till getting up."

NOW FOR TAPE WORM.

Will *Nux* remove, or tend to, a "tape|worm"? Some three weeks ago, a lady, who has a favorite cat, said to me, "her cat was sick, no appetite, and costive," and wanted to know if I thought "a dose of *Castor oil* would be good for him." I said I would fix her some

medicines; I prepared liquid *Nux* 4x to be given every two hours, the next morning she reported the cat better, the third day after the lady brought to my office a tape worm, saying, "The cat vomited this up just now." The worm was *complete* and two feet long, and the cat is now all right, the medicine was given faithfully, and the lady is *very reliable*, and has the tape worm in alcohol and water, and exhibits it to her friends.

ASTHMA.

I have a few cases of asthma spasmodic, bad, can relieve some, and others not, have used the remedies as laid down, but have yet to know the drug that cures, would like some one to give experience and cures.

W. W. FRENCH.

ANSWER TO CONSULTATION CASES IN OCTOBER 1ST NUMBER.

P. S. R. wants a prescription for his lady patient. We advise *Nux mos.* (better than *Nux vom.*) 50,000, three powders in twelve hours and nothing else but perhaps sugar milk for at least two weeks, or longer if improved. If the courses return would give no more medicine unless she passed over her time again, then repeat same medicine in same way.

Dr. N. F. Canaday's patient should have *Psorinum*, high, 50,000, one powder every week until an improvement is perceptible when there is, don't repeat. The part should be kept perfectly dry, never use soap and water, they make the eruption worse, as they will almost invariably do all chronic cutaneous diseases.

C. L. J. will not be likely to cure his case of ozæna with *Aurum* 30, or anything else so low if he repeats it often. Would advise him to give the 100,000 one dose every week or until an improvement is noticed. If no better in two months, give *Nut. ars.*, 50,000 in same way. Throw that syringe and the *Iod. potassa* "to the dogs."

H. W. will find more benefit from *Sulph.* for that case of sore eyes, than from anything else, at least for the first two months, but there is no use to give it low, have had far better results from the 50,000 and upwards of all remedies in diseases of the eye, than I could ever get from even the 200. In this case, though the right side is most effected (*Sulph.* the left), it seems the trouble went from left to right, would give three doses of 100,000 in twelve hours, and wait at least two weeks, if then any better as long as this continued.

M. G. M. does not give his medicines high enough to that lady, as *Sulph.* 200 relieved for a time, should not wonder if the 100,000 would effect a still further improvement, though my impression is that *Sepia* is the remedy. Give 50,000 one powder every week till improved. Think the aggravation was from *Iqm.* 30. As the season for fever and chills is here, if physicians who have never tried the high potencies wish to surprise themselves and feel as though they had discovered a *bonanza*, will they *please* try them in this disease for I *know* they are disgusted with their success with the 6, 12 and 30. Don't be afraid to

go up from 50 to 100,000, it will do to repeat from two to four, times two to three hours apart after each paroxysm, my word for it if the remedy is good and well selected they will not think so much about *Quinine*, and so in diphtheria, give the remedies away up particularly *Sulph.* 100,000.

WASHINGTON, D. C.

C. PEARSON.

REMEDY FOR CANCER.

In the August 15 number of this journal, John Osborne refers to "THE INVESTIGATOR Jan. 1, 1878, Vol. VII., No. 1 on page 115." There is no such page in said No. 1. But on page 45 of said number does occur some "cancer talk." Is it this he refers to? I call your attention to this to say that I am astonished, that after all the asking for explicitness that your correspondents have had, that such blunders should continually occur.

In the March number of the *American Homœopathist* is just about such another. J. R. Haines, in an article on the "*Opium habit*," says "Prescribed *Ipecac*, tincture, 30m, in one-half glass water, one teaspoonful every hour, and should it nauseate to make a longer time."

Then again he says: "13, slept from eleven to seven. Continued *Ipecac* tincture, 15m, every two hours, continued to decrease the dose," etc. Now if beginning with thirty drops in half a glass of water, a teaspoonful every half hour, and then giving fifteen drops every two hours is decreasing the dose, I can't discover it. I suppose he means he put 15m in water as before, but why don't he say so, that's the point. Say what you mean, if you know what that is, and then we *asses can learn something*. Speaking of *cancer*, I am reminded of Dake's article in this same number of that journal. Dake is correct as to *Sorrel*. It is the *Oxalis* that many cancer quacks use and with good results. But if Dake will "go west" he will learn that the common people there call it sheep sorrel, and that they have no *Rumex acetosella*, and never saw any. Thus one thing is called sheep sorrel there, and quite another here in the middle states, but the western sheep sorrel is the cancer cure.

On page 383, Vol. V, this journal, O. W. Carlson asks if any of your readers know where the head of a tape worm can be seen, and adds that some microscopist has been unable to find one in any cabinet in this country. I have seen five, and see one now before me. I have tried *Kameela* to no other purpose than getting away nearly all the worm, but leaving the head to grow into another worm, which it has done in every case. It requires about three months for the worm to grow say thirty feet. But I believe that if Dr. C. would use a remedy that will get the whole worm, he would find that there would be no re-appearance of the "critter." After a little more experience I will enlighten Dr. C. as to *my method*.

Medicus, on page 384, same volume, says, "In the last stool there was also a small worm." That doubtless was the head and neck of his "old companion." The best article on tape worm that I know of

is in New York State Homœopathic Medical Society Transactions Vol. VI, p. 94. The head I have before me now is I believe, that of the *tænia mediocanellata*, though I have no microscope, yet the four sucking discs show very nicely to the naked eye.

Will Dr. R., (page 565, Vol. VI this journal,) tell us whether he got a head to his worm; and also where he gets *Tincture of Kameela*?

COUNTRY DOCTOR, JR.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

PHILADELPHIA, Pa. Oct. 11.—The city is very healthy. Among the prevalent diseases for the past two weeks are: Scarlatina, diphtheria, typhoid fever and cerebro-spinal, meningitis. Remedies used: Principally for the scarlet fever, *Bell.*; diphtheria *Lach.*, *Canth.*; typhoid fever, *Ars.*, *Rhus tox.* Cerebro-spinal, meningitis, *Cocculus*, *Ars.*, *Bell.*

BUSHROD W. JAMES.

EATONTOWN, N. J., Sept. 23.—Generally very healthy here, hay fevers more prevalent than any other disease. *Euphrasia* the only remedy that is of any benefit. Several cases of ten years standing, who for the past two years have been treated with that remedy, have entirely missed this year. or the disease has effected them very little. In Long Branch and vicinity it has been very healthy.

W. S. KIMBALL.

KEOTA, Iowa, Sept. 25.—Prevailing diseases are: Typho-malaria, diphtheria and intermittent fever. Remedies used: first *Bry.*, *Rhus tox.*, *Arsenicum*, etc.; second *Bell.*, *Apis mel.*, *Merc. bin. iod.*, *Liquor, calc. chlor.*, *Kali bich.*, etc. I use inhalations of steam from lime in all bad cases, I also prescribe lemons, also brandy. Have good success. Third, *Eupatorium perfol.*, *Quinia*. etc.

F. B. HOME.

MADRID, Spain, Oct., 2.—Advices from Casablanca, Morocco, report 320 deaths from cholera, out of a population of 7,000, between the 17th and 19th of September, and from sixty to seventy deaths daily at Fez and Mequinez. Cholera was also reported in Sweden a few weeks ago. These facts, with the other fact that cholera and yellow fever are closely allied, would look as if we might expect cholera next year.

BALLSTON SPA, N. Y., Sept. 30.—Your journal is always a welcome guest, and twice a month is longed for. The all important topic of this place now is the trial or Jesse Billings Jr., for shooting his wife

in the head, while sewing by lamp light, last June, but even this does not keep some from having chills and fever, called softly, malaria, we have had more this year than for years, owing to so much damp and hot weather. I think *Nux*, *Puls.*, *Nat*, *mur*, *Merc*. and *China* are the main remedies, used in the 3x and 30x. There are the usual cases of cold, coughs, billiousness, etc.

W. W. FRENCH.

RUSHVILLE, Ill., Sept. 26.— Business is very brisk mostly of a malarial origin, and never have Homœopathic remedies given better satisfaction than this present fall. But I have one kind of cases that has failed to respond to anything but *Quinine*, but others, among which are the following, has given great satisfaction. Chill at 7 P. M., very cold even to shaking, fever and sweat in regular succession, but no thirst during chill, fever or sweat; with the above, *Rhus tox.* has never failed. For *Arsenicum*, chill or fever mixed, or hard chill and light fever, with great thirst that water will not relieve. *Ipecac* has cured the most in number; chill, fever and sweat with constant nausea and vomiting, sweat generally profuse. I have had a set of cases where hard chill, high fever accompanied by great pain in stomach and bowels, with a diarrhoea during the fever, which increases in frequency as the fever raises, and less frequently as the fever cools off; no sweat; chills generally anticipating. Nothing has seemed to relieve except *Quinine*, when they would return in about ten days with different symptoms that were easily controlled by Homeopathic remedies. Can you suggest anything?

MORTIMER AYRES.

DIPHTHERIA.

Called May 21st into an adjoining town ten miles from home. Found on my arrival at the house a young lady, tall, light hair, blue eyes, spare, and apparently of a delicate constitution, aged twenty-three years. Was attacked with diphtheria two days before. Countenance haggard, livid look about the eyes; pulse very weak, increased to 100 per minute, temperature 100°. An examination of the throat revealed every characteristic of diphtheria well established. Tonsils swollen, more particularly the left; livid color. Uvula terribly swollen difficulty in swallowing, glands swollen on the outside with considerable *hard* swelling of the entire throat. Fever, extreme thirst, severe headache. The exudation quite extensive upon the left tonsil, the uvula and pharynx. Learned a brother, aged seventeen years, had died a few days before with (what the physicians called) malignant diphtheria, which fact aided me in forming a prognosis. My prescription consisted of *Aconite* 1 and *Belladonna* 2 alternately every half hour. *Merc. prot.* 2, a large powder every three hours. Ordered

a gargle of *Chloride pot.* every two hours, with two large slices of pork well saturated with pepper, vinegar and salt, bound upon either side of the throat. The diet should be nourishing, consisting of beef tea and milk.

May 22. Patient had passed a very restless night, symptoms all seemed aggravated; pulse and temperature about the same. More swelling about the throat; increase of exudation; great failing of strength; fetid breath; great hoarseness with apparent tendency of exudation downward into larynx and trachea.

Gave *Bell.* and *Kali bich.* 1, every hour. Continued other treatment with a caution not to keep the room too close, fresh air and nourishing diet would do much to effect a favorable change. Prepared also a gargle of *Pot. permang.* to be used every hour. Promised to return in the evening and if patient was no better, would remain over night, which was done. The night was a restless one; extreme hoarseness; emaciation; dulse in the morning 115, temperature 101½. Could not swallow a particle of either food or medicine. Ordered the beef tea and milk to be given by enema. Substituted *Alcohol for Chlor. pot.* as a gargle or wash. Gave *Ars.*, *Kali bich.* and *Merc. cyan.*.

Evening visit.—Found patient a little improved in some respects. The alcohol seemed to remove the exudation, and the breathing was much easier. Could swallow a little. Continued treatment.

May 24. Visit in the morning found my patient rapidly failing in strength, although nourishment was taken by the mouth, and some symptoms appeared better. I could plainly see what the end would be, as I had anticipated bad results from the commencement. Remained through the night only to see my patient rapidly grow weaker until five o'clock the following morning, when she died in full possession of her senses, *literally choking to death.* During the time I was treating the case, the mother and servant girl were attacked with the disease which proved curable with *Aconite*, *Bell.*, and *Merc. pot.*, with gargle of *Chlo. pot.*

The oldest son aged twenty-one years has since died with the disease. Was treated Allopathically, relying upon alcoholic stimulants as was the fact in the first case, but these did not, neither will they in my opinion, prove curative.

Being anxious to know the cause of the sudden appearance of the disease in this family, isolated as it seemed to be from the prevalence of the disease in any form. I made at my second visit, the twenty-second, a thorough examination of the premises, and found the cellar

contained a large quantity of potatoes in the state of decomposition, besides other vegetables, decomposing. The well was open and only a few feet from the cellar, and had not been cleaned thoroughly for several years, surrounded by heavy shade trees, the foliage of which had fallen year after year into the well. The water had a bad taste but no perceptible bad odor. It was examined thoroughly, and found to contain a large percentage of vegetable decomposition. Would not these causes be sufficient to develop the disease in its worse form?

KEESVILLE, N. Y.

C. J. F.

CLINICAL NOTES.

Last fall diphtheria was very prevalent. Many malignant cases some of them ending in diphtheritic croup. Malignant cases were generally fatal under either practice. In the milder cases *Apis* did not act as well as usual, where I formerly gave *Apis*, I was obliged to give *Binioid of Merc.* 3. If there was the concomitant or rheumatic pains, or severe swelling of the parotid or submaxillary glands *Phyt. tincture* acted well. *Sulpho-Carbolate of Soda* and *Bapt.* acted well in a few cases. Scarlet fever, which has prevailed the greater part of the time, for three years, has ceased to be an epidemic. Measles was prevalent for a time this spring, but was not amenable to *Gels.*, as it had been for two years, we had to return to the old remedy *Puls.*, and in a few cases with chest complications to *Bry.* to bring out the eruption. *Caust.* in a few cases for the pain. It is the only remedy I ever found that would cure pain in the stomach in measles, from drinking very cold water. My friend Dr. Brewer tells me that he was sometimes obliged to use *Euphrasia* for the coryza. I have had very little pneumonia the last winter. Neuralgia is quite prevalent; in one case of neuralgia of the head, back, and region of the heart with extreme tenderness of the whole spinal column, after using a great many remedies without effect, I was led by the patchy appearance of the tongue to give *Ran. scle.* it acted like magic. *Ran. bulb.* had previously been used without effect. If the neuralgia is in the right eye or right temple *Bell.*; left, *Spig.* I prefer the 1,000 of *Spig.* *Bell.* acts well from the 30 centesimal to the 200.

For old cases of neuralgia of the face I have found Schussler's *Magn. phos.* act well after other apparently well indicated remedies had failed. For toothache *Plantago* 6 acts like magic; it often pro-

duces, in old tobacco chewers, a disgust for tobacco. For the latter purpose Farrington recommends the 200. I used the 6 because it was the highest I could get at the time. I use with good effect in cases of chronic enlargement of the cervix uteri *Aurum mur. natr.* 2x dilution five drops three times a day. I am also using, with apparent good results in two cases of intramural fibroid tumor of the uterus, *Bufo* 33x; if successful will report results.

Intermittent fever is looming up rapidly during the last few days, but the majority of the cases are too recent to speak of the success of the treatment. The period of return is more irregular than usual and consequently the remedy is more difficult to find.

ELIAS C. PRICE.

AWA SAMOA IN HALUCINATIONS.*

March 9. B. R., laborer, tall, well built, light complexion and grey eyes, presented himself at my office for treatment. He has followed sea as well as farm life, is a victim of onanism, and suffers at present from attacks of congestion of the head, leaving him with intense headache, dizziness, and black spots before the eyes, and at times his head has the unpleasant sensation of swelling up, producing muttering and such hallucinations, as having been bewitched by Spaniards whilst sheep-herding in the valleys, and that they have done all kinds of improbable things to him, from which he cannot release himself. He also thinks that during his sea-life his system became surcharged with salt and saltpetre, enabling spirits to have control over him. Two years ago, while working at a threshing machine, no doubt from the excessive heat of the sun combined with hard labor was the cause of the aforesaid congestion; for he says he was suddenly taken with sick headache, confusion and darkness with ringing in the ears, like bells, steam whistles, roaring of cannons, and water mills, from which he thinks he partially recovered, leaving him in the present condition of hallucination. I first prescribed tincture *Awa samoa* every two hours. After marked improvement I continued the treatment till the 15th, when to my surprise he informed me of his intention to

* Col. N. B. Steinberger, U. S. Special Agent, in his report of the "Samoa or the Navigator's Islands" calls it "*Macropter methysticum*."

resume his employment in the country. I gave him two prescriptions to take with him to prevent a recurrence.

September 23. Reports himself at my office to-day, declares himself quite well, and has remained so since March 15th; thanks me for my treatment, and pays his account.

D. A. HILLER.

GENERALIZING VS. INDIVIDUALIZING.

We read much in favor of individualizing and against generalizing. Now it seems to me that there should not be, or rather need not be, any clashing. Each has its own sphere. For example, when called to a case and hear a cough, at one thought we separate all the diseases with cough from those without cough. We thus generalize to a purpose. Now we preceded to individualize this cough case. Is it measles, consumption, bronchitis, pneumonia, hypertrophy of heart, etc.? We listen to its character, whether it is moist or dry, short or hollow, paroxysmal or persistent, etc. All this to make out whether the cough is the chief expression of the case or only one symptom. A short, dry, tearing, suppressed cough we put down as possibly pneumonitis. Now we individualize still farther. If we find high fever, restlessness, thirst, pasty coated tongue, with no appetite, we say pneumonitis in the first stage. This we are sure of if we get the rust-colored sputa.

Now in separating this case from all other diseases and cases we have generalized once and individualized three times. Some would say we have generalized twice and individualized twice. And some might claim we individualized all the time, and *vice versa*. But the mass of minds do not stop to think how they reached the conclusion. They only know and care that they have reached a definite conclusion.

Now in selecting a remedy from the six hundred available ones, the same rapid, differential, diagnosis is made. Cough remedies in one group are separated from all the rest. A look at the face, at the restlessness, and a feel of the pulse of the patient has brought us rapidly to *Aconite*, or we see the evidence of high fever, flushed face, and restlessness—and say *Aconite* at once before a question is asked. To make sure it is not traumatic fever, reaction from shock, exanthematic, fever, etc., we examine a little closer, *i. e.* (generalize) separate this fever from all others. If due to a broken leg, contusion, erysipelas,

or small pox, we would pursue a different course of treatment, viz.. give *Arnica*, or *Rhus*, or *Thuja*. Thus it will be seen we generalize with the prominent symptoms, as cough, fever, diarrhœa, etc., separating them from all other classes of diseases, and take two, sometimes three distinct steps to individualize the case in hand. It is always, first the family, then the genus, and lastly the species.

As we all meet many cases that cannot be classified, therefore the great necessity to be able to individualize accurately. As we can individualize to a greater extent on the remedy side than on the disease side, hence the great value of individual remedy knowledge, according to similia. To be a good individualizer, one *must* be a good generalizer. The great mistake with the most of us is in generalizing our cases and remedies, and not in going on and individualizing them. This, the best prescribers lament. The characteristics of a remedy are its individualities, and when we learn these we can then group remedies as we now group diseases, *i. e.* generalize to advantage. The great lack of the profession is a knowledge of the characteristic individualities of our remedies. If our best men will help us to learn the peculiarities of the remedies, they will soon secure what we all so much desire, *i. e.* greater individualizing in prescribing. As an excuse for the bad habit of prescribing on generalities, we would offer the stubborn fact that the hardest work in the practice of Homœopathy is to pick out the peculiarities of our many, many remedies. Will our best materia medica men please to help us here?

ON YELLOW FEVER.

At the latest report (Oct. 1), there had occurred since July 21st, at sixty points, 8,339 deaths from yellow fever

Since August 1, 2,845 deaths have occurred at New Orleans, 2,676 at Memphis, 1,000 at Vicksburg, 279 at Grenada, 245 at Greenville, 167 at Holly Springs, 113 at Hickman, Ky., 112 at Port Gibson, and, 102 at Canton.

The disease has been more violent than in 1867 and 1873, but not as violent as in 1853. In New Orleans in 1867 there were 255 deaths in August, 1,637 in September, and 431 in October, the disease abating about October 10. This year, according to reports published in the New Orleans papers, there were 39 deaths in July, 877 in August, and 1,968 in September, with a death rate of 50 per day extending into

October. In 1853 there were in August alone 5,516 deaths in New Orleans, and the mortality in other cities was correspondingly great. In 1867 the mortality in Galveston was greater proportionately than in New Orleans. This year Galveston and other cities on the Texan coast have escaped.

Nearly every established theory as to yellow fever has been exploded or modified by the experience of this season. In previous years children were less subject to the disease than adults. This year they have been more liable to attack, and the fatality among them has been greater. In accounting for this, the physicians at New Orleans argue that as the fever has not prevailed to any great extent for eleven years, all children born within that time were as unused to the poison as children born in the north. In a majority of cases children were first attacked by malarial-remittent fever, which, after several days, degenerated into yellow fever. In previous years acclimated persons stood in little fear of the disease. This year the fatalities among acclimated persons have been startlingly numerous. In accounting for this, one writer advances the theory that a man having the yellow fever once will not have it again, should the disease prevail every season. But if the city be freed from the poison for a number of years he will lose the effect of the first attack, and be susceptible to another attack.

Another queer point in the experience of the season is, that quarantine has in a majority of cases availed little. Memphis, Grenada, Vicksburg, Mobile and Canton, all declared a stringent quarantine against New Orleans, but all have suffered from the fever. Of the twenty towns not declaring quarantine, only one was severely stricken.

This is not a disease confined strictly to southern localities. In connection with the fearful record in New Orleans and Memphis, comes up the almost forgotten fact that from 1741 to 1822, New York had eleven yellow fever seasons. In 1798 there were, in a population of 55,000, over 2,000 deaths, and in 1805 the havoc was so great that over half the people (37,000) left the city. In 1798 Philadelphia was nearly desolated by the yellow fever, the deaths in a population of 50,000, numbering 4,041. Five years later 50,000 out of the 70,000 inhabitants in Philadelphia fled from the city, and the death rate was over 100 per day. Since 1822 the disease has not prevailed in either city to any great extent, although in 1867 New York had 370 cases in quarantine and 117 deaths. How much a better system of drainage

and better sanitary regulations generally have to do with the exemption of both cities in later years, is a subject of special interest to New Orleans and Memphis.

We see that a commission of Allopaths has been appointed to investigate the nature, causes, treatment and prevention of yellow fever. We believe that the Homœopathic profession can throw some light on this subject, and should have a hearing, but that is barely possible. THE UNITED STATES MEDICAL INVESTIGATOR therefore, on behalf of the cause it represents, suggests that W. H. Holcombe, M. D., of New Orleans, L. D. Morse, M. D., of Memphis, and J. P. Angell of Galveston be a special commission to report on the nature, cause, Homœopathic treatment, and prevention of yellow fever. We hope that the gentlemen will consent to act, for they can give the world valuable reports.

STRAMONIUM IN CEREBRO-SPINAL MENINGITIS.

BY J. E. WINANS, M. D., LYONS FARM. N. J.

Was first called to see the patient, a young German woman about twenty years of age, on Friday, June 14th. Found her then having frequent oposithotonic spasms, and on inquiry learned she had complained first, upon Sunday evening previous (June 9.), but little attention was paid it by the family till a day or two later, when convulsive symptoms developed themselves. Even then, knowing she had been subject to spasms (probably *cataleptic*) before, these were allowed to progress till at last, from appearing each afternoon with temporary loss of vision, consciousness, etc., the attacks had become much more frequent, and the blindness total and persistent; the conscious intervals also being much shorter. Her history disclosed poor health from childhood, her mother having died from "consumption" before her memory, and a few years later while still young, she had the measles. Since her ninth year, she had occasionally spit up blood, had had a dry cough for some time, and much trouble at most of her menstrual periods since their appearance also. These things would seem to indicate a predisposition in the strumous diathesis for this disease, as claimed by a New England observer some years since. To return, the symptoms presented in this patient, objective and subjective, were as follows:

Skin of face dark brown; paralysis of eyelids (suggesting *Gels.*)

upon the occasion of our first visit; blindness, remaining after the power of raising the lids had returned, and yet the opening of an outside door by which light would be thrown into the back room where she was lying, or the admission of the same to her face through a small opening in the shutter would seem to affright her, and would usually provoke muscular contractions, these would begin with a spasmodic constriction of the *right* chest, passing around to the back, thence *upward* along the spine, extorting screams and inducing a spasm of the glottis, at the termination of which she would give several short, panting respirations; many times they would be attended also at the commencement, by the same painful *constrictions* of the *abdomen*, causing her to place her hands upon both its lateral walls, and forcibly compress them together; her hearing was unimpaired throughout, and she would speak to those about her after the opisthotonos had subsided. As *Stram.* produces a marked excitation of the ideational centres, so here the mental hallucinations were multitudinous and varied. Once she *recited* several *verses* from the New Testament, at another time sang a little, and would laugh frequently at something said to her, but seemed quite *irritable* if *denied* something which seemed to her perfectly real; sometimes she would think herself *alone* and call out for her father-in-law (who was by her bedside), at another, would fancy some relative standing about her bed who was *not* present. She would extend her hand toward these—as also to other imaginary objects—and frequently move her fingers as if *attempting to reach* after, or feel them once, she threw the bed-covering over her head, as if endeavoring to screen herself from some frightful object, or shut out of her view; sometimes she would “want to get up;” at others, would *thrust* her *head about* in various directions, *beat it* against the wall in close succession, raise arms above her head, etc. Pain—more or less severe—continued in the right chest and side during the intervals between the paroxysms. The extremities, both upper and lower, were cool to touch, pulse 60; the axillary temperature however was about normal. The following symptoms *simulated* indications for *Opium* :

The slow pulse; spasms from the *approach* of *strangers*, or the unnotified entrance of persons into the room where she was lying; there being *attended* with *screams* at the outset; her complaining of her *clothing* feeling *hot*, when brought in close application with her person. Also from the application of your hands to her own; lastly, her expressing on one or two occasions a “desire to go home.”

Having decided upon *Stramonium*, the question of potency still remained. Here, thought I, is a good opportunity for testing Dr. Guernsey's recommendations concerning the efficacy of the highest attenuations. Accordingly, *Stram.* 1000 and 100,000 (both liquid), were alternated at will, upon *each* considerable *aggravation*, and then withheld until the next paroxysm. The former is from Bœricke & Tafel's, and the latter two removes from Jenichen's. A marked aggravation (for a time) being noticed after the administration of the 1000, upon several occasions, she was kept thereafter principally upon the 100-000th above mentioned, under whose influence the paroxysms were gradually reduced in frequency. These were given sufficiently long to discover the accuracy of the prescription, and it was then deemed advisable to supplement their action by sinapisms to the feet and spine (mostly the latter). By these means *paralysis* was *averted*, anæsthesia of the upper and lower extremities alone appearing; a periodical tendency to aggravation between 11 and 12, (A. M. and P. M.) removed by *Sulphur* 1000; the *sight returned* on the morning of the twentieth, and the patient was dismissed June 23d, without any apparent sequelæ whatever.

Society Proceedings.

THE INTERNATIONAL CONGRESS.

CONTINENTAL HOTEL, Paris, Sept. 17, 1878. .

DEAR DOCTOR: The International Congress of Homœopathic physicians assembled at the Palace of the Trocadero on the twelfth ultimo, a week later than was originally intended. An earlier account of the meeting would have been sent, but the ways of the country are so different that delays are unavoidable.

OFFICERS AND DELEGATES.

After some balloting, the result was declared, and the following permanent officers took their seats:

PRESIDENT.—Dr. Simon, of Paris.

VICE PRESIDENTS.—Dr. Hughes, of England, and Jousset, of Paris.]

SECRETARY—GENERAL.—Dr. Gonnard of Paris.

SECRETARIES—RECORDING.—Drs. Claude and Simon, Jr., of Paris.

A large assemblage was present, very quiet and attentive listeners.

The secretary general announced the following delegates as present, and read their credentials.

As delegates from National Societies :

From England, Dr. Richard Hughes, of London. From America, Dr. J. A. Campbell, of St. Louis, and Dr. C. H. Vilas, of Chicago. From Italy, Dr. Cigliano. From Spain, Dr. Ariza. From Germany, Dr. Lipman. From Poland, Dr. Kaezkowski. From Australia, Dr. Fisher. From Belgium, Drs. Bernard and Richald. From Austria, Dr. Von der Heuvel.

OTHER SOCIETIES AND INSTITUTIONS

As delegates from Western Academy of Homœopathy, Dr. J. A. Campbell. Alleghany County Medical Society, Pa., Dr. W. H. Winslow. The Hahnemann Medical College and Hospital, of Chicago, U. S. A., Prof. C. H. Vilas, of Chicago.

By formal vote the delegates were then accepted as such by the Congress, and invited to take the seats prepared for them upon the platform.

ADDRESS OF THE PRESIDENT.

The president then made a neat speech of acceptance, and wished all a pleasant time, beneficial as well, and declared the congress formally organized and ready for the regular order of business.

Your correspondent deems it non-essential to recapitulate by days the work done, but will endeavor to summarize in as small space as possible, the main points. This is done because the official proceedings are now being put in type by the general government, as he is informed by Dr. Claude, and will be sold at an extremely low price, three to four francs, barely sufficient to cover the cost, as well as in consideration of the fact that your space is valuable.

LAW OF DILUTIONS.

The Congress opened with a paper from Dr. Jousset, in which he endeavored to lay down a law for the use of dilutions. Sharp comment followed, and a somewhat heated discussion ensued until the adjournment for the day.

ENTERTAINMENTS.

In the evening the foreign delegates were entertained by a sumptuous banquet at the residence of the president, Dr. Simon. After the feast was over, speeches of a few minutes each were indulged in until a late hour. The American delegates desire to express their appreciation of the cordial civilities extended them by the president and his son with their families. They will be long remembered.

VARIOUS REPORTS.

The two following days were spent in the reading of papers, prominent among others a paper on Diseases of the Heart by Dr. Meyerhofer. Your correspondent regrets that he was unable to gather the titles even, of several valuable papers, owing to the discussions following being so animated as to engross the attention of all.

The cream of the whole meeting, however, was in the report of Drs. Claude and Gonnard on medical education. These gentlemen especially deserve great credit for their action, and great good must result from their labors.

PROGRESS OF HOMŒOPATHY.

Dr. Claude opened by a most exhaustive report on the Homœopathic institutions of the world. Your correspondent can testify to the accuracy of his reports regarding America, having in connection with the other American delegate spent several hours in conversing with the affable doctor. A previous full posting of your correspondent by his friend Dr. A. K. Hills, on the institutions of New York, was fully made use of, and combined with the personal knowledge of the other delegate, as well as the remarkably accurate knowledge of Dr. Claude himself, render a remarkably accurate account certain.

The doctor also reviewed the progress of Homœopathy in London, referred with pride to the position its learned delegates present had attained, and spoke of the position it had assumed in Austria.

He spoke of the fact that the standard of education had been put so high by the American Homœopathic Colleges, as to furnish capital to the Allopathic physicians to work in favor of the easier acquirements in their colleges. He concluded his most able report by sharply criticising the inactivity of the French Homœopathists, and declaring that the handing down of Homœopathy from father to son and to nephew, was not sufficient, and he would leave Dr. Gonnard to explain the remedy.

Much enthusiasm prevailed after the doctor had resumed his seat, and it was evident he had awakened a sentiment which would not die out.

ON MEDICAL EDUCATION.

Dr. Gonnard followed in well chosen remarks. He said truth was the property of every one, and should be freely disseminated. There was no public teaching of Homœopathy in France. He could not expect that they could at once attain to the high standard reached in

America, where Homœopathy was taught as it should be, but it should be begun at once. The good Homœopathy had done, was immeasurable. It had rendered the Allopaths less crude, but we must be careful that we preserve its purity. The chartering of the St. James Hospital in this city, was the first governmental recognition of Homœopathy ever made in France. The time was auspicious, and he called upon the Congress to take immediate action in regard to permanent public teaching.

The learned doctor's words produced much comment, and their effect was evident. Your correspondent feels that they, as well as Dr. Claude's suffer much through his translation into so dispassionate a language as ours, but he has done the best he could.

IMPORTANT ACTION.

At the conclusion of this report, it was ordered by the Congress :

First: That permanent public teaching of Homœopathy should be established, and a commission was elected to put in force this order. This commission will give its report next November, when the permanent public teaching will begin.

It was further decided, first, that a public monument should be erected on Hahnemann's grave in the great cemetery Pere la Chaise.

Second, that the remaining correspondence of Hahnemann should be published.

It was further ordered that an International Convention, to be composed of one delegate from each country be appointed, the object of such commission being to give accurate and full reports to the French General Government of the status of Homœopathy in the several countries; and that a thorough organization of such commission be as soon as possible effected.

During the discussion ensuing on these several points, hearty commendatory remarks were made by the eminent Drs. Simon, Jousset, and others, whose names were so imperfectly caught as to render their spelling uncertain, owing to the regular order being frequently departed from, and several languages being used, no attempt was made to reduce the remarks, and the official report, which will be published in that universal language — French — can easily be consulted by those who desire the papers for perusal.

EYE-NOTES CONTINUED.

Your correspondent would be very happy to mention, as in part a recognition, and as requested by you, the many cases and operations

which he saw in the hospitals of Berlin, Vienna and Milan, (where the great Ospedale Maggiore attracts so many students, and furnishes such an immense number of cases—a very sight in its fine architecture and costly structure)—but he is aware that though of great interest when seen, the meagre description consequent on the recital from one who weilds so poor a pen as he, would render them shorn their greatest interest. He cannot conclude however, even this short mention of them, without expressing his great satisfaction at the cordial treatment, and great opportunity everywhere afforded him for investigation, and an expression of pride that it was only necessary to say he was an American medical man in search of information, when all vied in their attempts to aid him.

HAHNEMANN'S MONUMENT.

In the neighborhood of Leipsic, a brief run and stay was made to see the monument, of which we have all seen so many copies, to that great man, Hahnemann. It stands in the Theater-platz surrounded by flowers and green trees, and is a noble monument to him who so well deserved it. The inscription cut in the base is as follows :

Dem
 Grunder der Homöopathie
 Sam. Hahnemann
 Geb. zu Meissen D. 10 April, 1755.
 Gest. zu Paris, D. 2 Juli, 1843.
 Von
 Seinem Dankbaren Schülern
 und Verehrern.

COUNTING THE BLOOD CORPUSCLES.

Among the many desirable accomplishments, your correspondent has seen, none has attracted him more than that of the new method of counting the blood corpuscles, which the learned discoverers, MM. Hayern and Nacet have brought to such perfection, and have so kindly explained to him. As your readers know, the counting of the corpuscles, white and red, is a matter of the greatest value in estimating the state of the blood in certain diseases. By this method a daily analysis may be quickly made, and the state ascertained. Your correspondent has secured a fine outfit of the somewhat expensive apparatus, and it will be at once introduced into the service of the Hahnemann Hospital in Chicago, where it bids fair to gain a rank and recognition already accorded to that institution in the use of the

clinical thermometer in the puerperal wards. The discoverers heretofore alluded to have kindly placed in your correspondent's hands copies of the original papers written to the French Academy on the occasion of its recent presentation, a translation of which, on his return, he will be pleased to make and publish as requested by one of them.

ON THE WING.

To-morrow your correspondent leaves for London to attend the reunion of the British Homœopathic Congress, to be held at Leicester the last Thursday in September, of which a synopsis will be forwarded as speedily as possible.

Among other physicians in this city, your correspondent has met Dr. Winslow. In company with the other American delegate, he had the pleasure of dining with Dr. Hughes, so well known throughout America in connection with his medical work. Dr. A. C. Clifton, who so genially represented *Vox Populi* at the Centennial, is also here. Dr. Millard, of New York, is also reported here, on one of his periodical trips, but has not been met. Dr. Campbell sailed early this month for home, leaving the responsibility of representing America at the British Congress on your correspondent, who feels the responsibility, and regrets much his departure. Last of all to leave, it seems, your correspondent will (D. V.) again be at his post the first days in November. Faithfully yours,

C. H. V.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

The semi-annual meeting of this society was held in the Asylum at Middletown on Wednesday, September 17, 1878, with a large attendance. Among those present was Dr. Geo. Foote, the originator of, and first superintendent of the institution. The members of the society were conducted through the wards of the asylum, and expressed themselves much pleased with the manner in which everything was carried on. Following this, a lunch was partaken of, and at half past one the meeting was called to order by the president, Dr. Gulick, of Watkins, New York.

Dr. Talcott the superintendent, read an address of welcome to the members of the society, in which he dwelt upon the substantial benefits that were accruing to Homœopathy. The address was responded to by Dr. Gulick.

The following named papers were then read :

State Prison or Lunatic Asylum, by Dr. S. Lilienthal.

Report from Bureau of Mental and Nervous Diseases, by Dr. S. H. Talcott.

Dr. Butler said he usually commenced in mania with high potencies, in melancholia generally with lower, but whenever one did no good, he used the other.

Dr. Fiske said Hahnemann's prophecy as to the curability of *Veratrum album* in cholera, had been proved true, and one was struck with the symptoms of *Veratrum* in Dr. Butler's paper in the treatment of mental and nervous diseases, thus proving its reliability.

Dr. Foote related a number of cases in the treatment of mental diseases.

Dr. Butler spoke of the applicability of *Arsenicum* to certain forms of suicidal mania.

Dr. Couch thought that other remedies than *Digitalis* were equally efficacious for a permanent slow pulse.

Mechanical Appliances in the Treatment of Insanity, was the title of a paper by Dr. N. E. Paine, in which a new straight jacket, an expedient for feeding refractory cases by introducing a rubber tube through the nares and into the oesophagus, were the most novel expedients.

A paper was then read by Dr. Georgiana Horton, on Uterine Examination of Female Patients.

The Prognosis of Insanity was then offered by Dr. Talcott, at the same time refuting by statistics, the statement that more females than males were attacked by insanity. The influence of age, sex, masturbation, epilepsy, traumatic injuries of the brain, and hereditary transmissions were all noted.

Dr. Bacon thought that the reason there were more males insane than females in the west, was due to the excessive labor and anxiety incident to a residence in a new country.

Dr. Foote said that the practice of having the teeth filled with two kinds of metals was reprehensible, as galvanism resulted, and related a case where the removal of the amalgam was followed by prompt relief.

Under the Bureau of Materia Medica, Dr. Conant read a paper upon *Carbolic acid*, *Kreasote* and *Petroleum*, in which a comparison was made of their characteristics, peculiarities, etc.

Other papers under this head were: An Accidental Proving of

Rhus by Dr. Geo. Allen. Differential Therapeutics of Intermittents. by Dr. A. M. Woodruff.

The Bureau of Clinical Medicine furnished a numerous paper by Dr. T. L. Brown, entitled Medical Combination, which in all Eclectic systems were opposed.

Dr. Walter G. Cowl read a paper on the Secondary or Immediate Causes of Death, being an analysis of sixty cases of death at Ward's Island.

Dr. Blumenthal contributed a paper on Homœopathy, its Sphere of Action, and its Relation to Clinical Medicine. It was an exhaustive paper, and advocated the proving of drugs upon five persons, three males and two females to prove each medicine twice without knowing what the substance is. Cases were cited to illustrate the selection of remedies for disease, mentioning *Sulphuric acid* in the first dilution as being used as a spray for diphtheria.

The paper was then discussed by Drs. Guernsey, Brown and Paine.

The Bureau of Surgery was represented by Drs. Fiske, Helmuth and Butler, the first presenting a paper on Genito-Urinary Surgery, and especially the operations for stone in the bladder, the second describing the benefits of the high operation for the relief of stone, and also the processes for lithotomy; the third gentleman relating his experience in the use of electricity for the relief of stricture.

Papers were read by Drs. Moffatt and Robie.

Dr. Guernsey advocated the use of high potencies both in acute and chronic diseases.

Dr. Burdick said in the course of his remarks, that some so-called high potencies were only the 10th or 30th.

Dr. Blumenthal said that when medicine was perfectly Homœopathic to the disease the high potency was best, but if not exactly Homœopathic, the lower potencies were better.

The treatment of nervous affections accompanying pregnancy was discussed at length.

The following papers were read :

History of the Art of Laryngoscopy, by Dr. Whitney.

Physiology of to-day, by Dr. C. A. Bacon.

Vaccination, by Dr. Hotchkiss.

Climatology, by Dr. A. R. Wright.

Syphilis in Children, by Dr. S. J. White.

Diseases of the Umbilical Cord, by Dr. A. C. Brinkman.

Infantile Otitis, by Dr. A. H. Wright, with statistics showing that

the diseases causing deafness were more fatal than those producing blindness.

The Bureau of Diseases of Children made an excellent showing.

The meeting then adjourned.

In the evening a grand banquet was given the society by the trustees of the Asylum and the Orange County Medical Society.

Medical News.

Dr. C. . . Dorion has removed from Chicago to St. Paul, Minn.

Dr. E. M. Kellogg is president of the Homœopathic Mutual Life Insurance Company—has absorbed it.

A New and Enlarged Edition of Ludlam's Diseases of Women (Medical and Surgical) will be out early in November.

C. S. Halsey, our old publisher, has opened a pharmacy at Galesburg. This will be a great convenience for the profession in that vicinity.

The Homœopathic Medical Society of the Wabash Valley will hold its second semi-annual session in Terre Haute, Nov. 1, 1878. This is an energetic society, and a profitable time is expected.

J. A. Campbell, M. D., of St. Louis, reports a very pleasant time at the Congress in Paris. He calls attention to the omission of his name as Oculist and Aurist from the Good Samaritan Hospital staff.

Dr. D. Francis, of New London, Ct., is being carefully advertised by an Allopathic confrere. Let him blow about the death of Homœopathy—Allopathy will go first, and its intolerant practitioners are almost obsolete.

"Our bastard brethren of Homœopathy."—*Louisville Medical News*. "It is a wise child that knows its parents." If we are illegitimate, it is a comfort to know who our regular ancestors are. We can report that the child is well, doing well, and shall possess the land.

University of Iowa.—The opening lecture of the Homœopathic department was delivered by Dr. Cowperthwait to a class of twenty-six. It is thought the medical class will be quite large this year. A number of students are expected who have not yet enrolled.—*Iowa City Daily Republican*.

Menstruation.—By Wm. Jefferson Guernsey, M. D., Philadelphia. This is a mathematical grading of the remedies affecting menstruation, from 1—5, time, quantity, term, pain, color, consistency, etc. This shows much research, and will save time and thought on the part of those who consult it. It is certainly a ready reference table.

Hahnemann Medical College and Hospital, of Chicago, opened on the first of the month, with a class of over one hundred students. The welcoming address was given by Dr. Small, the general introductory by Prof. Hawkes, and the music by a ladies' quartette club, the St. Cecelia. The amphitheatre was crowded so that many were obliged to stand. The class has since increased to one hundred and forty. *

Medical Bon Mot.—A well known physician lately received a letter from a lady patient, in which she said: "I hope to find in you a

physical savior. If so I will not say; Positive, Ill—Comparative, Pill—Superlative, Bill—but, was Ill—took a Pill—am glad to pay the Bill.” It is hardly necessary to add of one who could thus write, that she enclosed a generous fee.

Homœopathic vs. Allopathic Tinctures Again.—Friend Appleby (Homœopathic Pharmacist, Buffalo), sends us two samples of *Arnica* flowers and tinctures, marked “Homœopathic” and “Drug-store.” The former is a pale green color, while the drug shop preparation is of a deep amber color. The flowers for the Homœopathic tincture were doubtless gathered *during* flowering; while the others were gathered *after* flowering, as they are as yellow as *Saffron*. The strength might be graded as (Hom.) active and (drug) passive. Will the profession be imposed upon by Allopathic drug stores?

Illinois State Homœopathic Association Dues.—In consequence of the action taken at the last meeting, all members whose dues have been paid to date (including 1878) will be exempt from further payments.

Members are therefore requested to remit to the treasurer all arrearages; as the by-laws require the names of all over one year in arrears to be dropped from the list of members. Any whose names have thus been dropped may be reinstated by simply settling their accounts.

CHICAGO, 90 Washington St.

A. G. BEEBE, *Treasurer*.

Gone again.—“Homœopathy is rapidly waning and scarcely exists more than in name. There is not one Homœopathic physician in a hundred, who sticks to his little pills and “potentized” water. No one now believes the absurd fancies of Hahnemann. The president of the Homœopathic Society of New York city recently renounced Homœopathy, and joined the “regulars.”—*The Health Reformer*. That is about as true as its illustration of the effect of alcohol on the blood on another page. “Little pills” and potentized “water” is Homœopathy, i. e., “*Similia Similibus Curantur*.” Shade of Webster! What a definition! But of course a reformer is not supposed to know any thing about medicine, but is presumed to know something about truth and fairness. Dr. Hills joining the “Regulars!” That is a good joke. Do tell us how it happened doctor.

Chicago Homœopathic College.—The opening exercises were held October 2d in the main lecture room of the college in presence of a large audience. President Mitchell stated that the faculty was greatly pleased with the continued success of the college. He attributed the large class in attendance the present season to the interest that had been excited in medical education. Referring to the better preparation for receiving benefit from lectures on the part of students, he thanked them and their preceptors. Both faculty and students entered with zeal on their work. He then introduced Prof. A. W. Woodward, the orator of the evening. Prof. Woodward welcomed most heartily the incoming class. He referred to the weighty responsibilities of both professors and students. Then he considered the advantage of the study of Homœopathic therapeutics as illustrated by the recent epidemic of yellow fever. The mistakes of the Old School were in supposing the disease could be reached by antiseptics and cathartics, in defective theories concerning its etiology, and in failing to recognize practically the special feature of the present scourge. Homœopathy with its closer observation and special therapeutics could combat successfully even so fatal a disease. The closest attention was paid throughout by the audience to the very interesting discourse. There are eighty matriculants. The graduating class will be about double that of last year, and of most excellent material. Members of the profession are cordially invited to visit the college, lectures and clinics, and examine these advantages. * *

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Surgical Department.

A FEW CASES FROM SURGICAL PRACTICE.

BY EDWIN F. VOSE, M. D., PORTLAND, ME.

Read before the Maine Homœopathic Medical Society.

CASE I. Mrs. D., aged sixty-five, married, had been troubled for several years with what appeared to be sore nipples, simply, and had tried many of the domestic remedies without relief, and later, had been under the care of several Allopathic physicians, with no success in alleviation. The right breast began to swell and harden, and the nipple became a running sore. The case was pronounced the result of a scrofulous dyscrasia, and several physicians told the patient that there was nothing malignant about it. Being induced by her son, a clergyman of Portland, she came to that city in June, 1877, and was put under my care. An examination by Dr. Eliphalet Clark and myself satisfied us both that it was cancerous in its nature, and the removal of the breast was advised.

On June 14th, assisted by Drs. E. Clark and H. B. Mason, I removed the whole breast, which was found to have already broken down, and involving some of the axillary glands to a great degree. The surface of the wound was thoroughly cauterized, and an antiseptic dressing employed. A very rapid recovery followed. In three weeks she was able to return to her home, some sixty miles, and up to this date has remained perfectly well, and with no signs of a return of the trouble.

Microscopical examination disclosed the presence of a multitude of true cancer cells in the part removed, and a slight delay in the time of operating would have rendered it useless in all probability.

CASE II. Mrs. S., aged fifty-four, married, came under my care November 25, 1877. She was having a slow fever and was generally debilitated. Said that she had been troubled for years with pains through bladder and left ovary, accompanied by bearing down pains, leucorrhœa and hæmorrhoids. Two years ago was treated for the hæmorrhoids by an Allopathic physician without success. Her menses had been characterized by irregularity, profuseness and great pain. Suspecting something more serious than hæmorrhoids, an examination was made by Dr. R. L. Dodge and myself. The perineum was found to have been completely ruptured for years, the rupture extending through the anal sphincter. The uterus was very much enlarged and indurated. It had become very much anteverted, pressing hard on the bladder. She was informed that an operation was the only means by which relief could be obtained, and rather a doubtful prognosis made.

As soon as her fever had left her and she had recovered her usual strength, I performed the usual operation for lacerated perineum assisted by Drs. R. L. Dodge and S. E. Sylvester; the deep sutures, three in number being made of silver wire, the superficial of silk. In ten days the sutures were removed, and the union was found to have been so nearly perfect that a further operation has been unnecessary. Up to date she has been steadily gaining. No mechanical support has yet been used to support the womb, but since the operation the bladder trouble and the hæmorrhoids have steadily grown less, though far from being entirely subdued yet. The uterus is a little less in size, and the menses have been more regular and with much less pain. We hope to be able to report at some future meeting, if not a complete cure, such an improvement in her general health that she will be able to think of living with more pleasure than she has done for several years.

CASE III. Arthur D., aged nine, "took a violent cold," as it was thought, but which developed rapidly into a case of measles of that variety known as *black measles*. The skin was of so dark a purple that it might well have been called black. A severe but short sickness followed, and it was supposed that he was almost out of danger, when scarlatina set in. Several physicians were called at different times in consultation, but the case was considered a hopeless one.

Arsenicum 200, *Bell.* 200 and *Rhus* 200 were the principal remedies used, and under their influence the lad slowly got better and was convalescing when a slight exposure caused him to take cold again, and to our dismay, pneumonia was added to the list of diseases. The left lung, inferior lobe was most seriously affected, and was so completely broken down, that as a forlorn hope paracentesis was resorted to and the pus allowed to drain at will.

A large number of indicated remedies were given with but little benefit, until *Calc. sulph.* 13x trituration was given, he immediately began to gain, and on that remedy alone he recovered. The left shoulder which had become several inches lower than the right, gradually resumed its normal position, and to all appearances the little fellow is as strong as he ever was, and his parents say as well as they have ever known him.

CASE IV. May 1, 1876, I removed a small cancer of the scirrhous variety from the person of Rebecca F., spinster, aged sixty-five, which involved the left labia majora, and was about the size of a hen's egg. At that time it was predicted that within a year a second formation would develop, which turned out to be the case. The second tumor was as large as the head of an ordinary-sized child of two years, involving the whole vulva and filling the left groin. The pain, of the lancinating, burning order, was so terrible that the patient would beg her friends to kill her to release her of her suffering. Finally, at her request, performed an operation, assisted by Drs. E. Clark and H. B. Mason, during which the whole mass was removed, laying bare the femoral artery and larger veins, so deep did the cancerous mass extend.

She stood the operation finely, and for a while seemed to gain strength under careful nursing and the indicated remedies. After five months, however, the enemy again made its appearance, but without being accompanied by much pain. In fact the object of the operation, to relieve if possible, the intense anguish was a complete success. From the time of operating to the date of death some six months, there was but little suffering. The patient after the second month gradually becoming weaker, and finally dying from septicæmia. We had some trouble at first in subduing the fearful odor which came from the wound, but after using a solution of *Bromo-chloralum* and a cerate of *Vaseline*, there was less discomfort from that source. In two cases of the same trouble that have come under my care since then, although there was no hope of effecting a cure, yet I have suc-

ceeded in relieving the fearful agony by the knife after remedies have repeatedly failed me.

CASE V. John S., aged twenty-four, an Irishman, was run over by a loaded team on July 28, 1877, and his right limb badly crushed and both the bones in the lower limb broken. He was taken up in an insensible condition and carried home. His physician (an Allopath) set the limb and dressed the crushed portion as well as possible. On August 8, his knee began to pain him badly and the edges of the wound above the knee took on a most unhealthy appearance. Gangrene had set in, and his physician said he could do no more for him. I was called in to see the case on August 9, and advised an immediate operation. It was delayed until the morning of the 10th, when I amputated the limb at the thigh. The shock was considerable, but fortunately, his naturally strong constitution, and the fact there was but little fever following the operation, brought him through. On the 15th of August, having to return to Portland, the case was put into the hands of a Homœopathic physician, under whose hands he made a good recovery.

CASE VI. George H., aged forty-five, living in Massachusetts, had been troubled with what had been supposed to be the effects of an ulcerated tooth for three months before consulting a physician. He was told that the superior maxillary was involved to a slight extent, and that the trouble was probably caries. He grew rapidly worse, the whole jaw becoming broken down, and a fungoid growth so near filled the mouth and fauces that eating was an impossibility and drinking an agony. In August, 1877, while visiting friends in Massachusetts, the case came under my observation. It was evidently cancerous, and, I advised an immediate operation. My diagnosis was confirmed by several brother surgeons. On the 10th of August, assisted by Drs. H. C. Vose and H. W. Robinson, I removed as near the whole of the jaw as was possible, including the fungoid growth. The right cheek was filled with sinuses from which exuded the most purulent pus. After using the saw and gouge I went over the whole surface with a hot iron and injected the sinuses in the cheek with a solution of *Carbolic acid*. An unfavorable prognosis was made as the extent of infiltration was found to be much greater than was supposed. But contrary to expectation and the prophecies of Allopathic physicians, the case made a gradual recovery, and now is enjoying a fair share of health, living of course on liquid food. I have no doubt that the disease will break out

again some time, but his life has been made somewhat longer by the operation, his agonizing pain relieved, and several disbelievers in "Homœopathic Surgeons" silenced.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

NEW PROVIDENCE, IOWA, Oct. 16.—Prevailing diseases are: (1). Remittent and (2), Intermittent fevers. Remedies used: (1). *Baptisia*, *Bryonia* and *Rhus tox.* 3x to 30x. (2). *Bell.* 3d, *Ipec.* 200, *Nux vom.* 200

H. P. CUTLER.

OLEAN, N. Y., Oct., 14.—Prevailing diseases are: Bilious intermittent and typhoid fevers. Pneumonia and catarrhal dysentery. Remedies used: *Nux*, *Ars.*, *Acon.*, *Rhus tox.*, *Bry.*, *Phos.*, *Verat. alb.*, *Ars.*, *Lyc.*

LINCOLN & HIBBARD.

LEBANON, Ind., Oct. 22.—Less sickness this year than for many years. The principal sickness is ague and other malarial diseases. Principal remedies now called for are *Ars.*, *Gels.*, *Nat. mur.*, 20 to 30 works best. For bilious and remittents *Ipecac* and *Bell.* Weather dry and pleasant till to-day, a little snow and rain.

W. L. MORGAN.

CHICAGO, Oct. 20.—This fall has been a singular one. The typhoids have been mixed between bilious fever and basilar meningitis, with a tendency to paralysis. *Hyos.* has been the chief remedy indicated. Now we are meeting catarrhal troubles, viz., coryzal, bronchial, gastric, enteric or vesical catarrh in which *Rhus* is singularly prominent.

PHILADELPHIA, Pa.—Prevailing diseases are: From Oct. 1-12, first five days, croup, diphtheria, scarlet fever, typhoid fever, marasmus. From Oct. 5 to 12 the highest death rates were as follows: Consumption, 48; Convulsions, 16; heart disease, 15; diphtheria, 13; marasmus, 14; typhoid fever, 12; old age, 13; scarlet fever, 10; croup, 10; Bright's disease, 7. (Death rate for the week 298). The total population is between 800,000 and 900,000. The weather has been mild and quite clear .13 of an inch of rain having fallen.

BUSHROD W. JAMES.

ETIOLOGY OF DIPHTHERIA.

BY F. H. VAN LIEW, M. D., AURORA, ILL.

Read before the Illinois State Medical Association.

During a late epidemic of diphtheria which over-spread different portions of the north west, I was led to record some observations for future use, and the contents of this paper are the use I have made of them. 1. The apparent partiality or favoritism with which the disease attacked different localities setting at defiance all method, and every theory as to the local causes that invite its invasion and proving so erratic and fickle, that the observer is lost in his attempt to discover any rule or law regarding its true character, much less its origin. 2. That wherever the disease *did* attack, the different forms seemed to be determined by the subject attacked rather than any local circumstance, or peculiarity of weather or climate. Until last November while the disease had been prevailing in epidemic form, with marked fatality in Chicago and vicinity, and other of the larger cities of the west, as well as in some of the small towns in the immediate neighborhood of Aurora, our city had been remarkably exempt for several years when it seemed to make a sudden swoop down upon us, in a most select sort of manner, falling upon a compass of less than one quarter of the city, though a hundred cases or more were reported with a mortality of twenty. It invaded chiefly three neighborhoods, in which all the fatal cases, and nearly all the severer ones occurred. The first was a low flat locality, poorly drained; there being much rain at the time, the soil was thoroughly soaked with surface water, and the wells and cellars flooded with the same. The second was on the high bluff with dry cellars, deep wells, clay or grained soil, and good drainage; and the third was a locality the condition of which would come between these two extremes, but, where the residences and surroundings were of the better class, cleanly and commodious.

Under the head of observation second, was the following remarkable coincidence: Of three married sisters, one living in the state of Iowa, a second in Galesburg, and the third in Aurora, the first had one child, and the other two, two children each, all boys. Number one in Iowa lost her child with diphtheria, and brought it to Aurora for burial, telegraphing her sister in Galesburg to meet her there. On arriving at the depot in Aurora, number two learned that number three's two children were already sick, one of them dangerously with diphtheria; and fearing to expose her own, she took them to a distant part of the

city, where no cases had as yet occurred. The next day the oldest was attacked, and in a week the other, and finally all five of these children died after a sickness averaging one week, with the croupous form of diphtheria and the three mothers left childless. There had never been any exposure of one to another of these cases, as the children had not been within a mile of each other for several months.

I may remark that the three cases had three different kinds of treatment, Allopathic, Eclectic and Homœopathic. The parents in two of these families had the disease quite severe and with a tedious recovery. Two or three other families in the city lost two children each all they had, with croupous form and in short nearly *all* the fatal cases were of the croupous form. A few had relapse, and succumbed to sequelæ; others recovered after struggling through such sequelæ as a temporary loss of sight or hearing, paralysis of the limbs, hæmorrhage, or abscess of the lungs, etc.

There are only a few of the irregularities which I observed illustrating the captious nature of the epidemic, and which led to a deeper inquiry into the combined causes which conspire its production. For they seem to be two-fold, an external specific cause, which is not at all sure of taking effect, and an internal or constitutional cause, which may under certain conditions of weather, such as cold and wet, develop all the characteristics of diphtheria and, in fact, originate the disease in all its pathological conditions.

In its ravages, one can scarce ever trace the route through which it may be said to travel; and it generally surprises by attacking an unlooked for locality, or an unsuspected subject. After it has *made* the attack, and begun its work of ferment or disturbance in the system, its form, behaviour, and degree of severity, are as uncertain as its attacking point. All which it seems to me, go to give emphasis to the hypothesis of a constitutional, primary or remote cause, inherent in the blood itself; upon which the disease germ subsists and develops, as the sown seed is nourished by certain elements of the soil. Of just what this element of the blood is, authorities are not very clear. Of cachexia, taint, or hereditary pre-disposition, but little has been determined except to give names. It has not as yet been decided whether there is a *sperm* as well as a germ element of the disease, and whether both are essential to its reproduction.

I am aware that the two causes, referred to are accepted in a general way regarding all diseases, but the *former* seems to have been overlooked in accounting for diphtheria. Some of the ablest treatises on

this subject make no allusion to it. The true etiology of diseases of this type will never be well understood, until more is known of their *antecedent* as well as exciting causes. What the microscope is revealing for the latter, must be brought to light by a still more delicate instrument, the nature and character of the former. Perhaps we can best understand the etiology of this disease, as regards *externals* by a general survey of its main features. It seems to make its appearance under two different series of symptoms, as a *local*, and as a *general* disease; and in some cases is followed by a *third* series of disturbances, which have been classed as secondary process or sequelæ.

The *local* disease makes its appearance as an intensely inflammatory process on the mucous membrane, showing a preference for those portions most exposed to the air in its passage to the lungs, also upon points denuded of the skin, and this inflammation leads to this formation of the characteristic pseudo-membrane.

The *general* affection has the character of an infectious disease, and holds a position somewhere between simple inflammatory fever, and the severer forms of typhoid, and pyæmic poisoning. In this study the question at once arises, in what relation do the local and general affection stand to each other? Which causes the other? As the secondary disturbance is supposed in some measure to be the effect of the antecedent, and immediately dependent upon it.

Authorities in number and weight are about evenly divided upon this question. Oertel, Hueton and others hold the position that the organism is first attacked by infection acting *locally*, and the general disturbance follows as a result. That diphtheria fixes itself at the point of inoculation, the center of infection, and radiates from that point throughout the whole body. Experiments were made by these authors by inoculating rabbits and other animals with the infection from the human subject sick with diphtheria, introducing it into different parts of the mucous membrane, thus transferring the disease with all its characteristics, acting in precisely the same manner as when produced by any other means.

By these experiments, the discovery was made that diphtheritic membranes, the subjacent diseased parts and even the blood contained in great numbers vegetables organisms or bacteria to which they gave the name of micrococci, and from this discovery the conclusion was drawn by them that *the* cause of diphtheria must be a transfer of these parasite (bacteria) by inoculation causing a *local* disease first, which afterward in an indefinite period of time became

general to the whole organism. These and many other eminent writers on the subject asserted therefore that. "There can be no diphtheria without micrococci." On the other hand it is maintained by writers equally eminent and practical, that diphtheria is at first a *general* disease, and poisoning of the blood, and the affections of the mucous membrane, and the exudations are merely secondary localizations, *results* instead of causes. In support of this hypothesis, the agreement of its most essential characteristics with those of other infectious and epidemic diseases, are emphasized. Also the marked susceptibility of children to it during an epidemic and at the great disproportion noticeable even at the very beginning of the disease, between the severity of the *general* symptoms, and the apparently trifling local changes; but especially the multiplicity of the localizations, instead of being invariably the most exposed and vulnerable; further the length of time, after the invasion by the *general* disturbance, before the *local* condition becomes noticeable or marked. No little weight has been given this theory by the fact that the effect to conquer the disease, by destroying the diphtheritic product, by means of thorough cauterization has been without favorable results. Local treatment alone has never subdued all forms of the disease. Statements of the local application of *Sulphur* to the contrary notwithstanding.

But now the discussion to settle the question of these two theories, reminds one of the famous debate that took place once on a time, to prove which was antecedent the egg or the hen. Said one side "there can be no egg without a hen;" said the other. "It is equally true there can be no hen without an egg." The *question* as to which was the cause of the other, I believe was never answered. But seriously in the controversy before us, I should ask, are not both right? It is true the revelation of the microscope have established many new facts, with regard to the nature and pathology of this disease. It has not only proved the presence of bacteria in diphtheritic formations, and shown that the disease *may* travel through these, the essential elements of its infection; but it has also shown vegetable parasites to exist in other contagious and malignant or putrid diseases, which though they are capable of transferring and reproducing disease, are not *always* to be regarded as the first cause.

As for myself, I most heartily believe there is such a thing in the divine plan as spontaneous generation. "What!" do you ask, "Something from nothing?" No sir, something from something. But not

always something from the *same* thing. According to the evolutionists the micrococcus or animal plant is high up in the scale of being, instead of being regarded as the mere beginning or first cause.

Diphtheria then is not always produced by contagion, or inoculation of its own specific virus, in a complete state of development, but occurs sporadically as well, and may, especially in certain localities, and under conditions especially favorable to it, become an *endemic* disease. For these same vegetable or animal organisms, (whichever we choose to call them) are generated and developed in the atmosphere, and becomes a disturbing force, to anything with which they come in contact. By this means the disease principle may develop spontaneously, its origin being a miasm, and is induced under favorable conditions, such as contact with objects and persons infected with diphtheria, or by its presence in the neighborhood, to develop into its image and produce that disease. Other conditions of weather, sanitary violations and states of the blood, might have produced a different disease, as typhoid fever, dysentery or cholera.

The real germ of contagion as well as that of hereditary disease or that which may be regarded as the ultimate beginning of disease action has not been as yet discovered, only by approximation. Metaphysicians tell us they have their origin in the subtle qualities and conditions of the mind. But as I do not care to enter that field, I will leave the discussion here, and sum up my remarks on the etiology of diphtheria by the conclusion, that it is to be considered a miasmatic contagious disease.

DIPHTHERIA—A COMPARISON.

BY MAHLON PRESTON, M. D.

Read before the Homœopathic Medical Society of Chester, Delaware and Montgomery Counties, Pa.

It has often been stated by our members, in these sessions, that we never reported anything but our successes, and some of us will easily recall that the society has often been exorted by conscientious members, to report some of our failures. This is undoubtedly good advice, and I am determined to deliver myself of a story not calculated to raise one in his own estimation, or the good opinion of others. Not longer ago than March last, I undertook the treatment of what appeared to be an ordinary case of diphtheritic sore throat; which

bore no evidence of assuming more than a mild form. The patient was a robust girl of thirteen, who had not menstruated or ever had any symptoms that would have led her mother to suppose she was near the age of such an event. She had always been very hearty and free from all signs of disease; her throat was sore with slight diphtheritic spots on the tonsils and some fever, but she ate, slept, and felt well. She received *Kali bich.* 200 in the evening, and in the morning had improved so as to seem almost as usual. Being counseled, however, to remain in her room, she did so like an obedient child, and on the following day the spots had reappeared and increased in size, with external swelling in the parotid region. A restless night; dry throat; difficult swallowing and sore nose. *Nitric acid* 200 was resorted to, but the next morning developed no improvement, the swelling external and internal had increased; the patches had enlarged; her nose was stopped up and discharging a purulent matter. She choked on swallowing; pulse rapid and small; *Lachesis* 200.

The evening had developed an aggravation of all the symptoms; the throat began to look black and to bleed, the nose bled, the lips bled. She spoke with difficulty, but complained of burning in her throat. The external tumefaction had become dark colored, and her chest was dotted with hæmorrhagic spots; her father wished to obtain the services of an Allopathic physician, and I was consequently relieved of the case the next day. This event relieved me of farther trouble, but did not give me any comfort at not being able to acquit myself creditably in a case which had begun in such a mild form. But as the girl died, and as I had been assiduous in my attentions, I received no blame save from my own conscience, and that has not yet ceased to upbraid me whenever I think of it.

Not more than three weeks subsequent to this sad event, I had another case on my hands which was a *fac simile* of the one just related, save in the subject of it, which was a young lady of twenty-five. I need not repeat the category of symptoms, they were alike to the minutest particular, and followed in the same order. I can conscientiously say that I made my daily visits to this patient with fear and trembling, whereas I had begun the other one with considerable of confidence.

Remedies were used in the same order, the last being *Nitric acid*, which I had returned to after *Lach.* The case was going down, down, and my last chance was about come, when the burning of the throat announced itself and blood began to flow. Haunted by the raw head

and bloody bones, and revolving in my mind all the medicines ever I heard of being prescribed for diphtheria, I found in *Arum tri.* the burning in the throat, which seemed to be as nearly equivalent to that which my patient described as I could imagine; she had also a constant disposition to clear her throat of collections of mucus which increased the burning and rawness. But then I trembled when I thought of the possibility of *Arum* being capable of touching the hæmorrhagic tendency which had already set in. Yet this was a risk that had to be taken, and I accepted it and was not disappointed.

Arum tri. 200 in water, once hourly, had worked a magical change in twelve hours; the case was no longer an anxious one, nor in the least particular doubtful. It recovered in one week from the first administration of *Arum. Capsic. an.* may be suggested by some as a proper remedy for such a case, but my experience with *Capsic.* has not been most satisfactory. It has bloody discharges from the nose and burning in the throat, but *Arum* has all the essential points of these two cases. Constant expectoration of mucus from the throat, rawness, burning soreness of the nose, rawness of tongue which each case in the late stages had, cracked, bleeding lips, and each exhibited the most marked point of Dr. Lippe's characteristics, "picking of lips and face, even to the extent of producing sores."

I am positively certain, at least I feel so in my own mind, and shall always feel so, that *Arum tri.* would have saved both cases if it had had the chance instead of one. At any rate I shall not soon forget where *Arum tri.* comes in, when diphtheria is on the carpet.

This case goes also to show that human judgment is apt oftener to err in opinions of the possibilities of recovery than to strike them correctly, for who has advanced the suggestion that *Arum tri.* had anything to do with hæmorrhagic diphtheria, or who believes such proposition. The most proficient practitioners would scout the idea, and such contempt would be just, for I do not believe it has the weakest solution of the shadow of an affinity for such a case. It is the symptoms that it has an affinity for—when these sympathies exist—the infernal powers themselves will not be equal to the task of rescuing back the patient such sympathies have reclaimed.

MALIGNANT DIPHTHERIA.—For the benefit of the profession, and the special comfort of the essayists competing for the prize essay on diphtheria, send in your experience with knotty cases.

A CASE OF CIRRHOSIS OF THE LIVER.

BY E. C. PARSONS, M. D., MEADVILLE, PA.

On monday afternoon, September 30th, I was called in consultation with Dr. Pond, of this city, to see Mr. G., the case having come under his care the previous day. We obtained the following history from the patient and the family:

Aged, forty-four. A native of Whitworth, England. Occupation that of a stone-cutter. In early life was possessed of a robust constitution, and enjoyed excellent general health. No hereditary predisposition so far as known. His father died from the effect of an injury at the age of sixty-four. The mother is still living and is now sixty-eight years of age. The patient was married at the age of eighteen; and became the father of two children whose ages, at present, are respectively twenty-five and twenty years. About one year after marriage he began the use of intoxicating drinks. The habit grew upon him rapidly, and he soon became a habitual drinker. Owing to his extreme dissipation he became separated from his family and came to this country. He remained here about nine years and during the latter part of this period a reformation took place in his life, which resulted in the entire abandonment of alcoholic stimulants, with a complete restoration of his former habits of industry and sobriety.

He went back to England and soon returned bringing his family with him. He returned here six years ago, and at about this period his friends began to note a slow, but gradual decline from his former health and vigor. He continued to work at his trade until April last, when his health became so far impaired as to compel him to abandon all manual labor.

He was at first attacked with an obstinate diarrhoea which lasted for some time. This was followed by inability to retain any considerable amount of food in the stomach. Seldom able to retain more than one small meal in twenty-four hours. There was constant soreness and tenderness, and oftentimes extreme agonizing pain across the epigastric and the right and left hypochondriac regions.

The patient was under Old School treatment from the first, and for three months previous to our visit he had been treated by an itinerant sort of a physician who seemed infatuated with the idea, that by a vigorous and long continued course of purgative treatment, his patient would in some way or other, be restored to a condition of

health. This form of treatment is advertised by its representative here, as "*The reformed practice.*" It bears so much of the color of the dark ages that one is unable to recognize anything like reformation in it. We found the patient in an extremely emaciated condition. A cachectic appearance of the countenance, and a highly jaundiced condition of the skin. The pulse about seventy-five per minute, distinct and full.

This nearly normal condition of the pulse was, undoubtedly, due to the stimulating effect of brandy of which the patient was taking a considerable quantity every day, in order, as he said, to obtain rest. Respiration rather oppressed; with a frequent desire for a change of position. The tongue, pale in the center, while the edges were quite normal in color. A general dryness of the oral cavity.

The urine heavily laden with bile. Palpation revealed slight bulging in the region of the spleen, and a perceptible, though slight, depression in the right hypochondrium. No appearance of either general or local dropsy. Percussion dulness increased beyond the normal in the region of the spleen, and slightly diminished in the hepatic region. We diagnosed cirrhosis of the liver, and prognosed a fatal termination within a very few days.

The patient died at 8 o'clock A. M. October 4th, and at 4 o'clock P. M. of the same day Dr. Pond and myself made an examination of the abdominal viscera. Our time was very much limited, and the examination was, therefore, necessarily hasty.

We found the liver slightly diminished in size, firm and yielding to pressure. The capsule was thickened and the whole organ more or less stained with bile. Owing to the excessive development of connective tissue the parenchyma was tough on incision, and the cut surface presented a mottled granular appearance. Thus far our diagnosis was fully confirmed. Continuing the examination further we found a condition existing which rendered the case not only exceptionally, but exceedingly interesting. On attempting to raise the liver we found that we were unable to do so without bringing with it the stomach, duodenum and transverse colon. A more careful examination revealed the fact that the under surface of the left lobe of the liver was firmly attached to the pyloric end of the stomach, covering an irregular surface equal to four square inches. It was also firmly attached to the first portion of the duodenum, and to the hepatic flexure of the transverse colon. Enclosed within this mass of cicatricial tissue was found the ductus communis choledochus, the walls of which

were so compressed as to entirely occlude its cavity at the point, thus completely obstructing the bile in its course to the intestinal canal.

As a result of this obstruction, and notwithstanding the fact that a considerable quantity was daily absorbed and carried off with the excretions, the gall bladder was enormously distended, containing at least three ounces of bile. Large as this amount may seem, it is by no means an over estimate, as my friend Dr. Pond will affirm. The stomach had undergone fibroid thickening; but was wanting in its normal strength and tenacity, only slight pressure causing a complete rupture of its walls. There seemed to be strips of hard tissue starting at the point of adhesion to the liver, and running in various yet unequal distances within the muscular coat of the stomach. The mucous lining lay in heavy folds and was of a light gray color.

Excepting at the points of adhesion the intestinal canal presented a normal appearance so far as our limited time would permit us to examine. This case is another illustration of the importance of accuracy in diagnosis in the *regular* practice. This patient was subjected to a treatment consisting of massive and nauseous doses of drugs day after day, for more than three months, which greatly augmented his suffering, diminished his vitality and rendered the emaciation the more rapid and complete. The especial points of interest in this case are the complications which were found to exist, as well as the entire absence of ascites. The formation of such an extensive mass of cicatricial tissue, involving so many important organs connected with the function of digestion, the thickened and softened condition of the various tunics of the stomach, and the complete obstruction of the biliary canal formed a complication which, I believe, is without a parallel on record. In all the standard works on diagnosis we find abdominal dropsy mentioned as a characteristic symptom of cirrhosis of the liver. In this case it was entirely absent.

I am unable to account for this fact except that the kidneys had been active, performing their function well from the first, and that the intestinal secretions had been so goaded on by drastic purgatives as to drain off whatever fluid there may have been effused within the abdominal cavity.

TUMOR OF THE SPLEEN.—A child aged two years, tumor of the spleen of eight months' growth, cured in one month with *Iodine*. (*Homœopathic Examiner*.)

WEATHER PROVING AND DISEASE TENDENCY.

BY BUSHROD W. JAMES, A. M., M. D., PHILADELPHIA.

Weather report for July: "Highest barometer, on the eleventh, 30.193. Lowest barometer, on the twenty-first, 29.566. The average barometer was 29.968. Monthly range of barometer, .627. The highest temperature, on the eighteenth, was 97. The lowest temperature was on the thirty-first, 64. The average temperature was 77.3. Monthly range of temperature was 33°. The greatest daily range of temperature was 23°, on the eighteenth. Least daily range of temperature was 3°, on the twenty-seventh. Mean of maximum temperature was 85.7. Mean of minimum temperature was 69.5. Mean daily range of temperature 16.2. Total rainfall, 4.35 inches. Prevailing direction of the wind, southwest. Total movement of the wind, 6712 miles; maximum velocity of the wind, 36 miles per hour, (N. W., 22d). Number of foggy days, none; number of clear days, 16; number of fair days, 9; number of cloudy days, on which rain fell, 5; number of cloudy days on which no rain fell, 1. Total number of days on which rain fell, 8."

DISEASE TENDENCY.

July, 1878, commenced with a tendency to debility, diarrhœa and enteralgia, and then followed a disposition to hæmorrhages, affecting principally the bowels. Cholera infantum cases became much more numerous about the fourth, and continued to increase as the month advanced. A diarrhœa was prevalent, with griping pains and debility, and it continued until about the twelfth, when a lower temperature produced a favorable change, although sore throat, headache, and rheumatism became marked features at that time; and after these passed away, cases generally improved for about five days, when another heated spell set in. Hæmorrhoidal inflammations were troublesome during the hæmorrhagic tendency, and while the system was prostrated by the hot weather. The days on which sunstroke and effects of the heat were more noticeable than other days of the month, were the eighth and twenty-first, both partially foggy or cloudy, warm, oppressive days. From the eighteenth the tendency to debility increased, and in invalids attended with loss of appetite and headache. Hoarseness, sore throat, sneezing and headache were especially noticeable on the twentieth. Rheumatism, diarrhœa and vomiting on the twenty-second. Headache conjunctivitis on the twenty-third. Then came a tendency to low fevers, with gastric derangements.

About the twenty-sixth, there was a tendency to glandular swellings, headache and diarrhœa, which continued more or less to the end of the month.

Weather report for August: Highest barometer was 30.202 (August 23d). Lowest barometer, 29.639 (9th). Monthly range of barometer, .563. Highest temperature, 89 (9th). Lowest temperature, 58 (26th). Monthly range of temperature, 31. Greatest daily range of temperature, 20, (2d). Least daily range of temperature, 3, (16th). Mean of maximum temperatures, 80.7. Mean of minimum temperature, 67.0. Mean daily range of temperature, 13.7. Total rainfall, 3.83 inches. Prevailing direction of wind, southwest. Total movement of wind, 5832 miles. Maximum velocity of wind, 48 miles, (1st). Number of foggy days, none; number of clear days, 12; number of fair days, 10; number of cloudy days on which rain fell, 3; number of cloudy days on which no rain fell, 6; total number of days on which rain fell, 7.

COMPARATIVE TEMPERATURE FOR EIGHT YEARS.

| | | | |
|---------|------|------|--------------------|
| August, | 1871 | 77.3 | |
| " | 1872 | 75.9 | |
| " | 1873 | 72.3 | |
| " | 1874 | 71.1 | Average for } 74.8 |
| " | 1875 | 72.4 | |
| " | 1876 | 74.3 | |
| " | 1877 | 75.5 | |
| " | 1878 | 73.4 | |

COMPARATIVE PRECIPITATION.

| | | | |
|---------|------|--------------|--------------------|
| August, | 1871 | 5.92 inches. | |
| " | 1872 | 7.81 " | |
| " | 1873 | 11.49 " | |
| " | 1874 | 5.65 " | Average for } 5.34 |
| " | 1875 | 6.42 " | |
| " | 1876 | 0.98 " | |
| " | 1877 | 0.66 " | |
| " | 1878 | 3.83 " | |

DISEASE TENDENCY.

The month opened with a tendency to diarrhœa, low fevers, headaches, and gastritis, with sudden attacks of pain. On the fifth came a tendency to diphtheritic sore throat, with white patches on the tonsils and pharynx, but accompanied with very little soreness or pain in deglutition. There was a cloudy warm spell during the 4th, 5th, and 6th, which induced more or less languor and debility. On the seventh, I noticed sudden spells of debility in aged people, with gastric disturbances.

This tendency to prostration lasted about four days, after which cases improved until the twelfth, then diarrhœa and congestions of the liver supervened, after that we had hives quite prevalent, then tonsillitis, and on the fifteenth, a tendency to insanity, gastric derangements and diarrhœa; then intermittent fevers; then fresh colds and rheumatic pains; then diphtheritic sore throat and hives; afterwards a tendency to fevers, and at the end of the month nervous prostration and neuralgic pains. Tonsillitis, diarrhœa, and rheumatism were quite prominent throughout the month, and yet the record shows no unusual amount of rain or moisture as an assisting cause for the same.

Weather report for September: Highest barometer, 30.508 (28th). Lowest barometer, 29.724 (13th). Average barometer, 30.153. Monthly range of barometer, 784. Highest temperature, 88 (1st). Lowest temperature, 44 (28th). Average temperature, 67.9. Monthly range of temperature, 44. Greatest daily range of temperature, 24 (18th). Lowest daily range of temperature, 6 (4th). Mean of maximum temperature, 75.6. Mean of minimum temperature, 61.0. Mean daily range of temperature, 14.6. Total rainfall, 0.96 inch. Prevailing direction of wind, northeast. Total movement of wind, 6,476 miles. Maximum velocity of wind, 36 miles per hour S. E. (17th). Number of clear days, 10. Number of fair days, 11. Number of cloudy days on which rain fell, 7. Number of cloudy days on which no rain fell, 2. Total number of days on which rain fell, 12.

COMPARATIVE TEMPERATURE FOR EIGHT YEARS.

| | | | | |
|-----------|------|------|------------------|--------|
| September | 1871 | 62.6 | | |
| " | 1872 | 61.5 | | |
| " | 1873 | 66.1 | | |
| " | 1874 | 68.0 | Average | } 65.8 |
| " | 1875 | 64.1 | for eight years. | |
| " | 1876 | 62.8 | | |
| " | 1877 | 66.8 | | |
| " | 1878 | 67.0 | | |

COMPARATIVE PRECIPITATION.

| | | | | |
|-----------|------|--------------|--------------|--------|
| September | 1871 | 1.77 inches. | | |
| " | 1872 | 3.66 | " | |
| " | 1873 | 3.58 | " | |
| " | 1874 | 60.1 | Average for | } 3.15 |
| " | 1875 | 2.53 | eight years. | |
| " | 1876 | 8.77 | " | |
| " | 1877 | 2.74 | " | |
| " | 1878 | 0.96 | " | |

DISEASE TENDENCY.

At the beginning of the month the weather was warm, and oppression and debility were the results. Catarrhus æstivus (hay asthma) was also prevalent. Tonsillitis, catarrhal colds and cough followed, and then neuralgia, headache, rheumatic pains and aches. About the eighth we found diarrhœa setting in. On the ninth, cholera morbus (vomiting of bile and cramps being prominent symptoms). General prostration followed for several days from the twelfth, and a tendency to diphtheria and diphtheritic sore throat during the fourteenth and fifteenth. On the fifteenth, patients and others exhibited an irritable, cross and quarrelsome disposition, the barometer was high, the thermometer at medium temperature, and the wind blowing from the north.

On the sixteenth, sore throat, occipital headache, neuralgia, and cough were noted, and intermittent fever cases of a mild type were occurring. On the seventeenth, chest pains and tired feelings; the depression lasted during the eighteenth. On the nineteenth, the neuralgia and the sore throats were better.

On the twenty-first, coryza and diphtheritic sore throat were more numerous; this state lasted two or three days. The twenty-third was a day of buoyancy and cheerful feelings among patients. On the twenty-fourth, there was a tendency to croup, catarrhal colds and sore throats; a rheumatic and intermittent tendency followed.

On the twenty-sixth, there was great disposition to numb feelings, nervous prostration, sudden spells of debility and paralysis. Hæmorrhages and glandular swellings were remarkably numerous. The month closed with rheumatic pains, catarrhal colds, sore throats and neuralgias prevailing. The lowest temperature (44), and the highest barometer (30.508) occurred on the twenty-eighth. Rheumatic pains, coryzas, and fresh colds were the result.

Remedies.—*Allium cepa* for coryza; *Ars.* for the "hay asthma;" *Cantharis* for the diphtheritic cases; *Rhus tox.* for the rheumatism, were the principally indicated remedies of the month.

SPONGE TENTS have been found useful in controlling excessive nasal hæmorrhage. These should vary in size from two to two and one-half inches in length, and from two to three lines in diameter, according as it is used in children or adults. The middle meatus is the one usually to be plugged, and the tent should be made to extend to the posterior nares. They may be retained *in situ* one, two, or three days, as the exigencies of the case require. On removing, a slight hæmorrhage may take place, but this soon ceases. (Dr. Bartlett, Buffalo Medical Association.)

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THE BRITISH CONGRESS.

LONDON, ENGLAND, Sept. 30, 1878.

Last Thursday your correspondent, as one of the delegates of the American Institute of Homœopathy, and representing the Hahnemann Medical College and Hospital, of Chicago, went to Leicester to attend the session of the British Congress of Homœopathy.

There was gathered a fine body of men, on the organization of which were present Dr. Gibbs Blake, the president, of Birmingham; Drs. Richard Hughes, the president elect, Bayes, Dudgeon, Pope, Dyce Brown, Roth, Drury, Cooper, Blackley, Mattheson, Harris, Buck and Engall, of London; Hayward, Moore and Hawkes, of Liverpool; Emmerson, Conner and Geo. Clifton, of Leicester; Burnett, of Birkenhead; A. C. Clifton, of Northampton; Nankivell, of Bournemouth; J. Murray Moore, of Taunton; Mair, Rayner and Perkins, of Manchester; Thomas, Huxley, Madden and Craig, of Birmingham; Wolston, of Edinburgh; Maberly, of Leamington; Burwood, of Ealing; Wyborn, of Bromley; Blake, of Wolverhampton; Gould, of Eastbourne; Craig, of Bedford; Bradshaw, of Nottingham; Potts, of Sunderland; Prowse, of Cambridge; Roche, of Ipswich; Ayerst, of Torquay; Hall, of Burnley; Williams, of Clifton; and others whom your correspondent failed to meet. Mr. Chambre, the manager of the London Homœopathic Hospital, and a number of chemists, and prominent local gentlemen of the professions also attended as interested spectators.

With commendable promptness the meeting organized, and adhered to their printed schedule throughout in a manner some of our societies could pattern after. Business was evidently the object of the session, and attentive listeners were never wanting.

The president opened with an address on "Experience as a test of the value of therapeutic agents," a well-prepared and carefully digested paper. No summary would embrace the points so carefully elaborated. A vote of thanks was passed for the address.

DISPENSARIES VS. HOSPITALS.

After a brief recess the meeting was again resumed, and Dr. J. W. Hayward, of Liverpool, read a paper entitled "Homœopathic Hos-

pitals and Dispensaries—a comparison,” in which he carefully considered the main points for and against the two kinds of institutions, claiming as a result of English experience that patients could be treated cheaper in dispensary practice and quite as well.

Although an able paper, and your correspondent ventures to express a little stronger in its expressions than the able gentleman was able to prove, it at once excited much discussion, the substance of which showed that the main body of the Congress was quite on the other side of the question.

Dr. Bayes defended the hospital system; it was a necessity; dispensaries could not do hospital work. Both were necessary, the one supplemental to the other. It was impossible to compare them.

Dr. Drury thought Dr. Hayward had drawn comparisons which could not be justly drawn.

Drs. Brown, Nankivell and Pope expressed similar views. It was not a question as to how cheaply patients could be treated, but how many could be saved. You might treat patients for three shillings each at a dispensary, and bury two-thirds of them; you might treat them in a hospital at some pounds expense and save two-thirds of them. The homes the poorer classes lived in, in the slums and by-ways, were often the worst enemies the physician had to contend with. The latter also thought dispensaries were greatly abused, they infringed on physicians rights by treating a class of patients they had no right to treat gratuitously, and the sending out of young and inexperienced practitioners to scattered houses, could not equal the plan of having an older and experienced practitioner, whose valuable time prevented such going about, examine them in one particular place.

Drs. Rayner and A. C. Clifton thought there was valuable matter in Dr. Hayward's paper. Hospitals could be much improved.

Drs. Dudgeon and Moore continued the discussion of the question, believing the hospitals were an absolute necessity and not to be done away with. The latter thought the ticket system a bad one, and ought to be abolished. Subscribers ought not to be allowed to send their servants; the hospital was for the poor.

Dr. Hayward replied, saying his paper had not been so roughly handled as he expected. He thought he had shown that hospitals could be better conducted, while dispensaries were almost perfect. Perhaps that made the comparison more unfavorable. He did not wish to close up hospitals, but he did wish to make such as were in

England better. They were not conducted as they were in other countries.

The Congress then took a recess for luncheon, after which Dr. Blackley, of London, read a paper on

THE PLACE OF ANTISEPTICS IN MODERN THERAPEUTICS.

The subject was well handled and showed much research. Entirely of a scientific nature, it cannot well be abbreviated. It was substantially the germ theory of disease, and the writer contended that the germs could only be killed by antiseptics. He gave numerous instances, experiments, etc.

The president said in criticism that he believed medical men would use anti-parasitics when a disease was shown to be parasitic, but as yet many diseases were at least on the border-land, and he preferred to hold to the plan known to be effective until a better one was clearly demonstrated.

Dr. Bayes said there was no doubt in many zymotic diseases antiseptics were useful. The subject was a most interesting one.

Dr. Cooper said he had cured ague by *Sulphuric acid*, and he believed germ diseases could be cured by antiseptic treatment.

Dr. Hughes said it was true that bacteria had been associated with certain diseases, but he did not think it had been proven to be the cause of the disease, and therefore he did not think we would be justified in altering our mode of treatment at present. Our present treatment of such diseases had won us renown, and he did not think it would be improved upon by any parasitical treatment.

Dr. Dyce Brown said bacteria might not be the cause of certain diseases, but the consequence of them, and therefore they would not be justified in altering their course of treatment in the present uncertainty.

Dr. Craig enquired of Dr. Blackley why it was, if the parasites caused the disease, and increased in such rapidity, the patient did not grow worse and worse until he was eaten up altogether instead of getting well. (Laughter.)

Dr. Nankivell believed that the Homœopathic plan of treating zymotic diseases should not be given up for any antiseptic treatment.

Dr. Spencer Hall made a few remarks in a similar strain, when Dr. Blackley replied, saying that his paper was not an authoritative document, but intended to provoke discussion.

ON EXTERNAL APPLICATIONS.

Dr. Dyce Brown then read a paper on "The Use of External Appli-

cations in Homœopathic Practice," in which he said that their opponents were charging them with giving up their old principles, and taking to the Allopathic treatment. That was not true. If they found that external applications were useful they would use them, and if they were Homœopathic in their treatment they could use them all the more reasonably. He admitted that Hahnemann strongly forbade the use of the wet compress, the poultice, the blister, astringent medicaments, eye washes, gargles, and other external applications, but that was probably due to the persecution to which he was subject from the medical profession, and the fact that the applications were used by Allopathists. Dr. Dudgeon, however, as early in the history of Homœopathy as 1848, advocated such external applications, and the use of the wet compress by Homœopathists was almost traditional. The essayist then proceeded to argue that external applications, such as the wet compress, and the hot poultice, were useful in inflammations and other similar affections, and should therefore be used. He also contended that they acted Homœopathically. He maintained, however, that the blister need never be used by Homœopathists, but at the same time they acted Homœopathically. Blisters robbed the blood of the albuminous substance contained in it, and therefore the old practitioners did not use it to the extent they formerly did, ordering it to be removed after producing a certain smarting of the skin or a slight wound which was not punctured. It might be objected that local affections were due to a generally disordered system, and he admitted that, but at the same time he believed the external applications would assist the internal applications. In conclusion, Dr. Brown urged his hearers not to be prejudiced against the curatives he had spoken of.

Dr. Potts said he had always looked upon external applications as auxilliary means, and used them, but he had never before supposed they were Homœopathic. Hereafter he should profit by the light thrown by Dr. Brown's paper, and claim them as Homœopathic. (Laughter).

Dr. Nankivell and Dr. Burnett spoke briefly, but owing to some confusion your correspondent only caught imperfect sentences.

Dr. Blackley said he recognized in Dr. Brown's remarks a confirmation of his remarks on antiseptic treatment, for several things mentioned as used for external applications were antiseptic.

Dr. Drury spoke sharply against Dr. Brown's paper, as opening loopholes for careless practice.

Dr. Brown replied briefly, when the business became general. A report regarding the Congress of 1881 was made (of no moment specially) and the committee continued another year. The Congress then adjourned.

THE BANQUET.

At six o'clock the members reassembled, and headed by the president, officers and invited guests repaired to the dining-hall where a banquet was indulged in.

After the dining was over the president proposed severally the following toasts, which were drunk without further reply :

1. The Queen.
2. The Prince and Princess of Wales and Royal Family.
3. Hahnemann.

Appropriate sentiments were read in English, French and German.

Dr. Hughes then proposed "Literature," with a sentiment, which was responded to by Drs. Blackley and Dudgeon.

The next toast, "Our Hospitals and dispensaries" was responded to by Drs. Pope and Nankivell.

Dr. Hayward then proposed the next toast "Our Visitors," which was responded to by Mr. Wood and Dr. Vilas.

The exercises then closed, and after an informal interchange of good will until a late hour, the company dispersed.

THANKS GENTLEMEN.

Your correspondent desires to express here his thanks for the uniform courtesies extended him. A mention of names would include nearly all present, hence he forbears. Particular credit should be given however to the president, honorary secretary, Dr. Huxley, and the local secretary, Dr. Geo. Clifton, for their attention to the wants of the Congress, Dr. A. C. Clifton was also untiring in his efforts to please.

Aside from the Congress civilities, your correspondent is greatly indebted to many prominent physicians in London, Liverpool and elsewhere, a proper regard for the courtesies of social life prevents his parading their names herein, but he desires to assure them, one and all, that their courtesies are fully appreciated, accepted in the spirit offered, and will be cordially reciprocated, not only by himself, to whom they were given, but by the profession at large in America, for whom, as a mark of respect, they were really intended.

Great preparations are being made for the World's Congress in 1881. It is hoped as many as possible will go over at that time.

C. H. V.

*THE HOMŒOPATHIC MEDICAL SOCIETY OF
PENNSYLVANIA.*

This society convened in its fourteenth annual session, in the Monongahela Hotel, Pittsburgh on Wednesday, September 25th 1878, at 10 o'clock A. M. There was a large attendance of members, and a number of prominent Homœopathic physicians from Ohio and other states were present. The following officers of the society were present: President, H. N. Guernsey, M. D.; first vice president, W. R. Childs, M. D.; second vice president, A. Korndorfer, M. D.; recording secretary, M. M. Walker, M. D.; corresponding secretary, Jos. C. Guernsey, M. D.; treasurer, J. F. Cooper, M. D.; necrologist, W. R. Childs, M. D.; censors, Drs. J. H. McClelland, R. J. McClatchey and J. B. Wood.

MORNING SESSION.

The society convened at 10 A. M. and was called to order by the president, who delivered a brief address. The address of welcome was then made by Dr. Willard, as follows: It is my privilege and pleasure, in the name of the Homœopathic Medical Society of Allegheny county, to welcome you to Pittsburgh, and this I do most cordially. We can not say this city is remarkable for beauty or architectural elegance, nor for the width of its streets, nor for the smoothness of its sidewalks. But what other city can boast of such smoke?

Where else can you find such mills, such furnaces, such an atmosphere, so much oil upon the troubled waters? And if such things do not, surely such things ought, by the rule of contraries, to make us more pure, more refined, in our own ideas. Our darkness ought to show worlds of light, and even this smoke forms torment which may in some unknown way be for our good. I hope our coming together may result in good to ourselves, to the science and literature of medicine; but most of all, to suffering humanity. In our discussions I hope we may be prompt and to the point in our sayings and doings, that our meetings as well as our medicines may comprise much in little, that our sessions may be pleasant and profitable to all, that our aims and aspirations may be higher than before, so that with disregard of self "we may rise on stepping stones of our dead selves to higher and to nobler things."

Propositions for membership were taken up, when the secretary proposed the name and became reference for Ignacio Pereira, M. D., of the University of Bogota, Bogota, United States of Columbia,

South America, as a corresponding member. The name was passed to the board of censors. The name, together with Dr. J. Morgan, of Washington, Pa., as an active member, was accepted by the society.

Prof. J. H. McClelland reported in regard to the work and condition of the Pittsburgh Homœopathic Hospital.

Dr. J. K. Lee, of the society of Philadelphia, reported it in good standing.

In the absence of the Allegheny County Anatomical Society, Dr. Childs reported that the society was flourishing; that it had frequent lectures, elegant rooms and plenty of material.

Dr. McClatchey responded for the Hahnemann Medical College, that the outlook for the college was good. A new lecture room had been prepared.

Dr. Guernsey, president, being called upon to give some account of his recent tour among the several principal Homœopathic institutions of different states, made an extended report, which was referred to the committee on publication.

The report of the bureau of materia medica was presented and discussed, after which the report of the bureau of gynæcology was presented by Dr. Betts, the chairman. Included in the report was a paper by Dr. C. P. Seip, in reference to the prevention of conception as a means of diminishing pauperism. After considerable discussion, Dr. Lee, of Philadelphia, offered a resolution declaring it to be the sense of the society that it is criminal under any circumstances, except for the preservation of health and life, to induce premature delivery or prevent conception.

Dr. Seip, maintained that the position he had taken in his paper was correct, and that no perverted morals should close the eyes of the profession to the facts presented. He claimed that the profession should give the subject such consideration as would enable them to give judicious and unbiased advice in the future.

After discussion the resolution offered by Dr. Lee was adopted, and the society adjourned until 3 o'clock.

AFTERNOON SESSION,

The society reassembled at 3 P. M., President Guernsey in the chair. The discussion on Dr. Betts' report of the bureau of gynæcology was continued by Drs. Lewis Willard, A. Korndoerfer, Betts and H. N. Guernsey. The report of the bureau of obstetrics and diseases of children was next taken up and discussed at length

Dr. A. Korndoerfer presented the report of the bureau of clinical medicine and zymosis. The first paper read was "The Treatment of Yellow Fever," by Bushrod W. James, of Philadelphia. Dr. J. K. Lee, of Philadelphia, asked if any one present had any intelligence as to the success or non-success of the Homœopathic treatment in the infected districts. There was abundant evidence of the frightful ravages of the disease under Allopathic treatment. Dr. Seip said he had received intelligence from the south to the effect that Homœopathic treatment was far more successful than the Allopathic. Other testimony to the same effect was given. Dr. Holcombe had treated nearly one thousand cases and had lost only 4 per cent. Dr. Bushrod W. James sent a paper quoting from Dr. Falligant, who in treating nearly one thousand cases lost but seventeen, where he began treatment before fatal symptoms, set in. He treated over one hundred cases of the hæmorrhagic type without a single death. Dr. John E. James stated that reports from New Orleans about the last of August were to the effect that the Homœopathic treatment of yellow fever there was far superior to any other. Dr. W. R. Childs said the New York *Tribune* correspondent at New Orleans had written that the deaths under Homœopathic treatment were only from 7 to 9 per cent. Dr. Holcombe treated 1,016 cases with 55 deaths.

The following, proposed by Dr. James, was adopted :

WHEREAS, The yellow fever has been unusually prevalent the past summer, and has assumed many new features and has been extremely fatal; and,

WHEREAS, Homœopathic treatment has been very successful in the past; be it

Resolved, That this society recommend the collection of all data and facts bearing upon the disease and its treatment, and that it solicit written articles of the same from all physicians of our school who have treated the disease,

Resolved, That a committee of three be appointed on yellow fever, with a view to writing up the subject, and to co-operate with other societies in an inquiry into the cause, nature, contagiousness, diagnosis and most successful treatment of yellow fever, and the best quarantine measures against it, and the prevention of epidemics of the disease.

Dr. W. J. Martin, of the south side, Pittsburgh, read a paper on "Diphtheria," which was discussed by Drs. Korndoerfer, Guernsey and others. The president was of the opinion that great harm was sometimes done by over-medication. His mode of treatment was to

stop medication the moment he discovered signs of improvement.

A report from the bureau of climatology was presented by Dr. T. Morris Strong. The report included papers on the "Climatology of the Health Resorts of Pennsylvania," "Meteorological Reports of Philadelphia," etc. The papers were received and filed.

A resolution to attend the Exposition last night in a body was adopted, when the society adjourned till this morning.

SECOND DAY'S SESSION.

The Homœopathic Medical Society of Pennsylvania re-convened in the gentlemen's parlor, Monongahela House, at 10 o'clock. Dr. Henry N. Guernsey occupied the chair.

The first business in order was the report of the bureau of surgery which was continued from yesterday, Dr. John E. James, chairman. Dr. L. H. Willard read a paper on Diseases of the Rectum. This and the paper read yesterday on the Treatment of Hæmorrhoids, presented by the Homœopathic Medical Society of Allegheny county, through a committee consisting of Drs. W. R. Childs, J. C. Burgher, W. F. Edmundson, R. E. Caruthers and W. J. Martin. The paper, which is an exhaustive and comprehensive treatise on the subject, was read by Dr. Childs, the chairman, and the several members of the committee, each discussing the disease in all its varied forms.

The next paper presented was by Dr. J. H. McClelland, on the Use and Abuse of the Plaster of Paris Jacket in the Treatment of Spinal Diseases. The paper referred to the very extensive use of the plaster of Paris jacket, as introduced to the profession by Dr. Sayre, of New York. It consists of the application of an immovable jacket of plaster of Paris, which is allowed to remain for one, two, or more months, without removal. The paper went on to indicate the use of this method, and also the cases in which great damage had been done. The doctor contended that a safer method was to saw through the jacket after its application in order to admit of occasional inspection, in the meantime securing the jacket firmly by bandages. The doctor affirmed that the period required in the treatment of spinal diseases is very much reduced by the simultaneous use of the Homœopathic treatment. The above views were endorsed and corroborated by Drs. John E. James and L. H. Willard.

Dr. C. P. Seip reported several cases that came under his observation, illustrating the injurious effects of the bad application of the bandage. He had never had any trouble in his own cases, and he believed that it required considerable skill to properly apply the ban-

dage, after which frequent inspection was necessary to avoid trouble.

A paper on Nasal Calculus was next read, having been prepared by Dr. John C. Morgan, of Philadelphia. This presented a very interesting case of calcareous concretions surrounding a cherry stone, which had been lodged in the nose some years before. The stone was exhibited to the society.

Prof. John E. James read of a new and novel method of treating caries of the bone by a local application of *Carbolic acid*.

The bureau of ophthalmology and otology of which Dr. W. H. Winslow is chairman, was then opened. In the absence of the chairman, Dr. M. M. Walker presented a paper on "Our Imperfect Eyes," by Dr. Winslow, another on "Abuse of Vision," by Dr. B. W. James, of Philadelphia.

The bureau of clinical medicine was then re-opened to hear an article on Hydrophobia, by Dr. J. S. Rankin, of Pittsburgh, and another on Croup, by Dr. T. L. Bradford, of Philadelphia.

The bureau of obstetrics re-opened to allow Dr. Cowley to present a paper on "Urethritis."

The censors reported through their chairman, Dr. McClatchey, referring back the application of Dr. P. S. Duff, to admission as a member. This produced considerable discussion. Dr. Duff was called before the society, and gave a history of his graduation, practice, etc. The society by a small majority elected him a member.

The resignation of Dr. M. M. Walker from the office of recording secretary, after five years service, was then asked and granted. Then followed the election of

OFFICERS FOR 1879.

PRESIDENT.—L. H. Willard, M. D., Allegheny.

FIRST VICE PRESIDENT.—M. M. Walker, M. D., Germantown.

SECOND VICE PRESIDENT.—L. M. Rousseau, M. D., Pittsburgh.

CORRESPONDING SECRETARY.—Jos. C. Guernsey, M. D., Philadelphia.

RECORDING SECRETARY.—L. T. Miller, M. D., Pittsburgh.

TREASURER.—J. F. Cooper, M. D., Allegheny.

CENSORS.—Drs. R. J. McClatchey, H. H. Hoffman, and J. H. McClelland.

COMMITTEE OF ARRANGEMENTS.—Dauphin County Society.

COMMITTEE ON PUBLICATION.—Drs. R. J. McClatchey, M. M. Walker, J. C. Guernsey, J. F. Cooper.

COMMITTEE ON SUBSCRIPTION.—J. F. Cooper, M. D., Allegheny.

COMMITTEE ON LEGISLATION.—Drs. J. H. McClelland, J. R. Lee, and S. T. Charton.

BUREAUS.

MATERIA MEDICA.—Drs. J. R. Lee, E. A. Farrington, W. J. Martin, A. Lippe, J. F. Cooper.

GYNÆCOLOGY.—Drs. J. C. Burgher, J. H. Marsden, B. F. Betts, C. P. Seip, Jos. E. Jones, W. H. Kern.

OBSTETRICS.—Drs. R. J. McClatchey, A. R. Thomas, W. T. Edmunds, Millie J. Chapman, M. Friese.

CLINICAL MEDICINE AND ZYMOSES.—Drs. J. S. Rankin, Albert Boley, Chas. Mohr, A. Korndorfer, W. A. D. Pierce, D. Cowley.

OPHTHALMOLOGY AND OTOLOGY.—Drs. W. H. Winslow, Chas. M. Thomas, C. C. Reinhart, R. E. Caruthers, W. C. Goodno.

CLIMATOLOGY.—Drs. B. W. James, H. E. Reinhold, J. M. Strong, A. C. Reimbaugh, J. P. Crawford.

SURGERY.—Drs. W. R. Childs, J. H. McClelland, John E. James, M. Macfarlan, J. C. Morgan.

HISTORICAL COMMITTEE.—Drs. J. C. Guernsey, H. E. Reinhold, M. M. Walker, E. J. Lee, Stephen Woods.

YELLOW FEVER COMMITTEE.—Drs. B. W. James, W. H. Fulton, J. M. Maurer.

DELEGATES.

Delegates to American Institute of Homœopathy.—Drs. H. N. Guernsey, C. T. Bingaman, A. Korndorfer, Thos. Moore.

Delegate at Large to Different Societies.—H. N. Guernsey, M. D.

Next meeting to be held at Cresson, Pa., Sept. 1879.

M. M. W.

Transactions of the Clinical Society of the Hahnemann Hospital, of Chicago.

The regular monthly meeting of the society was held in the Hahnemann College building on the evening of Oct. 8, 1878; President Hawkes in the chair. There was a full attendance of members and of medical students.

The order of business was the hearing of the report from the Bureau of Gynæcology, which presented the following papers through its chairman. Prof. Ludlam :

I. PUEKPERAL SEPTIC METRITIS CONSECUTIVE UPON CONVULSIONS. BY J. E. GILMAN, M. D.

This case, in a multipara, aged thirty-eight, had been characterized during pregnancy by great gastric disturbance, and finally by excessive abdominal enlargement which suggested the possibility of twins. Labor was preceded by the discharge of an enormous quantity of water. The doctor found her feverish and excitable, with a temperature of $102\frac{1}{4}^{\circ}$, and pulse 120. Six hours later the pulse had increased to 140, and the temperature to 105° . She soon went into convulsions, which were promptly relieved and controlled by *Chloroform*. Afterward, although the soft parts were ready, the head remained above the superior strait. The forceps were applied with difficulty, but soon slipped off. Dr. E. M. P. Ludlam was called to assist. Finally the woman was made to stand erect, when a tumor of the size of a child's head made its appearance at the vulva, and back of this, but very high up, was the fetal head. This hydrocephalic head was punctured, and discharged about three pints of a serous fluid. The head then collapsed, and ten minutes later delivery was finished. The secundines came away naturally, and there were no lesions of the soft parts.

First day. The lochia are black and very offensive. The nausea is so pronounced that she can not take any nourishment. The mind is dull. Temperature 100° ; pulse 110. *Chlorate of Potassa* and *Carbolic acid* as disinfectants.

Second day. Fetidity of the discharges increased; a sleepless night; no especial pain. Temperature $100\frac{1}{4}^{\circ}$, pulse 115, respirations 36.

Third day. Another restless night; jaundiced hue of the eyes and cheeks. Temperature 101° , pulse 115, respiration 35. Some abdominal tympanitis, but no pain. A profuse perspiration, and much thirst, but is afraid to drink on account of the nausea.

Fourth day. The jaundice increases, and the tympanitis also, but she has no pain. The lochia are less copious, but of a very disagreeable character.

Fifth day. Temperature $100\frac{1}{4}^{\circ}$, pulse 114, respiration 45. The tympanitis has diminished, but the profuse sweat continues; the dull, stupid look, with some wandering increases; she answers questions, and says she is "all right." At noon Dr. R. Ludlam saw her with me in consultation. *Arsenicum* for the restlessness with thirst. Temperature (at evening) $101\frac{1}{4}^{\circ}$, pulse 124, respiration 42.

Sixth day. Temperature $101\frac{1}{4}^{\circ}$, pulse 126, respiration 50. Less sweat; tongue dry, triangular with a red tip; sores, and white, pasty mucus on the lips. *Rhus tox.*, 3. At noon, temperature $102\frac{1}{4}^{\circ}$, pulse 134, respiration 58, and labored. Continued *Rhus*. Night, very stupid, dry heat in spots, with areas of sweat. Temperature $103\frac{1}{4}^{\circ}$, pulse 140, respiration 60. The temperature at 11 o'clock P. M. was 104° , the respiration very labored, with involuntary urination. *Quin. sulph.* 10 grains.

Seventh day. Had a slight stool during the night. The abdomen is less swollen, and she is not so stupid. Temperature $102\frac{1}{4}^{\circ}$, pulse 124, respiration 40. The tongue is moist, with a loose, white coating. Continued *Quin. sulph.* with *Rhus tox.* 3. At noon, temperature $103\frac{1}{4}^{\circ}$, pulse 124, respiration 45. At 2 P. M. she had a black, fetid stool, and vomited a large bowl-full of black, fetid matter. *Ars.* and *Ithus tox.* alternately. At 7 P. M., temperature 103° , pulse 118, respiration 38. Continued same remedies, with one dose *Quin. sulph.*

Eighth day. Temperature $101\frac{1}{4}^{\circ}$, pulse 113, respiration 40. Had two bloody stools, and vomited twice during the night. Cold, cold spots, and cold sweat once or twice. Has had whisky and milk injections. Continued same remedies. At noon, temperature $101\frac{1}{4}^{\circ}$, pulse 118, respiration 42. At 7 P. M., temperature $101\frac{1}{4}^{\circ}$, pulse 108, respiration 36. Two stools, one yellow, the other dark. The urine is bloody. *Ars.* and *Kali sulph.*

Ninth day. Temperature $99\frac{1}{4}^{\circ}$, pulse 106, respiration 32. There is a broad, brownish-yellow stripe in the centre of the tongue; less coma; and she recollects what took place during the night. The urine still passes unconsciously, and is bloody and offensive. Had a stool at 3 A. M. with some fecal matter mixed with the black, watery discharge, with some ineffectual urging. The vaginal discharge is more watery. At noon, the brown color of the tongue increases. Temperature 102° , pulse 120, respiration 36. *Nitric acid.* Evening, temperature $102\frac{1}{4}^{\circ}$, pulse 120, respiration 36. The jaundiced hue is fading. Same remedy.

Tenth day. Temperature $102\frac{1}{4}^{\circ}$, pulse 120, respiration 31; better at night, some delirium, with thick, disagreeable mucus in the mouth. A shred was passed *per vaginum*, and on examination disclosed a large slough which exposed the underlying tissues. The finger could touch the tendons and vessels of the groin, and all hope of her recovery was ended. Noon, she has had a natural stool, with great exhaustion. Night, temperature $104\frac{1}{4}^{\circ}$, pulse 140, respiration 60. She is unconscious, with stertorous breathing, moist skin, thick saliva, and great

prostration. Midnight, temperature 105°, pulse 130, respiration 58. From this to 6:30 A. M. of the eleventh day, there was a steady rise of temperature to 107°, with a variation of the pulse from 120 to 160. She died at 6:45 A. M.

The chief points of interest in the case were the condition of infection before the labor, the tissues sodden and watery from the dropsical infiltration being less able to resist the poison.

Second, the brilliant and prompt relief from an extremely dangerous condition afforded by the *Chloroform*, and the readiness with which the pulse and temperature were quieted by it. No ill after-effects could be observed from the *Chloroform* of any kind.

Third, the exemplification of the power of *Quinine* to lessen the temperature. The improvement in the dangerous symptoms was so marked, that three days before the second infection, I began to have hopes of an ultimate recovery.

There had been an improvement in the intellect, in the temperature, pulse, respiration, circulation, stools, etc., of a character that gave good reason for hope.

II. APOCYNUM CAN., HYPODERMICALLY IN PUERPERAL URÆMIC CONVULSIONS, BY DR. C. S. FAHNESTOCK, OF LA PORTE, IND.

CASE I. June 5, 7 A. M., saw Mrs. R. (primipara) at the request of Mrs. Stevens, M. D. Found the patient in a severe convulsion, and learned it was the third. I sent home for my instruments. The os-uteri was dilated about two and one-half inches, the head just passing the superior strait. I applied Comstock's forceps and delivered in the midst of the next convulsion an asphyxiated child, which was resuscitated with difficulty, and which is now living. The perineum was slightly torn. In half an hour the convulsions returned. Dr. Whiting was called in consultation. Mrs. S. withdrew from the case, placing the lady under my care. *Chloroform* was administered freely. The catheter was passed at 10 A. M.; obtained about half an ounce of dark, thick urine, which completely solidified on boiling. The convulsions continued. On my way home I thought of *Apocynum*, but Dr. W. and myself concluded it would not be retained on account of gastric irritability, and, if retained, would be useless, or at least too slow in acting. So the case went on taking *Belladonna* and *Chloroform*. There was deep coma between the convulsions. About 4 P. M. I first thought of giving a very large dose of *Apocynum* hypodermically. I ordered an aqueous extract, of one and one-half grains to the minim. At 7 P. M., when Dr. Whiting and I visited her, I

threw twenty minims of the extract beneath the skin over each kidney. Passed the catheter; no urine; convulsions as before. In twenty minutes after the injection she began passing water with each convulsion, which latter became lighter and less frequent, and finally ceased. As much as six chambers of urine was passed in the next day by the patient. A good recovery followed. The dropsy was general, forehead, ears, arms, hands, legs, breasts, back, perineum and abdominal parieties all being œdematous, and the peritoneal cavity pleural cavities and pericardium contained fluid. The ascites disappeared last of all; the dropsy of the pericardium first of all.

CASE II. M. V., aged twenty-eight, primipara. Called about one month ago because of swelling of feet and face. Prescribed *Merc. cor.*, *Apis*, *Ars.*, *Apocy.*, in full doses, but the patient grew worse. The following week I punctured the skin of the feet and ankles. Large quantities of serum flowed from the incisions, giving great relief to patient.

On September 23, passed no urine; at 10 P. M. had a convulsion; at 11 P. M. when I reached the house she was in the midst of the hardest convulsion I ever saw. During the coma following the convulsion I threw hypodermically fifty drops of the aqueous extract of *Apocynum* over the kidneys. At 11:30 P. M. I drew with catheter one-half pint of urine. At midnight the coma passed off and the patient passed one and one-half pints of urine. By 8 A. M. three chambers had been filled. No signs of labor. Followed up the case with light hypodermic injections as needed, and later by injections of the fluid extract into the bowel, thirty to sixty drops as needed. The albumen diminished rapidly, and at her confinement, October 2d, there was only a little puffiness of the face noticed as the result of the kidney trouble. No convulsions during or after labor. The child was still-born. No motions felt after the convulsions of September 23d. Patient doing well. The temperature of these two cases during the continuance of the convulsions was in CASE I. 102.2-5; CASE II. 101.3-5.

III. A MORBID SPECIMEN SHOWING TWELVE EXTRA-UTERINE FIBROIDS.

At the request of the chairman of the bureau, Prof. Hall gave a brief history of the patient from whose body this specimen was taken at *post-mortem*.

The especial points of interest were that the patient was a colored woman who had been shown to the class in Prof. Ludlam's clinic; that she had been under careful treatment for years, with entire relief of the fearful menorrhagia by *Trillin*; that she had suffered

terribly from pelvi-peritonitis and general dropsy, and finally died with a rapid phthisis. The uterus was found to be studded exteriorly with twelve fibrous tumors, varying in size from that of a large cherry to that of a large potato. When cut through the walls of the organ were also found to be full of solid, circumscribed, interstitial fibroids. The cavity of the uterus was almost obliterated. The patient was forty-one years old.

IV. AN OVARIAN CYST REMOVED AT POST-MORTEM.

Dr. Ludlam also exhibited a wet specimen, which had been sent to him for this purpose by Dr. C. S. Fahnestock, showing a very large unilocular cyst of the ovary with its attachment through the pedicle to the womb, a portion of the fundus uteri being preserved. The specimen was a very remarkable one, and all present were very much interested in it. We have not space for the history of the case as reported by Dr. F., but give the main facts :

The patient was fifty, and had been examined in all by some forty physicians, not one of whom had spoken of the possibility of ovarian dropsy. Dr. F. drew off a small quantity of the fluid by aspiration. In this fluid he found upon careful microscopical examination, epithelium, cholestrine, and the ovarian cell of Drysdale. After another careful examination of the patient, he diagnosticated an ovarian cyst. The report says :

“ So sure was the patient that my diagnosis was incorrect, that she would not allow me to call an expert for confirmation. The second day after the aspiration she was taken with what is known in this country as ‘ bilious fever ’ from which she recovered nicely, but on its heels came a hectic fever. Again I urged counsel and an operation, which were not heeded. The hectic continued, and on the twenty-eighth day from the aspiration she complained suddenly of a sharp pain, had a chill, high fever with sweat, and died in collapse.”

The autopsy showed that the abdominal viscera were crowded into the thorax; the liver and kidneys were normal; slight fibrinous exudation on the intestinal peritoneum; the *left* ovary was cystic, and the sac had burst, discharging its contents of almost pure pus into the peritoneal cavity. The wall of this cyst was so broken down that it could not be removed. This large cyst involving the *right* ovary held thirty-three quarts of fluid. It was adherent to the omentum in one place only, and there were no other adhesions.

“ The first evidence of disease in this case was noticed about twelve years ago, and within the last two years she had been treated by three prominent physicians of Chicago. For the last five years she has worn a Banning’s abdominal supporter! One year ago she had an

attack of peritonitis, with severe pain in the left iliac region, which was followed by the discharge of pure pus per anum. The descending colon was adherent to the bursted left cyst."

A vote of thanks was passed by the society to Dr. Fahnestock for his very interesting and practical contributions.

V. OVARIOTOMY—REMOVAL OF A LARGE MULTILOCULAR CYST.
RECOVERY. BY R. LUDLAM, M. D.

Dr. Ludlam then gave a brief report of his last ovariectomy, which was made in Michigan only five days ago, October 3, 1878. The patient, Mrs. S. Rogers, aged thirty-three, is the mother of three living children. Three years ago she was seized with a pain in the right iliac region, which, "the doctor said, arose from some trouble in the bladder." Two weeks later she felt a "bunch as big as a hen's egg," in the same place. This continued to grow, but not very rapidly, until a month ago, since which time it is fully two-thirds larger than before.

The diagnosis of a multilocular cyst was not very difficult. The pelvis was filled with the tumor, the uterus being so retracted as to lie above the superior strait. The abdomen was very large, and the sulci very marked.

The operation was made at the home of the patient's sister four miles from Litchfield. There were present Drs. Wm. Collins, of Albion, J. O. Spinning of Litchfield, and L. T. Van Horn, of Homer, Mich., C. S. Fahnestock, of LaPorte, Ind., and W. A. Barker., of the class of the Hahnemann Medical College and Hospital. And my thanks are due to each and all of these colleagues for their very valuable assistance.

She was placed under the influence of *Ether*; vomited but once; the incision was seven inches in length; the left, the right, and the middle sacs were tapped separately; the inferior one was half above and half below the superior strait, and bound down by pelvic adhesions that were slowly and carefully torn by my hand; the upper and solid portion of the tumor, which was as large as a baker's loaf of bread, was carefully separated and removed; the pedicle which was of average length and included the whole breadth of the broad ligament, was brought forward and clamped, and the tumor cut away. Only a little strip of omentum, and a single small knuckle of intestine had been seen. Not a drop of fluid from either of the four cysts was permitted to fall into the peritoneal cavity. The toilet of the

peritoneum was, therefore, simple and harmless. The wound was united with silver sutures, space being left for drainage.

The patient reacted well, the temperature at 8:30 P. M. being 102.1-5°, the pulse 130; and at 9:45 P. M. the temperature was 101.1-5°, and the pulse 120. The weight of the tumor and its contents was exactly twenty-four pounds.

Dr. L. then exhibited the tumor to the society and inflated its four lobes, or cysts, in order to give a correct idea of their remarkable size and configuration. The more solid part of the tumor was then cut through, and found to consist of condensed endogenous cysts of which some sixty were opened in the presence of the class.

In response to an enquiry, Prof. L. stated that of the four cases in which he had performed ovariectomy since March last, all had recovered.

NOTE.—Through the kindness of Dr. Spinning, who visited this patient regularly, and of Mr. Barker who remained with her for a fortnight, and who watched her with the greatest fidelity, this patient also has reached the twenty-first day with every prospect of a speedy recovery.

HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE COUNTIES, PENNSYLVANIA.

The twenty-first annual session of the Homœopathic Medical Society of Chester, Delaware and Montgomery Counties, was held at the office of Dr. R. P. Mercer, in Chester, Pa., September 17, 1878, at 11:45 A. M.

Members present, Drs. R. P. Mercer, J. B. Wood, L. B. Hawley, W. James, C. W. Perkins, C. Preston, J. D. Johnson, W. T. Urie, J. H. Way, F. L. Preston, M. Preston, T. Pratt and L. Hoopes, and by invitation Dr. Starr and Mr. Foster.

The committee on pure Homœopathy reported by the chairman Dr. M. Preston offering a report and resolutions, which were followed by similar ones from Drs. R. P. Mercer and C. Preston. The report of Dr. M. Preston was unanimously adopted as follows :

The committee appointed to inquire into the nature of the influence to be exerted on the status of Homœopathy by a resolution passed March 8, 1878, at New York City, by the Homœopathic Medical Society of the county of New York, have the honor to report that

after careful thought on the subject and a critical analysis of the resolution, we unite in submitting the following as the only natural deductions which an honest construction of it can possibly yield.

The resolution reads :

“*Resolved*, That in common with other existing associations, which have for their object investigations and other labors which may contribute to the promotion of medical science, we hereby declare, that although believing firmly in the Homœopathic principle of cure, this belief does not debar us the least from recognizing and making use of any facts, or the results of experience, or principles propounded.

“*Resolved*, That we recognize, and shall exercise unreservedly, the inviolable right of making practical use and application of any therapeutical facts, experiences or principles, so far as in our individual judgment they shall tend to promote the welfare of those under our professional care.”

1. Here it is directly intimated that Homœopathic organizations habitually refuse to enter on many investigations, which liberal medical bodies ought to undertake, such investigations being connected with the progress of medical science, and essential to its existence as such.

2. It distinctly declares the Homœopathic law of cure to be an uncertain and insufficient guide in therapeutics.

3. In place of the Homœopathic law it favors the substitution of the results of experience, and of established principles in medical science, as often superior to that law in guiding the choice of a remedy.

4. It charges moral obliquity and professional bigotry on those who confine themselves exclusively to Homœopathy.

5. It intimates the necessity of greater independence of thought and action than Homœopathy permits to its professors, and it seems to favor a declaration of principles for a class for whom the title of ‘Educatd Physicians’ is suggested.

In view of this formidable array of charges against the Homœopathic profession, we propose an expression of our unwavering allegiance to the cause and principles of Homœopathy as taught by Hahnemann, and suggested their reassertion in the following preamble and resolutions.

WHEREAS: It has become evident that a movement is in progress within the Homœopathic profession, the object of which is to vitiate the organic law of our faith, and to destroy the essential character of Homœopathy by perverting it to the ordinary methods in therapeutics; and

WHEREAS: This movement is promoted by persons, who, either having no intelligent conception of the law, or who seek to reduce the art of prescribing to the mere rule of thumb, or who are ambitious to establish a royal road to knowledge by looping off the bulk of our materia medica, or who have adopted Homœopathy without consider-

ation and have been disappointed at the greatness of the study, and by those who assume it to be an impossibility to master the Homœopathic idea of the use of drugs, and also by such as desire to see Homœopathy exist only as a higher form of Eclecticism favoring its ultimate reduction to a standard from which a union with Allopathy may be effected.

Therefore we deem it essential to declare that our full faith in the cardinal principles of the Homœopathic doctrine are firmly grounded, and to assert that our individual experiences fully warrant the position we take ; therefore :

Resolved : That we firmly adhere to the cardinal points of the Homœopathic doctrine as follows, and declare our individual practices to be in strict accordance with it.

The cure of the sick is most easily, mildly and permanently effected by medicines that are themselves capable of producing in a healthy person morbid symptoms similar to those of the sick.

The changed and morbid conditions of tissues and organs are *results* of a dynamic disturbance, and not the *cause* of the disease.

The totality of the symptoms, subjective and objective, is the sole indication for the choice of the remedy.

The only proper way to ascertain the sick-making properties of medicines is to prove them on the healthy.

In order to secure the best possible practical results, medicines must be administered singly, and in a dose just sufficient to cure.

And *local treatment* of all kinds in *non-surgical* cases, is not only unnecessary, but is apt to change the location of the disease, and induce dangerous complications, and never *permanently* cures."

| | | |
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| Mahlon Preston, Rob't. P. Mercer, Coates Preston, C. W. Perkins, J. B. Wood, | } | Committee. |
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Dr. C. Preston read an essay on "The Repetition of the Dose" and asked information and experience of the members on the subject. This paper elicited many remarks and illustrations of the effect of high potencies, both in single and repeated doses.

The election of officers for the ensuing year resulted as follows :

PRESIDENT.— T. Pratt.

VICE PRESIDENT.— W. A. D. Pierce.

SECRETARY.— L. Hoopes.

CORRESPONDING SECRETARY.— R. P. Mercer.

TREASURER.— C. Preston.

Dr. M. Preston then read an interesting paper on "Diphtheria". (See page 376 this issue).

Dr. Samuel Starr was elected to membership under suspension of the rules.

Drs. L. B. Hawley and M. Preston were appointed delegates to the State Society.

On account of the discontinuance of the publication of the *Hahnemanian Monthly* it was agreed to send our proceedings to THE UNITED STATES MEDICAL INVESTIGATOR for publication, and a portion of those of this meeting to the *Organon*.

Adjourned to meet at the La Peri House, Philadelphia, Jan. 1, 1879

L. HOOPES, Secretary.

Consultation Department.

ANSWER TO CASE FOR COUNSEL.

The keynote in H. W.'s case is: "His nose runs a good deal and his eyes are worse; the more his nose runs, like a person that has a bad cold." *Hydriod. kali.* is your remedy. Begin with it in solution so as to give it in grain doses of the 1x three times a day. If it aggravates, run it higher; watch your case carefully. If improving, prolong the distance or suspended entirely for a time. R. W. NELSON.

SORE EYES.

For case of 'sore eyes' reported by H. W. in THE MEDICAL INVESTIGATOR, Vol. VIII., p. 329, I recommend *Natrum arsenicosum* 6th or 12th attenuation. Reason: Swollen lids; morning aggravation and evening amelioration; fluent discharge from nose concomitant with "sore eyes;" pimples on side of face. If orbital region is puffy and child irritable, the indication is that much clearer. Externally,

Natr. ars. 6 or 12 gtt. x
Tepid water ζ

Bathe eyes each morning.

JNO. C. KING.

INFANTILE ECZEMA — WHAT WILL CURE?

Case of Johnnie W., aged five months. When four weeks old a fine eruption was noticed on his forehead, cheeks, and chin. Gradually each papula became a vesicle, which upon being scratched discharged a yellowish water, that on drying turns brown, and finally scales off, leaving the surface smooth for one or two days, when the eruption reappears, and the whole process is repeated. At present there are indications that it will spread over the body and limbs. The affected part is very red and intensely hot; the efforts of the little fellow to rub and scratch almost constant. As a consequence his face is bleeding much of the time, and he is restless, sleeps but little, is very irri-

table. His appetite is good, bowels regular, no appearance of teeth. Have given *Sulph.* 200, *Rhus tox.* 30x to 200, *Dulcamara* 30x, *Graphites* 30x. While taking *Rhus*, there seemed to be improvement for a while, but nothing permanent.

H. P. CUTLER.

NEW PROVIDENCE, IOWA.

[Should judge the trouble is with Johnnie's food. Can tell better when we get a description of infant and its "milk fountain." See Food and Indigestion in Diseases of Infants and Children. The remedy that occurs to me is *Araenicum*. No remedy will cure if the food is the cause of the "scaly" trouble.

T. C. D.]

ANSWER TO H. W.'S CASE.

I think the best plan of treatment in such a case would be as follows: Internally. *Bell.* 30th, three doses per day for one week, then give *Euph.* 30th in same manner the next week, then *Bell.* again, and so on alternating. As a local remedy, I have found a solution of *Sulphate of Copper* two grains to the ounce of aqua distilla, to which is added twenty or thirty grains of common brown sugar, superior to anything I have ever tried in granular lids, it should be dropped in the eyes three times per day, and got well up under the upper lids. so it will come in contact with all the diseased surface of the conjunctiva. Now this may not seem very much like Homœopathy to some, but I think its action purely Homœopathic as a local remedy; if not, it is excellent Allopathy. The eyes should be washed frequently with warm water. Cold water should never be used in washing the diseased eyes; the edges of the eyelids ought to be annointed with a little lard at bedtime, to prevent agglutination of the cilia. The treatment must be continued for some time after the eyes are apparently well for fear of relapse. Now, doctor, if you will give the above treatment a fair trial, you will have the satisfaction of curing your case. Don't get discouraged if he does not get well in a week or a month. Just stick to it the tighter. I have cured scores of cases of granular ophthalmia in this way. Let us have the results of the treatment through THE INVESTIGATOR.

R. O. CHAMBERS.

"VARICES IN PREGNANCY."

"M. A. A. W." asks advice about injecting "*Carbolic acid* and *Ferrum muriat.*" subcutaneously in the above case. My advice would be to adhere to Homœopathic remedies in such cases which in my experience are amply sufficient to cure, and not resort to such dangerous blood coagulating injection as "*Carbolic acid* with or without oil and *Ferrum muriat.*" I think it fortunate for the doctor's patients that he lacked "the courage to make the trial."

L. B. C.

HÆMATURIA, OR WHAT?—AN OBSCURE CASE.

Was called to see an old lady, some seventy years old who previous to present trouble had never taken any medicine, well preserved and robust; had been treated three weeks by an Allopath for "blood in

the urine" and fell into my hands on account of her physician's death, he having done her no apparent good. After urinating about one quarter of the contents of the vessel would be dark blood settling at the bottom. Could discover *no cause* for the trouble and there was *no symptoms whatever* to guide me in the treatment. The patient had good appetite which kept up her strength, and she felt well at heart "if she had been blind she would not have known there was anything the matter." It was one of those cases that you feel you *must cure*, the question was, how can it be done, there are *no symptoms*. I gave *Aconite 3 Canth. 3 Erigeron tincture Secale 3 Nit. acid 3 Cannabis tincture, Chamaphula umblatta tincture*, all to no purpose. Then I gave *Terebinthina 3* and *Hamamelis tincture* in alteration and cured the patient promptly. Where did the blood come from, and what was the probable causes of the hæmorrhage?

Dr. B.

Book Department.

THE URINE OF THE NEW BORN, consisting of practical studies of the urine of the new born, with applications to Physiology and the Clinic, and clinical studies of the urine of the new born in Athrepsia. By J. PARROT, Professor of the Medical Faculty of Paris, Physician of the Hospital of Infants assistés, and ALBERT ROBIN, Interne of the Hospital of Infants assistés, Laureat of the Institute (Academy of Sciences). Translated from the Archives Generales de Medicine, 1878, by GEO. E. SHIPMAN, M. D., Chicago, 1878; 50 cents. Chicago: Duncan Bros.

This is a pamphlet of 66 octavo pages which takes us into fields of which most physicians are utterly ignorant. In some few diseases of adults, inquiry is sometimes made about the state of the urine, but, as regards children, who ever asks a question about the matter? And if any question were raised, who would answer it? That there is profound ignorance upon this subject in the profession, is well set forth in this work, as almost one of the first utterances is as follows:

"There does not exist any complete work upon the normal or pathological urine of the new born. When we investigate the state of science on this subject, we find scattered here and there, in ancient and modern authors, statements which are vague enough (for the most part contradictory) and some very incomplete observations, where the examination of this fluid is only considered in quite a secondary manner."

Having disposed of the general physical characters, viz.: Color, aspect and consistence, odor, density and quantity, our authors con-

sider the sediments of which they treat of three: Anatomical elements, crystals and ferments. Of crystals, they find those of *Uric acid*, *Oxalate of Lime*, and the *Urates of Soda*. The chemical characters come next in order, under which head they treat of the reaction, where we learn that "urine absolutely normal is neutral to test paper;" of urea, where we are told the quantity, the significance and the mode of detecting urea in the urine "without the use of any re-agent, and without analysis." Of extractive matters, *Benzoic acid* and *Hippuric acid*, *Allantoine*, *Albumen*, *Chlorides*, *Sulphates*, *Lime*, *Magnesia*, *Potassa*, and finally sugar. These are dealt with in a very thorough manner, leaving little to be desired, and the first part is concluded by a section on the "Application of the preceding studies to the Physiology of the New-born," and "Clinical Applications," which are full of practical hints as to the nutrition of the new-born, a subject which perhaps needs more light than any with which the physician has to do. As our authors say in the first sentence, "In presence of a sick new-born infant, the physician finds, at his disposal, but a few means of investigation; he should not neglect any of them" and one need not practice medicine long without feeling the truth of the remark.

Part II. treats of the urine of new-born children in athrepsia or, as we have been in the habit of hearing it called, inanition. The first page or two gives us a very life-like picture of this disease, with which we are, alas, but too familiar. Our authors then proceed to give us very fully the pathology of the urine in this disease, and, with reference to the very points treated of physiologically.

Although this gives a very meagre view of the rich contents of this little pamphlet, but more is not needed, as it is within the reach of all, and no one who has children to treat will be willing to part with it after one perusal. We might say something of the evident ability of the authors, but those who read the work will need no instructions on this point — it is apparent on every page. We cheerfully recommend it to every practitioner.

THE MEDICAL, SURGICAL, AND HYGIENIC TREATMENT OF DISEASES OF WOMEN. ESPECIALLY THOSE CAUSING STERILITY, THE DISORDERS AND ACCIDENTS OF PREGNANCY, AND PAINFUL AND DIFFICULT LABOR. By E. M. HALE. M. D. New York: Boericke & Tafel; pp. 298; \$2.25.

"On Sterility and Dystocia" should have been the title of this

book, for that is what it treats of. The dystocia part is a new edition of what was noticed by us some time ago—a reprint from Richardson's *Obstetrics*. Sterility is very fully written up, and the medical, surgical, and hygienic treatment of it well given.

Medical News.

The Guiding Symptoms of Our Materia Medica: By C. Hering, M. D. If we may judge by the "advance sheets" sent us, this will prove to be the most practical *materia medica* yet issued.

Married.—At Grace Church, Kansas City, Mo., on Wednesday, October 16th, by Rev. H. C. Duncan, Dr. W. D. Foster, of Hannibal, Mo., to Mrs. Christie Farwell, of Kansas City, Mo. No cards.

L. A. Falligant, M. D., Savannah, Ga., has written an open letter to the President, asking whether the medical department is to be run in the interests of Allopathy?

All Hail!—We are stunned by the information that those who give the similar, single remedy, and minimum dose, are pseudo-Homœopaths. This, from a compound prescription writer, recalls most forcibly the old fable of "The Lamb and the Wolf."

The Popular Science Monthly for October opens with an illustrated popular article by Prof. J. S. Newberry of Columbia College, on the "Geological History of New York Island and Harbor," and will also contain articles by Bain, Huxley, Spencer, Kirkwood, Brooks, and other eminent home and foreign writers. This is a journal that is both a pleasure and profit to read. D. APPLETON & Co., Publishers.

The Value of a Student.—Many physicians consider students in the way—more of a bother than of value. Their presence in a physician's office may be both pleasant and profitable. They may be very valuable in keeping a physician "brushed up," e. g.: Having a difficult and complicated case of typhoid fever he may put one to looking up the literature of the subject. This may be carefully perused, and compared with such a standard work as Panelli on Typhoid Fever, which should be in the library of every physician. The references may be indexed on its wide margins. Under the stimulus of such a study, both would be benefitted.

Wild Prescribing.—For the lamentable tendency to eclecticism in our ranks, *The Organon* prescribes: "There is only one cure for the present Eclecticism, and that is a return to the study of HAHNE-MANN'S *Organon*; the work of works on therapeutics." Will *The Organon* please name (1) any other work on therapeutics, proper. (2). How it aids in the selection of the similar remedy for a case of croupous diphtheria, for example. True it tells us to match the symptoms of the case with those of some one of the eight hundred remedies in the *materia medica*, but it is just that selection that is the rub, and where so many fail. Our works are all intended for advanced students in selection. Where is the work that illustrates Homœopathic therapeutics for beginners. The remedy for incompetency is not fault-finding, but practical instruction. This the journals attempt to give. Grauvogel's *Text-Book of Homœopathy*, perhaps, comes the nearest to it of any work we have, and that is now out of print.

THE
UNITED STATES
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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

NASHVILLE, Tenn., Oct. 30.—Diphtheria is in this city again, and my treatment is successful — not having lost a case this year.

W. C. DAKE.

NEW PROVIDENCE, Iowa, Oct. 16.—Prevailing diseases are: (1). Remittent and (2), Intermittent fevers. Remedies used: (1). *Baptisia*, *Bryonia* and *Rhus tox.* 3x to 30x. (2). *Bell.* 3d, *Ipecac* 200, *Nux vom.* 200.

H. P. CUTLER.

PEORIA, Ill., Nov. 6.—Prevailing diseases are: Diphtheria, remittent and intermittent fevers. Remedies used: (1). Alcohol gargle in all cases. I find this a remedy of very great value. Internally, *Bell.*, *Merc. biniod.*, *Spongia*, and *Kali bich.* (2). *Bryonia*, *Gels.*, *Ars.*, and *China.* (3). *Rhus. Ipecac.*, *Gels.*, *Ars.*, and *Quinine.* I also used *Cedron* in one case with good result.

J. W. COYNER.

CHICO, Cal., Oct. 30.—Diphtheria has prevailed here during the spring, and is with us. Now during the hot weather when ague abounded diphtheria was *non est.* Now we have some chills and much diphtheria. This year has occurred my first extensive encounter with ague, and I am convinced that we have no literature of the right kind yet on the subject. If some of our practitioners who have had great experience, or if a number such would combine their observations after the manner of Bellon Diarrhœa, concerning *twenty* remedies, no greater boon could be conferred on Homœopathy. Such works as Bœnning-

hausen, (last edition not so good as the first), only perplex. Who will volunteer even two or three pages in THE UNITED STATES MEDICAL INVESTIGATOR, giving especially the *locality where the chill commences*, the *time it occurs*, some *marked concomitants*, both of the *paroxysm* and *apyæxia*, and the *drug personal*, the last all important. The *Arsenicum* patient can usually be recognized without a question. The *Nux vomica* patient is most nearly allied. It is not *pleasant* to advance Homœopathy in a community otherwise, and then suffer a backset by *ague*. I have only managed to hold my own. Concerning *Quinine*—it has its sphere, like the rest, and the disease does not always *stay* cured by other remedies. Let us have the combined effort suggested. About half a dozen cases of *Basilar meningitis* have occurred. I have treated two—they lived. The others under *regular* care all died. *Apis* saved one. The second, a four year old girl, pulled at her nose, bit her finger nails and the blanket, from beginning to end. *Arum try.* or *Cina*, *Santonine* did no good. If her hands had not been tied there would have been no nose left. A hundred eyes were all on me. Partial paralysis of the *vagus* supervened. An Allopath saw the case said he did not want it. *Opium* low, *Cuprum* high, etc., failed. The *hot wet pack* (a trump card of mine in *membranous croup*) gave *speedy help*. What is the drug indicated by biting the finger nails, pulling the nose, biting the blankets? It has been asked before.

STEVENSON.

EXPERIENCE WITH NITRITE OF AMYL.

MR. EDITOR: Do not let any of the doctors of leisure inveigle you into the idea of publishing THE UNITED STATES MEDICAL INVESTIGATOR daily, or even weekly, for those of us who have to work hard, cannot *learn* all there is valuable that you send us now. If I was *smart enough* I would explode an occasional article that appears, and write some that would astonish the whole fraternity, but, like some others, I took cold when I was young. As it is, I will report some effects of *Nitrite of Amyl*. Most of us know it will produce a red, congested condition of the face, fullness and pain in the head, and is wonderful to relieve spasms. Two months ago was called to see a young woman eight months pregnant. Found her convulsed, rigid, unconscious. Has had three or four during past six weeks. Applied *Nitrite of Amyl* 1 to nose; in one minute jaws relaxed; in five more opened her eyes and soon was all right. As she had eaten heartily for supper some green food, I gave her *Nux vom.* 3. One month later was confined without an unpleasant symptom. Last year I cured a case of severe

chorea with the 1st decimal. For twenty-two years I have cured nine out of ten cases of whooping cough with *Mephitis* 3d or 4th. A recent case, child eight months old, did not yield. Coughed long with several whoops at each attack; face very red, cutting teeth and troublesome. I decided to risk the case two days under *Nitrite of Amyl*. I put three drops of the first decimal dilution in one-half a goblet of water, gave one teaspoonful once in two hours. In two days the child was nearly well. It had been sick two weeks. Do not call me a "quack" till the remedy has been better proved than a few of us have done.

LYNN, Mass.

A. M. CUSHING.

DIPHTHERIA — TRACHEOTOMY.

I would like to hear from some of your surgical readers again. This time touching the propriety of the *early* performance of tracheotomy in *laryngeal* diphtheria. Is there any experience in this direction? Does the false membrane, as in idiopathic croup, permeate the bronchi. In view of the great mortality of this form of the disease would it not be good practice, at least in good constitutions to open the trachea, not when the patient is moribund, but *at once!* The inquiry has been suggested by a case to which I was called recently, about three hours before death, which was plainly caused by strangulation. I was not permitted to open the trachea. I think the operation would have given time for the *Merc. cyan.* to do its good work, even so late. There was no more evidence of debility than in croup. The membrane was on the pharynx also. As to the wound being a fresh field for the micrococci it might be performed anti-septically. Let the answer also include this question. Is diphtheria *contagious?* Dr. Dake in his pamphlet says yea. Raue (Pathology) says nay. That *prize essay* is needed.

CHICO, Cal.

E. STEVENSON.

EXPERIENCE WITH CROUPOUS DIPHTHERIA.

Having read with much interest the discussion of diphtheria and its therapeutics, by the Illinois Homœopathic Congress, I beg leave to communicate three cases of croupous diphtheria that occurred lately in the practice of Dr. H. E. Spalding, Hingham, Mass., and two of which recovered.

CASE I. A boy, about ten years of age, came under treatment for ordinary diphtheritic sore throat, and was discharged cured after ten days attendance. Five days later called again in haste. Child had grown very hoarse, could speak only in a half whisper; had the croupous cough; fauces thickly coated; laryngoscope could not be used, for patient was too nervous; fetor slight; breathing not very difficult. Gave *Ammon. mur.* crude, dissolved in water, just as strong

as it could be taken, very frequently, and used as a gargle a 5 per cent. solution of *Lactic acid* in alcohol and water, half and half, also applying persistently of a 10 per cent. solution of *Lactic acid* in alcohol. Large amounts of shreds were soon raised and the child was out of danger on the second day

CASE II. A girl, five years old, had true diphtheria with considerable fetor, but appetite remained good; she took a reasonable amount of milk and ice cream. Treatment was not successful, probably because she did not use the gargle as ordered. In a few days unfavorable symptoms appeared, acrid discharge from the nose followed by epistaxis, increase of fetor, slight hoarseness and croupy cough. Used internally, *Merc. biniod.* 3x and *Ars.* 3x in alternation and substituted for the gargle a spray of a 5 per cent. solution of *Lactic acid* and *Lactic acid* fumes as above. Child recovered speedily.

CASE III. Twin sister of CASE II. Taken three days after her sister had been discharged, with a very severe form of genuine diphtheria. Used *Ammon. mur.* as in CASE I., and *Lactic acid* as in I. and II., keeping the atmosphere saturated with it, but the child died on the fifth day. She had a very poor chance of recovery, for beside being attacked at once by the severest form of the disease, the parents, exhausted by the close attendance on the first child, did not bestow the necessary care on her, but rather neglected following out the orders of the physician. Only one visit a day could be made, the distance being nine miles.

Lactic acid spray and fumes have done good service also in some cases of membranous croup, occurring during last winter. In the *Medical Record* of March 23, 1878, Dr. H. Beyer, of Long Island City, L. I., reports a successful use of the *Lactic acid* spray in diphtheria.

It is very essential to use the *Lactic acid* continually, almost without intermission, in order to derive benefit from it. This was not done in CASE III., hence an unfavorable result. A very convenient way of generating and using the vapor of *Lactic acid* is to heat a fire shovel or an iron spoon and drop a few drops of the solution on it, holding it right under the patient's mouth.

H. SPEIER.

THE PHILOSOPHY OF THERAPEUTICS CONCERNING THE PHYSIOLOGICAL ACTION OF POISONS.

BY C. S. MORLEY, M. D., PONTIAC, MICH.

"What we have ventured is the assertion, that as far as we can judge, life is always associated with machinery of a certain kind, in virtue of which an extremely delicate directive touch is ultimately magnified into a very considerable transmutation of energy. Indeed we can hardly imagine the freedom of motion implied in life, to exist apart from machinery possessed of very great delicacy of construction." Balfour Stewart.

An animal differs from a machine in that its operative or co-ordinating principle is in itself, and dependent on organization. We have reasoned that this principle is a product of organization, a constant though unknown quantity. It may be asked, how can a principle resulting from and dependent on organization, have the power to modify that organization? We assume that whatever increases or diminishes physiological evolution, proportionally modifies the relation of physiological elements, and that this change is due to external irritation. The organic response to an irritation involves the conception of an irritated organism and a responding medium which is a part of that organism.

Christison divides the "action" of poisons into: 1. Local. 2. Remote. "Local effects are three, viz.: Corrosion, irritation and nervous impressions." "Either the local impression passes along the nerves to the organ secondarily affected; or the poison enters the bibulous vessels, mingles with the blood, and passes through the medium of the circulation. In the former way poisons are said to act through sympathy, in the latter through absorption."

Having considered these general effects, let us agree on a definition of the term poison.

"A poison is a substance capable of producing seriously noxious or fatal effects upon the ordinary healthy organism, otherwise than by mere mechanical action. Johnson's Cyclopaedia.

"*Poison*.—Any substance which introduced in small quantities into the animal economy seriously disturbs or destroys the vital functions." Appleton's Cyclopaedia.

We will define it for ourself, as: An irritant in the body, tending to modify the normal reaction of physiological elements. The so-called "local" action is in proportion to the amount of a poison present, while the remote or organic action is in proportion to the amount absorbed.

May given doses of most poisons have both local and remote effects? May doses be so divided as to produce decided remote effects without producing local effects? How much of the very small quantity of a poison present in the blood after absorption, comes into molecular relation with living cells of normal tissue? What proportion of the amount absorbed is eliminated without producing a remote effect? Infinitesimal indeed. What are the conditions of organic action? 1. Absorption. 2. That drug-molecules are in relation with cell-molecules, without which we assume there can be no organic action.

It is the phenomena produced by these relationships that is truly called the physiological action of drugs. We now are brought face to face with the question, namely: What is the relation of molecules of the drug-curative in the sick body, and what changes occur by its action? Many ingenious theories have issued in reply. Eminent men have labored to prove that the "drug force" of the simillimum propagated as a form of "undulatory vibration" by impact with similar vibrations in the sick body, produce rest. Again, "throw

two similar stones into a pond at rest and the wave-lines coming in contact, will produce rest, in the troubled waters. Is this true?

In this vicinity is a lake without "inlet or outlet" and of unknown depth; "oft on a stilly night," when the quiet of nature's sleep enhanced the spot, I have troubled the waters with "two similar stones." The similar wave-lines coming in contact, distinctly refused to "quiet." On the contrary the lines of wave-motion cross and travel equally in all directions, a distance equal to a line drawn from the point where one stone struck to the point of contact of the other stone, measuring from the point of crossing. They now coincide and unite in one mode of motion. Again it is said, "two similar cannon balls coming in opposite directions toward each other with equal velocity, after impact they will rest." To all of which we submit that the similarity ceases with the "stones," and the "balls" their velocities being in opposite directions.

Analogues may assist our conceptions of the unknown, but they fail in that the organism is concerned with functions no machine can perform. Intimately associated with a conception of life of any kind is motion associated with extreme delicacy of construction. Not only is visible energy dependent on motion of cellular elements, but ultimately dependent on molecular motion or inter-action. From the stability of relation implied in life, we infer that *cells* and *molecules* have definite *lines of motion*.

"The third law of motion tells us action and reaction is equal and opposite, so that when two bodies come into collision the forces at work generate equal and opposite quantities of momentum.

"For instance, let us suppose that an inelastic body of mass ten, and velocity twenty, strikes directly another inelastic body of mass fifteen and velocity fifteen, *the direction of both motions being the same*.

"Now it is well known that the united mass will after impact, be moving with the velocity seventeen. What, then, has been the influence of the forces developed by the collision?

"The body of greater velocity had before impact a momentum $10+20=200$, while its momentum after impact is only $10+17=170$; it has therefore suffered a loss of twenty units as regards momentum, or we may consider that thirty units has been impressed upon it in an opposite direction to its previous motion."

If we understand the nature of "drug-action" it is the molecular potency of a substance taken into the body which modify the relation of cell-molecules. Introduce into the sick body drug-molecules that act similarly in the same sphere in the physiological organism, and after impact of cell-molecules with drug-molecules, cells will loose momentum or have it impressed in an opposite direction; thus, "an extremely, delicate, directive touch may be ultimately magnified into a very considerable transmutation of energy."

We have urged that "force" is the potency of molecular relation and motion. The conventional fetters of "orthodoxy" have perpetrated ideas quite the contrary of the above. That ancient sepulchre of therapeutic dreams, fostered and nourished by the superstitions of that age, when the religion of supernaturalism reigned supreme — we mean the casting out process has lost much of its "whiteness." While

man is cuffed about by his environment there will be a tendency to conventionalism few men with the same surroundings will have the courage to resist.

People are beginning to see that we cannot *cast out* disease, and the "regular" medical press plead the oracle, "why cannot we cast him out?" The revival of the doctrine of a *contagium vivium*, the hypothesized "malaria" and "miasmata" gives a struggling hope to the ancient medic. We would not detract an iota from the value of any discoveries regarding the cause or prevention of disease, this is a step in the right direction. Supposing "germs" to be the cause of a disease, are we to treat the "germs" or the condition they assist in producing? If we regard "Bacteria" as a concomitant, namely, that the proper soil in which they flourish is a necessary condition of their development we do away with their therapeutic significance and cling to the principle of treating the sick body.

We have no doubt much may be accomplished by way of prevention, by any method that will destroy germs, but the question is hygienic or local, mechanical or chemical, and hence has no bearing on the question of direct therapeutics. Relying on the physiological action of drugs, as above set forth, in our judgment "*similia similibus curantur*" opens up a method in therapeutics which as a scientific basis, the only method that has a philosophy, and whose practice is neither empirical or based on empiricism.

NOTES ON DIPHTHERIA.

In the last number (224) of THE UNITED STATES MEDICAL INVESTIGATOR, C. J. F. asks, at the close of his report of diphtheria case, if the causes he cites, namely: foul water and vegetable decomposition, would originate the disease. Most assuredly they *would*. It is not necessary that water have a bad taste and odor to make it dangerous; for it is only when it is detectable by taste or smell that it *ceases* to be dangerous. Water is dangerous when neither taste nor ordinary chemical test fails to disclose impurity; and under suspicion the instant that disease in any form, but particularly the diphtheritic or malarious type, is in the vicinity where used. In ninety-nine cases out of every hundred, where disease may have been traced to foul water as the cause, its real character could only have been pre-ascertained by the most careful examination of surface drainage and sewerage. Disease Homœopathically administered would seem to be the correct term for the use of impure water in ordinary or drinking purposes.

The fatal termination of C. J. F's case adds another grain to the weight of accumulative evidence showing the utter uselessness of attempting to arrest diphtheria or kindred maladies with crude or

lowly attenuated remedies and considering the state of Homœopathy it seems strange that men will take the risk of very greatly aggravating if not even giving fatal termination to disease should their selection of the remedy prove to be incorrect, granting, for the sake of argument, that even on event of its being correct such should be admissible.

According to the symptoms given *Lachesis*, high was clearly indicated. "Fever; *extreme thirst*; severe headache. Tonsils badly swollen, livid, *particularly the left*, etc." Gargles and outward applications have nothing to do with Homœopathy. Such treatment is enough to induce the disease were it not previously indicated. "Two large slices of pork, saturated with pepper, salt and vinegar," not to speak of *hot* and *alcoholic* gargles applied to a very well man's throat in the evening, would be rather likely to unfit him for speech-making the next day, let alone such application to the already inflamed and burning throat and neck of a sensitive, nervous woman.

A rare boon to humanity are they who consent to begin their experience where their predecessors have ended, rather than to blindly experience over the same ground, that scores have already given their best labors and even their lives in investigating.

No one will doubt the good intention, etc., but there is a certain kind of education quite as reprehensible as the most unalloyed ignorance and to which Homœopathy may well point as the chief factor to the withheld right of universal acceptance.

NEW YORK CITY.

JOHN THOMSON.

THE "SNAKES" MICROSCOPICALLY VIEWED.

Below we present to the readers of THE UNITED STATES MEDICAL INVESTIGATOR, what we believe to be the most remarkably unique pathological discovery yet made. In no wise is it a second handed narrative, either in substance or sentence, but it is the plain unvarnished statement made, to the writer and a friend by Dr. R. D'Unger, the discoverer(?) of the cause of the disease(?) drunkenness and its cure.

The doctor says "Eleven years ago I first discovered that *Cinchona rubra* would cure drunkenness, but it was not until recently that I learned why. Drunkenness is a disease, a disease specifically caused. You will perceive by examining this drawing, that right in the centre of these cells—this is a drawing that I made of the *nerve cells seen*

within the cerebellum or smaller brain, through a microscope of three hundred and fifty diameter power — well, that black mark represents a yellow fermentive substance; that is found only in the brain of one addicted to the use of alcoholic drinks. This substance is created and deposited there through the action of the alcohol, taken into the system, upon the sugar contained within the blood. That which we term the appetite is nothing more than an expression of the nutritive wants of these fermentive products. I believe that I am thoroughly posted in regard to the nervous system, and, I am satisfied that I can cure every case of dipsomania if the patient will but take the first dose of my remedy. The effect of *Cinchona rubra* is a culminative, one and in action, it destroys the power of this yellow ferment.”

Quanti est sapere. T. D. W.

FLUXION VS. CENTESIMAL PREPARATIONS.

SWAN VS. HAHNEMANN BY M. J. RHEES, M. D., FREEHOLD, N. J.

“The question at issue is, by which mode of preparation the highest dynamization is obtained, that of Hahnemann or the fluxion process of Fincke, and Swan; it is the result and not the processes that is to be discussed.” (Swan). The article from which the above is quoted appeared in the *Hahnemannian Monthly* for December 1877.

It is to be hoped that every Hahnemannian Homœopath, especially those of the brethren who delight in the name Homœopaths, have carefully read, and pondered that article; or if they have not done so, that they will lose no time in giving it their most serious attention. They will find that it begins with a rare, and beautiful old Latin proverb. They will find also that never was an article begun with a more appropriate motto. If the mouse brought forth on that occasion was so ridiculous, what a perfect mass of absurdity must have been the “*Parturient Montes.*” The author says we are to discuss the result and not the processes, but by discussing the processes, we may perhaps find that no result is reached by the Swan process, and it will probably appear in the course of the inquiry, that those who have discarded the centesimal process of Hahnemann, and adopted the M and M M according to Fincke and Swan, under the impression that they are giving higher attenuations than the 30th centesimal, have relinquished the highest for the lowest, certainty for uncertainty, reality for pretence, science for child’s play.

Professor Burdick in *Hahnemannian Monthly*, for November 1877 has sufficiently described the Swan process. Any one referring to that number, page 216 will find the manipulation honestly, and clearly set forth. Dr. Swan makes no objection to the description, but he finds fault with the professor because his education was neglected as to

arithmetic, or because his mental capacity is not sufficient to enable him to grasp the stupendous fact that because ten times one are ten, therefore ten times two are one hundred.

Dr. Swan also says that those who do not approve, but who oppose the introduction of the Swan potencies, are "iconoclastic." Now as I do not want to have so dreadful an epithet attached to my name, I propose, in a few words, to point out to him a "new, and better process of potentization" than even the Fincke, and Swan process. He says that he uses *only* three hundred and thirty-three and one-third cubic inches of water to make the 1000th potency; but I can show him how to make the M M with only sixty-six, and two-thirds cubic inches, yea! even with ten cubic inches. By Swan's process you must empty your potentizer, all except one drop, when you have allowed three hundred and thirty-three and one-third cubic inches to flow into it; you have then, he says, one minim of the 1000th in the vial, and you allow three hundred and thirty-three and one-third cubic inches more of water to flow into it, making the 1,000,000th potency. Let us shut our eyes to the fact that if, as Swan says, there are 1,000,000 minims in three hundred and thirty-three and one-third cubic inches the first fluxion ought to make the 10,000th instead of the 1,000th, and the second ought to make the 100,000,000th by his method of calculation. Let us also accept his dictum that there are 1,000,000 minims in three hundred and thirty-three and one-third cubic inches of water; in one-tenth the quantity thirty-three and one-third cubic inches there must be one-tenth the number of minims — 100,000. Now by my process you allow thirty-three and one-third cubic inches of water to flow on the drop of tincture, and you have made the 1,000th then empty all but one minim, and allow thirty-three and one-third cubic inches more to flow, and I ask any reasonable man of the Swan mode of thought, if you have not made the M M potency with sixty-six and two-thirds cubic inches of water? But you can do better than this; as three and one-third cubic inches of water are one-hundredth of three hundred and thirty-three and one-third cubic inches, so are 10,000 minims. Consequently, flow the drop of tincture once with three and one-third cubic inches and you make the hundredth potency; empty and flow the second three and one-third cubic inches, and you make the 100,000th potency; empty and flow the third, three and one-third cubic inches and you make the M M potency. Is it not so?

But let us have done with chaffing. It is perfectly astounding that any man can be willing to attach his name to so much error as can be demonstrated to exist in the article under consideration, and to so much fallacy as constitutes the very foundation of the Swan process of potentizing. Swan says: "Now, I would ask any reasonable man if the tincture 100, 1,000, 30,000, or 50,000, were treated with three hundred and thirty-three and one-third cubic inches of water, which is 1,000,000 minims, if it would not raise them all 1,000 times according to the centesimal scale." Perhaps the reasonable men have all replied, mentally, that it will. Perhaps I am unreasonable when I

say it will *not*. Perhaps arithmetic, that arithmetic which Prof. Burdick and I were so unfortunate as to be taught, is unreasonable and unreliable when it says, "impossible!" Perhaps figures *will* lie notwithstanding the ancient belief to the contrary. Let us see what figures say: They say that three hundred and thirty-three and one-third cubic inches of water are *not* equivalent to 1,000,000 minims.

According to the U. S. Dispensatory, there are, in one gallon by wine measure 61,440 minims, or 231 cubic inches. If there are 61,440 minims in 231 cubic inches, there must be 265 974-1000 minims in one cubic inch. Say there are 266 minims in one cubic inch, then multiply that by three hundred and thirty-three and one-third, and you get 88,666 as the number of minims in three hundred and thirty-three and one-third cubic inches, instead of 1,000,000 minims as Dr. Swan states, and states as an axiom. Again by Imperial measure one gallon contains 277 274-1000 cubic inches or 76,800 minims; consequently one cubic inch contains 276 982-1000 minims give the doctor the benefit of the fraction as before, and say there are 277 minims in one cubic inch, and you will have 92,333 minims in three hundred and thirty-three and one-third cubic inches considerably less than one-tenth the number he claims. What arithmetic did *you* study, doctor? Perhaps you will kindly tell us how to multiply two hundred and seventy-seven by three hundred and thirty-three and one-third so as to make a million of it. It would be a comfortable method, applied to dollars, and cents.

Dr. Swan complains that Prof. Burdick does not believe his potencies are centesimal, and he says, confidently: "Let us examine this." In response to this polite invitation we will proceed to "examine this." "In the Hahnemannian plan the first one hundred drops are displaced by emptying, and a second one hundred drops introduced; this in turn is displaced, and a third introduced, and so on." (Swan).

I had an idea that ninety-nine drops were displaced, and ninety-nine drops of fresh water introduced each time; but it is of no consequence. As Swan puts it, the 1000th potency according to Hahnemann's process cannot be made with less than 100,000 minims; but Swan says he can do it with three hundred and thirty-three and one-third cubic inches of water which is only, at the most 92,333 minims.

He also says 1,000,000 minims will raise a minim of any dilution 1,000 times according to the centesimal scale they will do more; they will raise it 10,000 times. But he is not working with 1,000,000 minims as he claims, but with 92,333 minims.

As long ago as 1843 when the writer was studying medicine, it was a standing argument against the thirtieth centesimal potency, and the possibility of its effectiveness, that it would require a quantity of water or alcohol several times larger than the earth, to raise a single drop of any medicinal liquid to the thirtieth centesimal; and it is a statement which is capable of demonstration, although its force as an argument is not admitted. Of course, the attenuation of the initial drop, and all its resultant dilutions is here meant, or what would be

the same thing theoretically the mixture of one drop with a quantity of water or alcohol sufficient to accomplish the purpose at one operation. Even the fourth centesimal prepared in the same manner, would require 100,000,000 minims equal, according to wine measure to 375,939 cubic inches, and by Imperial measure to 361,010 cubic inches.

And yet Dr. Swan says that with less than one thousandth part of that quantity, he is able by means of some mysterious power resident in the "fluxion process" to raise a drop of the mother tincture to the thousandth centesimal potency! And, as if this claim were not sufficiently amazing, he says he can, with six hundred and sixty-six and two-thirds cubic inches, or less than one five hundredth part of 100,000,000 minims, produce the 1,000,000th potency!!

Whether the following quotation is a mistake or a wilful mis-statement for the purpose of misleading those who will not take the trouble to think on the subject, it is difficult to decide; but it seems incredible that any one who has given as much thought to the subject as Dr. Swan has, could make so astounding a mistake as is contained in the following: "Now, only think what a waste of time, and money there has been to produce the M M potency when Professor Burdick says it is only the 10th Hahnemannian; that the transit of 100,000,000 *minims, forty-five and one-fourth barrels*, through my potentizer under violent succussion during ninety-six and one-half hours, only results in doing what he can do with 1,000 minims, divided into hundredths and emptied ten times." The italics indicate the mistake or mis-statement or whatever it may be called. Dr. Swan has reiterated the assertion that he uses but two portions of water consisting of three hundred and thirty-three and one-third cubic inches each to produce the M M potency, and yet here he endeavors to convey the impression that he uses forty-five and one-fourth barrels of water. But forty-five and one-fourth barrels of water at thirty-one and one-half gallons to the barrel would be 329,261 cubic inches by wine measure, and 395,219 cubic inches by Imperial measure, nearly five hundred times more than the quantity actually used by wine measure, and almost six hundred times as much by Imperial measure. I suppose that 999 out of 1,000 who have read the article under consideration have taken it for granted that 100,000,000 minims are exactly equivalent to forty-five and one-fourth barrels, else why was the doctor so careful to add the quarter?

But forty-five and one-fourth barrels contain by wine measure 87,583,592 minims, and by Imperial measure 109,475,781 minims. The doctor is bound by generosity as well as by professional courtesy to communicate his arithmetical method. It has not only enabled him to make the curious calculations above referred to, but it teaches him how to accomplish what none of his fellow mortals can achieve, and that is by simply doubling a number he increases its value more than a thousand fold!

Let us now consider the method of operating the "fluxion process." The doctor says: "In Swan's plan, the first one hundred drops *has* to be displaced before the second is introduced because you

cannot put more water in a full pitcher till it is first emptied." * * * "In Swan's, the process is rapidly performed, by one hundred drops displacing the preceeding one, by pushing it out." Truly, a very bold piece of fallacy! First he tells us that we "cannot put more water into a full pitcher until it is first emptied," giving the idea, that the moment the second filling begins to run into the potentizer, the first filling is all emptied as if by magic; and then he says that "one hundred drops displaces the preceeding one by pushing it out." If it pushes it out, it must first enter the vial itself, and the displacement is gradual as is the introduction of the first water.

But does it certainly push it out? You may allow the water to run from your hydrant into your pitcher or potentizer for hours and days without emptying it once; it will never be more than full; but you cannot aver with certainty that all the original filling either has or has not been displaced or pushed out. The doctor says, he lets three hundred and thirty-three and one-third cubic inches of water run into his potentizer, without emptying it. But three hundred and thirty-three and one-third cubic inches would fill his potentizer two hundred and twenty-one times. How did it all get into the potentizer if you cannot put more water into a full pitcher without first emptying it?

He says the dynamization is "continued by the force with which the streams of water impinging upon the sides, and bottom of the vial, agitate and success the contents." This very force with which the water impinges upon the sides, and bottom of the vial constitutes the irregularity, and unreliability of the "fluxion process" as Dr. Swan has himself very clearly proved by experiment described in the following words: "If I let the full force of my potentizer into the vial, the horizontal currents coming from the side holes in the tube, cause rotary currents that contain the coloring matter a long time (so Professor Burdick informed me); hence in our experience, the color was seen, I think, in the thousandth,—certainly in the 100th—while by allowing the water slowly to displace the coloring matter, and then let on a full flow, I failed to get it in the 25th." Is it possible that any man, reasonable or otherwise, can need further proof of the absurdity of the process? Here is an admission that the so-called 1000th of Swan is not equal in attenuation to the third centesimal of Hahnemann.

The coloring matter of any fluid must be very intense, and persistent, if it will not disappear entirely from view in the third centesimal properly made. Yet in Swan's experiment, the color, which is the last indication to the eye of the presence of crude matter, continued visible under certain circumstances in the 1000th and under the most favorable circumstances it had only disappeared in the 25th. The medicinal substance becomes involved, entangled, in the current, and can neither be attenuated or discharged from the mouth of the potenzing vial. If the force of the current was just right, the whole of the medicinal substance might be pushed out of the vial in a short time; and again, if it were strong enough, the color, consequently the crude drug, might be retained throughout the whole process. How can any

man need more proof than is here furnished by Dr. Swan himself, that the potencies he furnishes are not, and cannot be, what he pretends they are?

The result of such potentizing must, in the nature of things be uncertain, irregular and questionable. Suppose you are operating with a vial which holds exactly 100 minims. When the vial is once filled, you have undoubtedly the 1st centesimal of Hahnemann. But after 101 minims have flowed in and one minim has flowed out, what have you then? And after 200 minims have flowed in, and 100 have been pushed out, what then? Can you affirm that ninety-nine minims of the original filling have disappeared, and that fresh water has taken their place? A man would hardly be willing to risk his reputation for common sense on such an assertion. But could you say with certainty that the whole of the medicinal substance had *not* disappeared with the original 100 minims? If any remains, do you know that the second 100 minims contains one-hundredth of the first 100?

Do you know that it does *not* contain fifty one hundredths? It is impossible to estimate the rate of attenuation. It will vary with different medicines; it will vary, as shown above, with the force with which the water flows into the potentizer. There is no possibility of annotating its products with any certainty. The accepted notation is fallacious; it is necessarily impossible that it can be correct. It must be admitted by every one, it is admitted even by Dr. Swan, that the millionth centesimal cannot be produced without the use of nearly 100,000,000 minims; Swan himself says fully 100,000,000 minims, the rest of us will say 99,000,000 minims. But I have shown conclusively above, that Swan uses by the most liberal measurement, Imperial measure, only 184,666 minims. You can scarcely make the 1865th centesimal potency with that amount of water, much less the *M M*.

But enough, Professor Burdick has shown "that *Swan's M M cannot exceed the tenth centesimal of Hahnemann, and is liable to be much lower than even the tenth.*" I do not believe it to be higher than, if so high, as a well prepared third centesimal, and I have given my reason for unbelief. It seems to me that the Swan process is nearly equivalent to mixing one drop of tincture with 184,666 minims of water in a large vessel, and subjecting it to sundry successions, and agitations; it is nearly equivalent, but it is not by any means so certain as the latter plan would be. As it would require 1,000,000 minims to make the third centesimal in this way, what may the result of the Swan process be called? It is neither the third nor second centesimal.

In conclusion, it may be asked. Is it not possible that the brethren, who have abandoned the use of Hahnemann's centesimal potencies for Swan's fluxion potencies under the impression that the latter are much more highly attenuated, have really been inveigled into the use of the tenth or even the third, and that their improved success in treating disease is actually owing to their giving very low attenuations? It looks like it. At any rate, they do not know, and no man can tell them, what attenuations they are using.

Hahnemann's notation which Dr. Swan is pleased to call "arbitrary," is, however, certain, and proceeds with undisputed regularity. There is no chance for a doubt, as to whether the tenth, is the tenth or the fifth, none as to whether the thirtieth may not be the sixth. When you have carried a remedy up from the mother tincture, one drop to ninety-nine thirty consecutive times, you know that you have made the thirtieth centesimal attenuation or you have made nothing. Let us then, adhere to the notation of the master, and continue to potentize our medicines according to his system. The difference between a medicine attenuated with a decillion of minims, and one fluxion with 184,666 minims, is so inconceivable, that I for one, am satisfied with the decillionth. If others want still higher potencies, let them make them according to Hahnemann's rules; but let us all show what is uncertain, and unscientific; let us cling to a process which can show a definite result, rather than adopt one which has no result but that of confusing, and obfuscating the mind. Let it be borne in mind by the fluxionists, decimal potentizers, tincture givers, and all other innovators, that all the earlier triumphs of Homœopathy—triumphs which they cannot hope to equal—were made with the thirtieth, and other centesimal potencies. Let Dr. Swan remember that to him emphatically belongs the name, "iconoclast," for he has succeeded partially in temporarily pulling down the beautiful, and excellent centesimal system of potentizing, and in introducing his own most absurd and useless "fluxion process."

YELLOW FEVER IN CHATTANOOGA.

JUSTICE TO HOMŒOPATHY.

Lift your hat and rejoice, that justice has been given to Homœopathy again. Last spring I was elected to represent the Homœopathic element of this city in its board of health, in which capacity "Old Bronze John" met, and is still with us. The signal results of Homœopathic treatment of yellow fever has been such, as to not only draw the approval of the laity, but city officials and our Old School brethren. Ruled out of the first hospital, on the grounds of clashing interests, the board of health recognized the justice and need of a Homœopathic hospital, and so recommended the setting apart of another building, with all the necessary requirements for the same. We have accepted the situation, and entered upon our duties yesterday. We have a capacity for one hundred beds, and our requisitions will be honored as needed. In private practice we have not lost 10 per cent thus far.

Treatment.—First stage, *Acon.* 1, one-half drachm to four ounces of

water, one teaspoonful every hour. Second stage: *Eucalypt. glob.*, same. Third stage: *Argentum nit.*, 2 or 3, *Ars.* 3 to 6, and such other remedies as individual cases require. Accessories: hot lemonade, mustard baths, hot bricks, etc.

YELLOW FEVER, OR SPLENIC FEVER.

Now I live to learn, and learn by asking what symptoms distinguish yellow fever from splenic fever, or "murrain" in cattle? Both diseases are contagious; exist when the temperature is above 72°; have three to nine days incubation, four to seven to reach fatal results, and "let alone" the best remedy. I treated, saw and examined a number of splenic fever cases, two years ago, and am startled at the many parallel symptoms in the two diseases. Post mortem examinations made then, revealed the same pathological conditions as are now to be seen upon the yellow fever cadaver.

I would call the attention of the profession to this fact, and when opportunity occurs to treat, note and examine a case of "murrain," and compare it with yellow fever. If these diseases are found in any form allied, may not this hint be a step toward battling the "cattle-plague," that sweeps all parts of our land, and thus be able to throw back the charge of the commissioner of agriculture, "Medicine has been of little avail.

D. G. CURTIS.

CHATTANOOGA, Tenn., Oct. 14, 1878.

NEURALGIA DEPENDENT ON SPINAL IRRITATION.

BY J. MARTINE KERSHAW, M. D., ST. LOUIS.

Mrs. S., pale, anæmic, nervous, no appetite. Has suffered from frequent hæmorrhages. Neuralgic pains in right infra-orbital region, along the course of right inferior maxillary nerve, down the back of head, and on both the side and back of neck. Extreme dimness of vision of the right eye, and profuse lachrymation, with constant desire to rub the eye to remove the cause of the dimness. Sense of heat on top of the head, and down the back of the neck. *Great tenderness of the scalp*; can scarcely touch it with a comb, it is so sore. The hair comes out in handfuls with each combing. She is nervous, restless, her fingers and feet moving constantly. There is a restless desire to move, and, while telling her story, she walks about the room nervously rubbing and pulling at her fingers. A strong suicidal tendency is present. She is resolved to destroy herself, but cannot make

up her mind how to do it. She is certainly very miserable and profoundly depressed, apart altogether from the pain experiences. It is not the pain which causes the tendency to suicide, but the mental depression which accompanies the pain. All the cervical vertebræ are extremely sensitive to pressure. Percussion of the spinous processes is out of the question, the slightest pressure aggravating the pains in the right infra-orbital region, the side of face and side and back of neck. The spinous processes are so excessively sensitive to the least touch, that the slightest pressure makes her shrink and almost leap from her chair. She also feels as though the air just in front of her is hot,—she cannot get a full, easy and satisfactory breath. She has been afflicted about a week. I prescribed *Sulphur* 1,000.

ACUTE BRIGHT'S DISEASE—CURE WITH ASCLEPIAS SYRIACA.

BY J. S. MITCHELL, M. D., PROFESSOR OF THEORY AND PRACTICE
AND CLINICAL MEDICINE IN THE CHICAGO HOMŒOPATHIC
COLLEGE.

Read before the Indiana State Institute of Homœopathy.

W. G. aged twenty-eight, railroad engineer, of good constitution apparently, and of healthy family, came under my treatment Feb. 28, 1878, for an attack of pneumonitis. He had been suffering from nasopharyngeal and bronchial catarrh, of a not very serious grade, for several weeks. Exposure while on his engine, to the strong drafts those pursuing his avocation meet, precipitated the pneumonic seizure. There was nothing of special significance connected with it, save the pain which was most marked in the splenic region. It had the ordinary characteristics of pleuritic pain but its low site, uncommon severity, and duration were worthy of remark. There was no complicating splenitis.

The implication of the nerves of the thoracic and abdominal parities plays a more important part in pleuritis and pneumonitis than we are wont to consider. Niemeyer refers to the fact that the pain is frequently located at a site quite remote from the seat of the pneumonitis, and questions its origin in a pleuritic complication. There are cases where the pain extends even to the hips.

The case terminated favorably on the tenth day, and the patient appeared to be rapidly convalescing. His cough was better than it had been in weeks, his appetite was good, and the general strength increasing. I was about to dismiss him when he called my attention to the fact that his feet were swelling. Examination showed them to be very œdematous. The œdema rapidly increased involving within forty-eight hours the thighs, genitals, and peritoneum. There was a

slight accession of fever manifested by the pulse and temperature. The appetite continued good, and his strength steadily increased.

Notwithstanding, the œdema developed to an alarming degree, involving the upper extremity and face. Chemical examination of the urine demonstrated the existence of albumen in the ratio of about fifty per cent by Flint's method. Microscopic examination showed very abundant tube casts whose walls were thickly studded with oil granules.

In acute Bright's disease we have intense hyperæmia of the kidneys, with bloody exudation in Malpighian corpuscles, and tubuli uriniferæ. The tubules are filled with fibrinous exudation, and covered with epithelium. Blood corpuscles abound on the exudat. We do not find in this form of disease, however, the degenerative changes above referred to. That belongs, as usually stated, to the second stage of the chronic variety. With this history it will be seen that our case presented novel features. The pathological lesion indicated the second stage of Bright's disease, while the symptoms did not point to serious organic disturbance. Looking carefully into the patient's former history, I found that for two or three years previous there had been at times considerable pain in the back. This had been unattended with anæmia, loss of strength, diminished vitality, urine changes or any of the significant symptoms of chronic Bright's disease. It is true that patients with this trouble are subject to fluctuations in the progress of the malady but not to complete remissions. I cannot find either the acute or chronic form given as a sequela of pneumonitis. Both Niemeyer and Traube agree that a simple obstructive hyperæmia cannot give rise to kidney disease. Pneumonitis may arise as a complication of Bright's disease. Juergensen gives the ratio of cases thus originating as about two per cent. The case was seen by my colleagues Profs. Danforth and Adams. We all regarded it grave. *Bell.*, *Arsenicum*, and *Apis* were given, at different times. *Arsenicum* 6x seemed for a while to hold the œdema in check, but it did not materially diminish under the action of this grand remedy in dropsy. Reviewing the symptoms I noted that there were present slight creeping chills, soreness of the flesh, sharp pains through the head, dizziness and nausea. I found these conditions all attributed to *Asclepias syriaca* which has acquired reputation in the treatment of post-scarlatinal dropsy. Another symptom which it has is, "no marked alteration of the pulse." You will observe that I have noted the slight increase of pulse and temperature as a feature in this instance. I gave this remedy. Improvement was promptly obtained and steadily continued. The œdema diminished gradually. Other symptoms ceased. The patient now is in good health. There is not the least pitting on pressure at any point. I have never seen a case of anasarca so effectually cured save post-scarlatinal.

I consider myself justified in regarding my patient as having been affected with acute, rather than chronic Bright's disease. That it was not the latter form is evident—by absence of anæmia, absence of general

debility, absence of eye symptoms—presence of large amount of albumen in urine; presence of large amount of dropsy rapidly accumulated; rapid cure.

The microscopic appearances were alone characteristic of the latter. I believe that some of the reported cures of chronic Bright's disease would be found on more critical examination to be of the acute character. The case illustrates the difficulty in certain instances of making a diagnosis. The two forms of the disease in question are essentially distinct, not presenting us the problem of discriminating the exact point where an acute affection passes into a chronic form.

Hygienic Department.

NATIONAL QUARANTINE IN YELLOW FEVER.

BY T. S. VERDI, M. D., WASHINGTON D. C.

It seems to me that this is a fitting time to discuss the question of a national quarantine. I know that it is a vexed question, still that should not deter us from discussing the modes that may be effective in preventing such a national calamity as is now depopulating some of our most flourishing cities.

An act of Congress, passed February 25. 1779, provides that the quarantine laws of the state shall be observed by the federal officers; that those officials shall aid in their execution; that the secretary of the treasury is authorized to extend the time for entries, etc., when a conformity to such laws require it; also that vessels prohibited by the health law of any state coming to at ports of delivery, may unload elsewhere; the cargo to be warehoused and special permits granted, etc.

By this act Congress has recognized and approved the right of states to make quarantine laws, and actually orders the federal officers to obey them. Yet this power of the states has been contested, and we find Mr. Webster, Mr. Emmert, Attorney-General Wirt, and other eminent jurists engaged in the controversy. Finally, Chief-justice Marshall delivers the opinion from the bench "that they form a part of that immense mass of legislation which embraces everything within the territory of a state not surrendered to the general government all of which can be most *advantageously* exercised by the states themselves—inspection laws, quarantine laws, health laws of every

description, as well as all laws for regulating the internal commerce of a state," etc. "No direct power over these objects is granted to Congress, and consequently they remain subject to state legislation."

In the face of the expression of these great jurists it would seem presumptuous to give utterance to a thought that was not in accord with their legal opinions. But Chief-justice Marshall not only delivers a legal opinion, but a forensic argument, that quarantine laws, can be most *advantageously* exercised by the states. To the former I bow in obedient reverence; to the second I respectfully demur. Experience has demonstrated that state legislation is not adequate to protect all the states alike from the incursions of fatal epidemics, the states have, moreover, relinquished this power, in a great measure, to cities that are most exposed to the importation of infectious and contagious diseases; and we find to-day that sea-port cities legislate or quarantine for their own peculiar and local interests. New Orleans, Mobile, Charleston, New York, Philadelphia, etc., make quarantine laws to suit themselves. It may be well for one of these cities to relax her health laws in favor of her own commerce, but a neighboring city might become the victim of an epidemic from the germs of disease brought from that very city. It might be in the interest of New Orleans to conceal the presence of imported yellow fever, so as not to divert commerce from her shores; but this concealment might be the death of Memphis, Grenada, and Vicksburg.

During the administration of our late Board of Health, we found how vigorously some persons, and particularly those who were engaged in commercial pursuits, protested against our placing warning flags against the small-pox. We were even condemned for adopting measures for protecting the community against this contagion, "For," said they, "you drive away our commerce, you check the influx of travelers and make us poor." In Baltimore the same thing occurred, and every city desires to be ranked among the healthiest.

The commercial is a most influential power, to which often municipal officers bow in all humility. Before steam was in use, transit was slow, and to go from city to city required much time, which was in itself a protection, but now, when in twenty-four or thirty-six hours a steamer runs from a southern to a northern port, the danger of communication during epidemics has greatly increased.

Internal state commerce, police, turnpike roads, etc., can in no way affect the welfare of other states, and it is therefore logical that every state should legislate for itself in these matters. But epidemics

travel with commerce. Yellow fever and cholera are brought in ships and in railway carriages.

In some places, as in New Orleans, yellow fever is even indigenous ; but her yellow fever is an endemic, and is never so fatal or infectious as the yellow fever imported from the inter-tropical countries ; so that a few cases of this fever in New Orleans have ceased to create alarm, and it may be that even the presence of a few cases of the imported fever may not spur her to take such preventive measures as might indirectly work against her commercial interests. But what would it avail to Savannah, South Carolina, or Mississippi to have stringent laws on quarantine if New Orleans sends them yellow fever in bales of cotton ? And it is even said now, with a deep sense of regret, that the sanitary authorities of New Orleans concealed the two first imported cases of yellow fever this season, and that if they had applied the brakes, as railroad men express a quick suppression of motion, the Mississippi valley, and New Orleans herself might not have been decimated by the scourge. This terrible experience leads us, therefore, to an honest belief that a national quarantine is a necessity in this country. The quarantine laws should emanate from Congress and be executed under the direction of the secretary of the treasury, who is in charge of national commerce and revenue, and who has all the machinery in operation for the successful administration of this branch, so important to national security.

All European and some of the Asiatic countries have national quarantine laws, and, moreover, they have international quarantine laws in which this nation takes no part.

France, to render her quarantine system more effective, has instituted a foreign sanitary service, viz.: She keeps officers of health stationed in those localities from which yellow fever and cholera generally issue as Egypt, Turkey, South America, etc. The duty of these officers is to watch and report to their government the sanitary condition of those localities, and as quickly as an infectious or contagious disease breaks out they inform their government by telegraph, who at once issues strict orders to the consuls to see to it that no vessels is allowed to sail for France who has not a clean bill of health. Moreover, the government is informed of the departure of all such vessels, and is on the *qui vive* on their arrival. Should our government create such a system the yellow fever might never appear on our shores. At any rate, it is to be hoped that this question of quarantine will now engage the attention of our sanitarians and of our legislators for the future protection of the lives of our people.

GEORGIA FOR COMSUMPTIVES.

BY PROF. H. P. GATCHELL, M. D.

I have spent nearly six months on the line of this road—have explored the neighboring country to some extent, and have traveled from Atlanta to Greenville. This experience has fully confirmed the opinion I had previously formed, as to the picturesqueness of the country and the salubrity of the climate. The varied surface and the magnificent views, the general exemption from malaria, the rareness of pulmonary disease, and the small proportion of invalidism, forcibly arrest the attention.

That much of this exemption from disease in general, and from pulmonary disease in particular, is due to spareness of population and to mode of life, is evident; since dense population and town life tend to increase almost all forms of disease, and especially consumption. So powerfully operative are these two causes that, while the ratio of mortality from consumption is decidedly greater in the extreme northern than in the extreme southern states, there is but little difference in the cities of the two sections; the habits and conditions of city life obscuring the influence of climate. And he is a very young man, or a superficial observer, who has not noticed how families moving into cities continue generation after generation, to fail in vigor and to diminish in stature, unless re-invigorated by intermarriage with persons born and brought up in the country. But with due allowance for rural habits and conditions, and for spareness of population, this is a remarkably salubrious region.

The published report of the census of 1850 gave the total mortality of each county in the United States. That of 1860, while not giving any report for single counties, gave for sections of states the mortality from every form of disease.

The mortality of northern Georgia, as determined by that of its several counties in 1850, or by that of the entire section in 1860, was remarkably small. Not having the census before me, I cannot give the exact ratio; but according to my recollection, it was smaller than that of any other section as long settled, even if as sparsely peopled.

Nor did any other region present so small a ratio of mortality from consumption, to the total mortality, as did northern Georgia. New Mexico still more sparsely peopled being next in proportion. But as the total mortality of New Mexico was in much greater proportion to the population than that of northern Georgia, it follows that the

latter far excelled in degree of exemption from this formidable disease.

As nearly as I can recall, the ratio of mortality from consumption to the total mortality was in northern Georgia twenty-eight, and in New Mexico thirty-three, in the thousand deaths from all causes. But the ratio of deaths from all causes to the population was three times as great in the latter as in the former.

All that I have learned from personal observation and inquiry confirms the conclusions at which I had arrived through study of the vital statistics of the census reports, harmonizing as those conclusions did with a previously formed opinion as to the comparative exemption of favorably situated mountainous countries from consumption.

Mr. John C. Sage, civil engineer, who assisted in laying out the Air-Line road, and who traveled the country till he knew every family for five miles on each side of the line which was adopted, informs me that he did not hear of a case of consumption in the entire belt with which he became familiar.

Judge Sutton, of Clarkesville, a lawyer of an eminently judicial cast of mind, born and brought up in Habersham county, and knowing something of almost every family in the county, testifies to the remarkable exemption of the native population from consumption.

Joining Habersham on the north, lying directly under the Blue Ridge, and made up in a great measure of the subordinate ranges and the foot-hills of that ridge, is Rabun county. It is one of the highest counties in the state of Georgia, its court house standing at an altitude of about 2,000 feet above tide water. Judge Sutton, who is intimately acquainted with the people of Rabun, has never known a case of consumption in the county.

The distinguished Judge Bleckley, of the supreme court of Georgia, was born and brought up in Rabun county, and he assures me that so far as his knowledge extends, consumption is unknown in that county. And if any evidence were needed that the mountains of Georgia produce men, his own vigorous brain and lofty stature would afford conclusive evidence.

While it does not follow that consumption has never existed there, it does that it is extremely rare—perhaps more so than any other county in the United States.

Oconee county, S. C., joins Rabun and Habersham on the east. Almost at the center of the county is the pleasant town of Seneca, 120 miles northeast of Atlanta, at the intersection of the Air-Line and Blue Ridge railroads.

I talked with persons from the north and from the lowlands of the south, who came there as consumptives, and who have experienced remarkable improvement. Indeed, one would not suppose those from the lowlands of the south (they having lived in this salubrious region for several years) ever to have been invalids.

The mayor of this little city is Mr. M. W. Coleman, who sought and found relief from consumption engendered in the humid air of the low country. Mr. Coleman's acquaintance with Oconee county is as intimate as that of Judge Sutton and Bleckley with Habersham and Rabun; and he knows of but one family that has suffered from consumption, and that family lives in a river valley. Dr. Spearman, a prominent practitioner in Seneca, informed me that he had never seen in the county a case of native consumption, nor even of bilious fever, except in the river bottoms.

In my visit to Seneca, I could not but notice the apparent dryness of the air, as compared with that of Atlanta; though Atlanta has an altitude on Peachtree street of 1,100 feet above the ocean, and an air so dry as to enable its merchants to keep grain and tobacco in store as they cannot be kept in other southern cities. In the absence of hygrometric observation, I cannot assert this superior dryness of Seneca as a certainty, though the opinion derived from sensation is confirmed by the feelings of others, and by local indications; for example, the slight growth of moss on the trees, and the infrequency of dews. It is confirmed, too, by the situation of Seneca with reference to mountains and gulf. The air from the former is necessarily dry. It is also drier at a given distance from the Atlantic than at the same from the gulf.

The general atmospheric movement in the temperate zone being from west to east, the continent influences the neighboring ocean more than the ocean does the neighboring parts of the continent.

But it is only necessary to examine any good rain chart to see that there is a marked drift of the humid air of the gulf to the north, causing a great deposit of water in the lower portions of the gulf states, and making its way far up the Mississippi with that tendency which rains show to fallen river valleys. But as is remarked by Prof. W. C. Kerr, the able state geologist of North Carolina, the humid southwest wind is deprived of much of its moisture in its passage along the Blue Ridge, reaching North and South Carolina as a comparatively dry air. It is evident, too, by a comparison of the last two winters in the south and in the north, that the climate south of the thirty-fifth

parallel of latitude is contracted in a considerable degree by causes different from those that operate in the north.

In the latter region the winter of 1876-7 was one of unusually severe and continued cold, while that of 1877-8 was the mildest that has been known for many, perhaps for forty years. At Atlanta, the record report by Mr. Redding, of the State Agricultural Department, shows that notwithstanding a period of extremely severe cold, for the latitude, the mean temperature of 1876-7 was a trifle above that of 1877-8.

Nor did the character of these winters in the neighboring portions of the south differ materially from that of Atlanta.

Society Proceedings.

WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY WALTER MCGEORGE, M. D., SECRETARY.

The West Jersey Homœopathic Medical Society met in the parlors of the West Jersey Hotel, Camden, on Wednesday September 18, 1878 at 2 P. M., the president D. R. Gardner, M. D., occupying the chair.

Upon calling the roll Drs. Gardiner, McGeorge, Streets, Izzards, C. J. Cooper, Quint, Musgrave, Middleton and Howard were present. The minutes of the June and July meetings were read and approved.

Dr. E. M. Howard, of Camden, offered and read a series of preambles and resolutions in favor of the society taking stronger ground on the question of educating students, demanding that the three years course be made obligatory. Upon motion they were laid over till the next meeting, in order to give all the members of the society opportunity to discuss them before the society acted upon them.

Dr. S. H. Quint, chairman of the bureau of practice, presented and read before the society a paper on.

"PLEURITIC INFILTRATION AND PNEUMONIC HEPATIZATION."

The president declared the paper open for discussion.

Dr. Streets said: Considering the frequent occurrence of chronic pleurisy, it is astonishing that it should be so often overlooked, or mistaken for other diseases. It does not necessarily follow acute pleuritis, but, more unusual is itself the primary affection commencing without the local pain and fever, a dry cough, and increasing shortness

of breath being the only symptoms complained of, and indeed I have in my mind a case where the pleural cavity of right side was full of fluid and the patient was not even conscious of dyspnœa. On the first of last December, I was called to see a young lady who was said to be dying from pulmonary consumption. She had been sick for about three months. A careful inspection of chest revealed a pleuritic effusion on left side, only this and nothing more. *Bryonia*, *Sulphur*, and *Pulsatilla* were the remedies administered, and in less than four weeks all traces of the effusion had disappeared, and the patient's health restored excepting some general debility. *Sulphur* is my main reliance in serous effusions—in the mother tincture. *Bryonia* and *Pulsatilla* were given in this case with *Sulphur*, because the menses were absent, and the patient had frequent attacks of epistaxis. Also use *Arsenicum*, occasionally *Phosphorus*, and sometimes *Iodine*.

Dr. Musgrave coincided with Dr. Streets, uses *Sulphur* low. Has used *Aconite*, *Arnica*, *Bryonia* and *Sulphur* in the 12th potency; makes his own *Sulphur* tincture. Takes flower of *Sulphur** and macerates in alcohol; take a six or eight ounce vial, puts in about two ounces *Sulphur*, covers it with alcohol and then decants it, and uses it. Takes about six weeks, time to prepare it.

Dr. Howard gave a case of empyema, following acute peritonitis, and later subacute pleuritis on auscultation found the heart pushed over to right side; strongest beating felt under third or fourth rib near right arm, and yet it could be heard distinctly at normal place.

Post mortem examination revealed no enlargement of heart, but showed that it was pushed away over to the right side; there was no valvular trouble, but two or three quarts of pus were found in left pleura. Had he been certain there was pus there, he would have used the aspirator and removed it.

Dr. Streets said: If the effusion becomes purulent (which hectic fever with sweats and quick pulse would indicate) we cannot hope to accomplish much from remedies. I will relate a case in point: A young lady of fifteen years while at boarding school, was taken down about three weeks before Christmas, with what her medical attendant pronounced pneumonia. After an improvement she had a relapse, but again got better, so that she was able to return to her home in the early part of January, the doctor telling her she was a little debilitated, but a tonic treatment would soon bring her around all right. She took,

*See The United States Homœopathic Pharmacopœia page 241 for more explicit directions.

I believe, under his direction *Iron* and *Quinine*. Then the case went on until the middle of March when I was called to see her. Examination disclosed the following: Complete, dull or flat sound on percussion on right side, with entire absence of respiratory murmur on left side, the normal lung sounds were somewhat increased; bulging of intercostal space on right, with slight increase in its size over that of left when measured; dry cough, with stitching pains in affected side, quick pulse, but not marked fever. Various remedies were tried without avail, excepting that *Kali carb.* gave relief to the stitching pains. Paracentesis seemed therefore the only resource and I asked for counsel. At my request Dr. Morgan of Philadelphia was called, but the young lady decidedly objected to the operation proposed, and it was not performed. In two or three weeks afterward the pus made its exit through chest wall. The patient remained under my care for about a year after, during which time she continued to have a purulent discharge from the opening, and an impaired lung. She then passed from my charge in consequence of removing into a neighboring state. The chief remedies employed after the evacuation of pus were *Kali carb.* and *Carbo*.

On motion the society adjourned to meet on the third Wednesday in November at the residence of Dr. E. W. Howard, 401 Linden street corner 4th Camden, at 2 o'clock. The society soon after adjourned.

Hospital Department.

HAHNEMANN HOSPITAL CLINIC.

REPORT OF SURGICAL CLINIC.

HELD SATURDAY, OCT. 19, 1878, BY GEO. A. HALL, M. D., PROFESSOR OF THE PRINCIPLES AND PRACTICE OF SURGERY AND CLINICAL SURGERY IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

CASE No. 6,582. This young man, sixteen years old, came into the hospital one week ago to-day. He had been injured ten days previously by being thrown from a wagon upon a bank of earth. When the surgeon was first called to see him after the accident, there was

inability to flex the arm beyond a right angle, and the forearm remained pronated, denoting a dislocation of the head of the radius upon the anterior aspect of the humerus. This dislocation was reduced and the patient was sent to us for further examination and treatment. Notice here a marked rigidity of the muscles making it difficult for the patient to flex or to extend the arm without assistance, also observe the ecchymosis on the margin of the internal condyle, and he complains of pain in this locality when the arm is manipulated. The saliency of the internal condyle is destroyed, and the considerable fullness in this locality is in consequence of a deposition of lymph, we should judge that there was a fracture of the internal epicondyle complicating the dislocation of the radius. We shall place the patient in the ward with a compress wet with a solution of *Calendula* applied around the elbow, and every day shall subject the arm to gentle flexion and extension, pronation and supination. Internally *Arnica* 30x.

CASE No. 6,583. This little child three months old has a congenital union of the little with the ring finger of the left hand. What can be done to replace the fingers in a normal condition? We will give an anæsthetic and now while resting under its influence we pass a sharp pointed bistoury through the webbed union, about one-fourth of an inch above the meto-carpal-phalangeal articulation of the little finger, passing it upward and severing the entire union uniting the two fingers. There is but slight hæmorrhage. I shall have this finger dressed with a preparation of *Calendula* and *Cosmoline*, placed upon the pledget of patent lint to be placed between the fingers. This dressing is to be secured with adhesive straps. The wound is to heal by the process of suppuration and granulation.

CASE No. 6,584. Girl seventeen months old. This little patient has a congenital cystic tumor situated upon the upper third of the sternum bone. The tumor is about two inches in length, one and a half inches in diameter, slightly oval, mobile, and free from discoloration. There is no danger attending the presence of this growth but it undoubtedly would become very annoying because of its increasing in size, and its conspicuous locality. While under the anæsthetic we will make an elliptical shaped incision, beginning about one inch above the upper margin of the tumor, and extending downward one inch below it. This brings us down upon the cyst which is readily dissected out. The parts are to be brought together and secured with two patent sutures and adhesive straps. *Calendula* lotion to be applied with a light compress—and the patient ordered to be kept quiet.

CASE No. 6,585. This lad, seven years old, has as you see the deformity known as harelip. A single fissure on the left side of the medium line, and a cleft palate extending through both the hard and soft palate. The line of fissure is a little to the left of the inferior maxillary suture. The harelip has been operated upon twice, each being failures. This has increased largely the cicatricial tissues along the margin of the cleft or fissure and will diminish our chances

of securing union by first intention. While under the influence of *Chloroform* we will dissect up the parabola, on either side, so as to give us a good and liberal flap. You are to observe that the angle of the inferior margin of the fissure is obtuse. This will necessitate making the incision along the free border a little concave which we have done. We now insert two pins—beginning on the left side. The lower pin is inserted about one-fourth of an inch from the inner margin and about the same distance from the inferior margin, passing it under the coronary artery, which is now bleeding profusely, through the center of the free border into the center of the opposing flap, passing it out at a point corresponding to the point of introduction on the opposite flap. A single suture is now thrown around this, forming a figure of eight, and by it the artery is compressed and also the parts are held in position. A second pin we will pass into the upper portion of the flaps—about one-fourth of an inch below the left *ala nasi*—securing it with the same suture as before. This closes the fissure completely, and adjusts the edges perfectly. Crossing the sutures in the form of the letter X supports the parts in a proper relation to the medium line. We cut off the points of the pins and place underneath a small patch of adhesive plaster to prevent excoriation. We also place long adhesive straps around the face to add additional support to the cut parts. The boy is ordered to be returned to the ward and to be kept exclusively upon a liquid diet.

CASE No. 6,645. Mr. —, age fifty-six years. This is a case of chronic varicose ulcer, dating back ten years. The man at that time led a very dissipated life. The limb is tumefied and indurated almost the entire distance from the ankle to the knee, showing both a deposition of lymph and an infiltration of the cellular tissue. The whole lower limb presents a very unwholesome appearance. The ulcers are large, the margins elevated, the base smooth and glassy, having a venous look, granulations have been entirely destroyed. This man can be cured. We must first correct his habits, then, by applying surgical means. We begin by paring off the margin of the ulcer and scraping the base until we excite free hæmorrhage. The whole lower limb must then be supported by applying the elastic bandage or with adhesive plasters. In the absence of the bandage we will apply the adhesive straps, commencing at the foot and extending them spirally, three-fourths of the way around the limb, until we get above the calf of the leg. As we pass the straps over the ulcer we will take particular pains to approximate the raw surfaces. The roller bandage will be neatly applied commencing at the toes and extending above the knee. Internally he is to take *Hamamelis* 3x.

CASE No. 6,646. This woman, age forty-nine years, is the mother of nine children. In this case we find the largest umbilical hernia we have ever witnessed. At her eighth confinement a small rupture took place in the umbilical ring. It gave but little inconvenience and was left without treatment or interference of any kind. At her ninth confinement, several years ago, the opening was very much enlarged,

extending in either direction sufficiently large for a child's head to be passed through the opening. After getting up from her confinement she improvised a bandage or support which seemed to have but little influence in keeping the viscera in the abdominal cavity. The tumor has increased in size until as you see it has attained to enormous dimensions. Longitudinally it measures fifteen and one-half inches, and transversely fourteen inches. The covering of the viscera seems to be nothing but the integument with possibly the superficial fascia. There is no danger of strangulation because of the enormous opening. The gravity of the tumor is a source of great annoyance and inconvenience. Upon reclining, the tumor recedes almost entirely within the abdominal cavity. It becomes larger just after eating, and when walking or stooping. We will endeavor to fix some support in the form of an abdominal bandage which will not only prevent the viscera from gravitating, but will assist in sustaining its weight, and make this lady comparatively comfortable. No remedies are required in this case only so far as may be necessary to keep up the general health of the patient.

CASE No. 6,644. I wish to present to your notice at this time this case of a recently amputated leg, together with the morbid specimen which necessitated the operation.

I. THE HISTORY OF THE CASE.

This young man in March last felt a pain in the right leg just above the knee and on the outer boundary of the joint; this was the next day after having assisted in putting down some carpets. Two weeks later there was marked swelling on the outer condyle of the right femur. This swelling gradually increased in size, and in May he had to resort to the use of crutches. He received treatment at home, and at the mineral springs he visited, for rheumatism. The pain in the leg was never constant. He suffered more during the day than during the night. The swelling gradually increased in size until the latter part of August, when the leg became practically useless. About the middle of September he came from his home in an adjoining state, and among others who were called to diagnosticate the case, I was one. My diagnosis was osteo-sarcoma, and I recommended amputation. This diagnosis was concurred in by some eminent surgeons of both schools of medicine. But one surgeon differed in the diagnosis, preferring to call the growth a tubercular deposit of bone, the result of tubercular diathesis. For a year or more the patient did have a cough, and it was daily growing worse, but there was no history of phthisis upon either side of his ancestors.

II. THE DESCRIPTION OF THE TUMOR.

This is the wax cast, taken from the diseased bone—the muscle having been dissected away. The growth extends from the margin of the articulating surface of the femur, on its anterior aspect up the bone a distance of five inches, then following around the external condyle, the border of the tumor is attached very close to the articulat-

ing surface, it fills in the popliteal space, and extending over on the internal condyle, posterior surface, leaving a space on the inner view of the lower third of the femur where the periosteum has not been invaded, of exactly one and one-half inches wide, and five long. Three inches above the condyle the tumor measures in circumference ten and three-quarter inches. A liberal measure of the bone at this place would be four and one-half inches. The section taken out from the tumor is here painted to represent the character of the growth, the radiating lines representing the spiculæ of bone spreading out to the periphery, in all directions from the bony centre. The surface looks fibrinous, and is nodulated.

The diagnostic points I would like to have you notice in this case are as follows :

The rapidity of the growth. The entire mass has formed since March last. The pain has not been constant. The surface of the limb was firm, smooth and elastic. It was never tender on pressure. There was not at any time discoloration. There is no evidence of his having sustained any injury at this point. The exploring needle used as a means of diagnosis passed into a mass in whose composition there was abundant evidence of bony spiculæ as distinguished by the sense of touch.

The part removed by an exploratory incision for the purpose of submitting it to a microscopic examination, when so examined revealed the following: "Positive evidence of a new formation with the characteristic spindle cells of a sarcoma. The larger cells which measure one three hundredth of an inch in diameter, contain numerous nuclei, and there are numerous free nuclei floating within the growth. There is abundant evidence of a rapid morbid development."

This patient came to this hospital September 20th. And after the very careful and thorough examination to which I submitted him, and the positive evidence of the malignant growth that threatened his life, on the 24th of September I amputated the leg—six inches above the highest point of the tumor—using the lateral flap-operation. He has not had a single unpleasant complication retarding for a moment the healing of the stump, and now in less than a month the leg has healed snugly and firmly. Another feature in this case, and one to which I wish to direct especial notice, is in regard to his cough. For more than a year he has had a troublesome, hacking cough. This condition lead an eminent surgeon to suspect tubercular disease of the bone. The physical signs declared the lungs sound. I expressed the opinion before the amputation that after the removal of the new growth, that this cough would gradually fade away—and it has. He is now entirely free from it. It has been noticed by me that when parts of the osseous structure were being invaded either by necrosis, tubercular deposit, caries, degeneration, or any malignant disease, a cough is not an unfrequent accompaniment of such disease. The remedies that have been used since the operation are *Arnica 3x*, *Ars. 3x*, *China 2x*, and *Sulph. 3x*. His general health has improved greatly.

CASE NO. 6,647. Patient is twenty-one years old. On the 22d of March last while out hunting in the woods of northern Michigan, through almost criminal carelessness this young man was shot, with a rifle, through the back. The ball entered the inner margin of the right scapula, two and one-half inches below its spine, and three-fourths of an inch from the internal border. The powder from the gun set fire to his overcoat, and so near was the rifle to him, that not only the bullet entered his body but also the entire cloth wadding. He fell to the ground, but immediately helped himself up, and with assistance walked to the nearest house, nearly one mile away. He had profuse hæmorrhage from the mouth and nose and also from the wound. The bullet took a course upward and forwards through the right lung, and probably struck the third rib and glanced downwards. Where it is now resting is a mere matter of speculation. During the suppurating stage, enormous quantities of pus were daily discharged. Pus passed per rectum also. For twelve weeks he was confined to his bed, and from the emaciated condition of his system he became tormented with immense bed sores. I saw him first in June; his weight then was eighty-five pounds, now it is one hundred and seventeen pounds. Portions of the fractured scapula have recently been thrown out with the slight discharge there now is from the wound. A diffused abscess made its appearance recently between the shoulder blades. This has disappeared under the influence of remedies. The only wonder in this case is that the patient has lived to relate this remarkable story. The remedies that have helped him, are *Ars.*, *Bry.*, *Silicea* and *Arnica*. There is no room to doubt but that in this case the violence done to the right lung was very great. The walls of the thorax on this side suffered entire collapse, and it is only recently that at the apex of the lung could we detect any evidence of respiration taking place. Under a systematic course of exercise of the lungs we are able to detect now a slight use of the base of the lung also. His recovery is quite remarkable.

CASE No. 6,408. Boy, age two years. This case was sent to the clinic July 20. He had received treatment for a year for supposed hernia, and getting no better he was sent here for further surgical treatment. Upon a careful examination we decided this to be a case of encysted hydrocele of the spermatic cord. The tumor was oblong and extended from the external abdominal ring to the epididymis; it was apparently about an inch and a half in diameter, tense and full. We ordered the local application of the undiluted tincture of *Iodine* to be applied to the parts once in six days, and the internal use of *Apis* 3x and 30x. The case has received but this treatment and is to-day discharged, there being hardly a trace of the tumor along the direction of the cord.

CASE No. 6,630. Woman, age twenty-two years. This is a case of chronic induration of the axillary gland, this has followed as a sequelæ of puerperal septicæmia. The lymphatic glands of the right arm have become involved, and unless there is absorption stimulated by the

use of remedies, residual abscess are very likely to result. She says the pain is sharp and quick. She has taken *Iodide of Arsenicum*, *Hepar sulph.* and *Calc. phos.* Continue *Calc. phos.* and *Ars.*

Medical News.

Clinical Therapeutics.—Part VI. in press.

Dr. T. S. Dunning has removed from 1249 to 1328 North 15th Street, Philadelphia, Pa.

Munson & Co.'s (St. Louis) Catalogue and Price Current is neat in the extreme. Send for one.

Dr. G. W. I. Brown has removed from La Moille to Dixon, and taken Dr. Steel's place. Dr. Steel has removed to Minneapolis.

Gross & Delbridge's Catalogue for 1879 is "the boss" yet issued by this enterprising house—if not ahead of all at latest report.

It is amusing to read a criticism of some bad Homœopathic practice, due to ignorance, and find said criticism to contain half a dozen mistakes.

Interleaved Copies of Diseases of Infants and Children being called for, we have arranged to have them so bound. Send on your orders before it is too late, if any more wish them interleaved.

C. H. Vilas, M. D., has just returned from an extended tour among the European Hospitals, and doubtless learned enough to cure all the curable eye cases in the world. He promises our readers some more items of interest.

Physician's Memorandum Book.—I have used Campfield's Physician's Memorandum, and find it very convenient at all times for a country practice, and recommend all practitioners to get one.

BARRINGTON, ILL.

W. P. ROBERTS.

Died.—Mrs. Ann Langridge the beloved wife of Dr. J. Langridge departed this life Oct. 9, 1878, at Montgomery, Ala., previously of Chicago, after a long and painful illness which she bore with Christian patience and resignation. Her end was peace, leaving four sons and one daughter to mourn her loss—but her eternal gain.

Institute Proceedings.—"Are you aware that Dr. McClatchey has defaulted in preparation of Institute Proceeding within specified time? Must such things be, for a \$1000 fee?"

PITTSBURGH, Oct., 20, 1878.

AMIGO.

[The trouble is, doubtless, with those who don't pay their dues, \$7.00 per annum, in advance.]

Diseases of Infants and Children.—We owe the profession an apology for the delay. It was caught "on the fly," as many physicians are when they supposed they were "off." The editor said, "Here is something that must go in." Hence the delay. The binders now have it, and are working rapidly to keep ahead of the orders. Bound in cloth, \$3.50. Leather, \$4.50.

Military Tract Society.—The regular semi-annual meeting of the Military Tract Medical Society will take place at Maquon, Ill., on the first Tuesday of December, 1878, being the 3d day thereof. All members are respectfully requested to be present, as there is a prospect of a large and very interesting session. The secretary would be pleased to hear whether it is your intention to be present. Come, if possible, and bring a paper with you. Can you, and will you not come?

MORTIMER AYERS, Sec.

Correction.—Your printer makes me say (3d line from top, page 324, October number) *z ten* (10) instead of *z two* (2). W. A. KNIGHT.

Buffalo Homœopathic Eye and Ear Infirmary.—On November 1 the Buffalo Homœopathic Eye and Ear Infirmary will be removed to the more accessible and commodious quarters at 328 Ellicott Street, where as heretofore, the worthy poor will receive treatment free of charge. Our connection with the Homœopathic Hospital is such as to afford operative cases the best of care and attention. In order to prevent any abuse of this charity, we wish to exclude from the free department all those having means sufficient to pay for medical help, and to further this object, it is earnestly requested that physicians directing patients to the Infirmary, will give them notes of endorsement as far as possible. F. P. LEWIS, Surgeon in Charge.

A Reception.—On Wednesday evening, Nov. 6, a reception to the students and graduates of the Chicago Homœopathic College was given by the faculty, at the residence of Dr. J. S. Mitchell, 889 Michigan avenue. Most excellent singing was furnished by a double quartet, composed of the students, under direction of Mr. Northway, a member of the graduating class. Mr. Thomas Boston and several amateurs contributed to the enjoyment by their fine instrumental music. Happy speeches were made by Profs. Danforth, Woodyatt, Foster, Adams, Pratt, and Delamater. Mrs. Helen L. Heath responded very gracefully for the graduates. Charles Harms did the catering in his best style. The evening was passed very pleasantly.
* * *

College of Physicians and Surgeons of Michigan.—A special meeting of the Detroit Homœopathic Institute was held at the rooms of the Free Dispensary to consider and act upon the report of a committee appointed at a previous meeting, to inaugurate measures to establish an incorporated society. This committee, through its chairman, Dr. J. G. Gilchrist, presented a constitution and by-laws for the proposed society. These were taken up, considered by sections, and adopted.

The name of the association is the College of Physicians and Surgeons of Michigan. The object is the systematic study of medicine and all collateral sciences, the accumulation of a library for the use of its fellows, the establishment of pathological, histological and scientific museum, the organization of a laboratory for the experimental study of chemistry, physiology, pathology and microscopy, and to advance the cause of scientific medicine in every way that may be feasible. Three classes of members are provided for—active members, consisting of physicians resident in Detroit, Wayne county, or contiguous thereto; corresponding members who shall be residents of Michigan; honorary members, who shall be distinguished members of the profession. The dues are \$1 quarterly, exacted of active and corresponding members. Meetings are to be held weekly for the hearing of papers, and the discussion of scientific questions. Library, museum and laboratory are provided for, with fees for their use, and provision for material for supplying them.

The constitution and by-laws having been adopted, the organization was perfected by the election of the following officers: President—J. G. Gilchrist. Vice President—T. F. Pomeroy. Recorder—R. C. Olin. Corresponding Secretary—D. J. McGuire. Treasurer—F. X. Spranger. Curator—Wm. M. Bailey. Executive Committee—J. D. Craig, F. Woodruff, J. D. Kegan. On motion Dr. Gilchrist was appointed to give the first monthly lectures, Dr. McGuire the second, and Dr. C. C. Miller the third. The lecturer for each month gives lectures on each Monday evening for the month. The meetings will be held for the remainder of the year at the rooms of the Homœopathic Dispensary on Shelby street. Dr. Gilchrist announced the

subject of his lectures for November, and the college then adjourned for two weeks. Contributions to the museum or library by all who wish to aid in attempts to elevate medical science, may be sent to the corresponding secretary.

DR. MCGUIRE.

The Pharmacy is the physician's able assistant in the spread of Homœopathy. If we cannot get reliable medicines, our skill will come to nought, and the decay of Homœopathy, if it ever does wane, will come through our best physicians being hampered by worthless remedies. That there is growing looseness in this matter, a sort of indifference, is apparently the result of extreme dilutions on the one hand and of the popular feeling, Homœopathy is nothing and nothing is Homœopathy on the other. Over against this might be placed the hankering of some physicians for the low dilutions, and even the crude which they suppose can be obtained just as well in the common drug store. So with the feeling that simply filling the vial with alcohol for a high dilution, or giving any colored medicine for the tincture, would satisfy both parties, the Allopathic druggist has it in his hands to ruin Homœopathy, if our people and the profession will patronize him. This they are doing, and we were curious to know what kind of a bulwark Homœopathy had in our professional pharmacies in Cincinnati. At 143 West Fourth Street, we found G. W. Smith's Homœopathic Pharmacy, the oldest one in the place and in the west, having been established in 1847. We found a neat store in "apple-pie" order. The medicines were out of sight in separate drawers, or behind colored glass. The old scrupulous care was apparent everywhere. "Reliable" seemed written on everything, and we were not surprised when a confrere asked for the 500 and 1000 potency of certain remedies, to hear the courteous, careful Smith say, "No sir, I do not have them, I only keep what I know to be reliable. I can give you the 200th, (Dunham's), or the 30th of my own make. Doctor, do you mean the 500th potency or the 500th attenuation? The 500th potency according to Hahnemann's directions in Jahr and Gruner's Pharmacopœia, is only the 5th centesimal attenuation, as I will show you," turning to the book. Leaving them to discuss this potency question, we strolled around the place, and into the pill manufactory. In a huge tray is placed a few granules of sugar to which is added melted sugar. The tray is rotated and thus the sugar is rolled into globules. These are passed through a sieve and graded, numbering from No. 6 to 80. We could imagine the supreme satisfaction with which a "wild Irishman" would swallow one of these No. 80 (boluses) saturated with *Nux vomica* tincture. Wouldn't it take "a hould" of him delightfully. Every physician should have some of these for just such cases. These pills are made from the purest of sugar, and contain neither terra alba nor sugar of milk, the latter Smith declares is too hard to use for this purpose. We learn that these pills have a large sale, about seven tons a year. They are very popular with the profession.

Of the publications of this house, in the first rank stands Pulte's Domestic Physician which has run through its 55000 edition and is as popular as ever. It is highly prized by all our patients who possess it. It is a cheap book (\$3.00), and is adapted to the west, and especially to the phases of diseases of the Mississippi valley. It is a very complete and practical work. The Woman's Medical Guide by the same author has stood without a peer for many a year. It will well repay any physician to read it. We found in it facts and valuable suggestions of great value in the management of the diseases of women.

The Popular Guide is a little handbook, a sort of introduction to the practice, and is essentially an epitome of the larger works on domestic practice. Is just the thing for travelers.

We were well pleased with our visit, and believe that medicines ordered from this house will be found reliable. Stand by your friends — the Homœopathic pharmacists.

VIA TOR.

THE
UNITED STATES.
HOMŒOPATHIC
PHARMACOPOEIA.

ONE VOLUME, OCTAVO, \$3.00.

This work has been prepared with great care, by experienced and competent men. While adhering closely to the established usages of Homœopathic pharmacy, many modern improvements have, however, been introduced, making it essentially an American publication, and one up to date.

The additions to the *Materia Medica*, during the last ten years, of many new remedies, and the frauds being perpetrated on the profession by irresponsible parties, renders "more light" on the preparation and detection of reliable remedies, an urgent necessity.

Such a work has long been wanted, and will be a great benefit not only to the reliable pharmacist, but also to the isolated physician who can and must *make his own medicines*, when occasion requires.

Most of our physicians are familiar with some, if not all, of the medicinal plants, etc., found in their immediate vicinity. If these were carefully collected and prepared singly, on the spot, we would hear less complaint about such and such remedies "doing no good," where life and reputation are at stake.

As our physicians are scattered all over the world, a vast medicinal exchange might be set on foot.

It would be better for interested physicians to supply the pharmacies with reliable indigenous remedies, than to trust these vital matters to ignorant "root diggers," or irresponsible drug houses.

This work gives plain and practical directions for the preparation and detection, and the distinguishing features, of about 800 Homœopathic medicines, and is eminently "the book for the times."

DUNCAN BROTHERS, Publishers.

131 & 133 S. Clark St., CHICAGO.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series. VOL. VIII., No. 11.—DECEMBER 1, 1878.—*Whole No. 227.*

Children's Department.

HELP ON DISEASES OF CHILDREN.

Several of the readers of THE UNITED STATES MEDICAL INVESTIGATOR have kindly sent in hints on the diseases of children. These we know will greatly enhance the value of the new work. Some have said: Tell us on what you are now engaged, and we will contribute to the special subjects in hand. We are writing up diseases of the liver, spleen, lymphatics, circulatory apparatus, throat, and lungs. These we hope to get into Part IV., and should be very thankful for any assistance.

T. C. D.

*BANEFUL EFFECT OF SOME MOTHERS UPON THEIR
CHILDREN DEPENDENT UPON THEIR ORDINARY CARE.*

BY D. A. COLTON, M. D., CHICAGO.

Read before the Illinois State Homœopathic Medical Association.

The baneful effects of some mothers upon their offspring have been observed by me in too many instances to let them pass without notice. I am sure I have seen hundreds of mothers who were healthy, and furnished nurse to all appearances good, that nevertheless seemed to poison rather than to nourish their infants. And this occurred independently of any marasmatic tendencies in the infants so affected, or any diseases that could be said to be disconnected with the forces to which I here refer.

These forces or poisonous influences on the part of the mother are partly shown in the fact that her desires and affections set in the opposite direction to that of rearing the child she bore; consequently she never gives it that tender sympathy, that yearning affection which the new-born infant can appreciate, and which are essential to it if it be delicate and sensitive. I say, that what I state was forced upon me after a long course of observation, and consequently cases of this kind were as readily determined as those of marasmus or whooping cough. This is mostly observed where the child is of a delicate nature, and the mother coarse, thus indicating that the father was superior to the mother in intelligence and sensibility, though he might not have been in other respect.

These mothers may seem to care for their children, but a practiced eye can see through the covering, and make the proper decision.

Children so affected may not be wasted but soft and flabby, not gravely affected at the nerve centers but sure to worry if not constantly nursed or attended, and if diarrhœa or cholera infantum are around, they are sure to have their full share.

SCARLET FEVER AS SEEN IN THE CHICAGO HALF-ORPHAN ASYLUM.

BY H. M. HOBART, M. D., CHICAGO.

Read before the Illinois State Homœopathic Medical Association.

It is not the object of this paper to give in any sense a monograph on scarlet fever; but to present some facts that have been suggested to me in a clinical way, through the treatment of the epidemic in the Asylum last summer.

During the last two years our medical literature has been full of remarks upon, and speculations, concerning this dreaded disease. I shall not take your time in the least, in adding to them.

I wish to call attention to the following items which are taken from my notes, not because they are new to the profession, but because they show how Homœopathic medication will endure a severe test, and because I believe that here, as elsewhere, *facts* are always important, and suggestive.

The *first* case occurred June 7, 1877. At this time there were upwards of one hundred (100) children in the institution. Great precaution had been exercised to prevent the introduction of the disease into the Asylum. Thus far we had succeeded although a severe form had been prevailing in the immediate neighborhood for some months.

PROPHYLACTIC TREATMENT.

This first case was at once removed to the hospital room and isolated from the other children. These were all placed upon *Belladonna* 30 cent. four times a day. In about two (2) weeks *Belladonna* 6x was

substituted. When a child showed any signs of scarlet fever he was put, at once, into *quarantine* by the nurses. At each visit, or two or three times a day, all suspected ones were examined and sent to the hospital or discharged. All communication was cut off between the hospital rooms, and the other parts of the house, except through one door over which sheets dipped in a solution of *Carbolic acid*, were hung.

All articles of clothing, or bedding used in the sick room were either burned or dipped in the *Carbolic acid* solution before they were taken from the hospital. From first to last *Carbolic acid* was used freely in the water closets, and as a spray through the sick rooms and by the consulting and attending physicians as they left the hospital.

A competent nurse was placed in charge of the first cases, and very soon others were added as needed. At no time were parents, friends or any (with very few exceptions) but the physicians allowed to go in and out of the hospital ward.

Notwithstanding our prophylactic treatment however, out of 106 children, thirty-nine (39) had scarlet fever. The severity of the disease though was doubtless modified by the use of *Belladonna*.

By the request of a consulting physician *Sulpho-Carbolate of Soda* was tried and given to one-half of the children, but it was so near the end of the epidemic that the results were negative.

CHARACTER OF EPIDEMIC.

The most prevalent kind was the rough, dusky, patchy form; the eruption appearing in the shape of minute vesicles. While some of the cases simulated the smooth bright *scarlet* form that is described in our text-books.

The age of the children treated ranged from sixteen months to twelve years. Average age six and two-third years. Average temperature taken inside of *first day* 103½°.

Initial symptoms were usually: Nausea; vomiting; high-temperature; rapid pulse; sore throat; rash. In a few cases prostration, and in others a chill was added to a part of these. Albuminuria was present in nine cases. Sudamina in four cases. Hives in three cases. Cervical gland badly swollen in twelve cases. Purplish mottled skin in eight cases.

TREATMENT.

The usual remedies were used *Aconite nap.* did good service and was relied upon in some cases even after the appearance of the rash. For many of the cases we found a capital remedy in *Rhus tox.* In other cases *Bell.*, and *Bryonia album* did well. *Gelsemium* acted promptly in a few cases where there was much nervous excitement. Throat troubles were not materially relieved in any case by *Baryta carb.* but *Merc. sol.*, *Nit. acid* and especially *Apis mel.* gave most excellent results.

As said above *Carbolic acid* was used freely, and in some cases the 1st dilution was given with good effect. In one case only *Baptisia*

was indicated by prostration, dark brown typhoid tongue. Here it acted like magic.

But a word in regard to the general care of the children, and the diet, both of which are very important elements in the treatment of scarlet fever. The children were frequently bathed and anointed with unguentum.

This was very soothing to the children, and gave excellent satisfaction. *Cosmoline* was believed to be too close and impervious for general application. Still at the request of one of the consulting physicians it was used in two or three cases, but at each trial when there was any considerable fever it was soon if not immediately followed by a rise of temperature, and increased restlessness, which in turn was relieved by a warm bath to remove the *Cosmoline*, and the use of the unguentum resumed.

We sought in all cases to feed the patients well, with simple nutritious food. Beef tea, milk, etc., were much used.

The last of June there appeared a very bad complication in the shape of hooping cough. At this time there were twenty-six patients, beside convalescents.

Three cases appeared about the same time. The well children had been exposed, and under the circumstances it was impossible to provide separate rooms for a hooping cough ward. Thus the hooping cough ran its course beside of, and in many cases in partnership with the scarlet fever.

Most of the cases of the former occurred among the children that were convalescent. Some that were making a good recovery were much prostrated by the paroxysms of coughing.

Yet despite these adverse circumstances, out of the thirty-nine cases thirty-six recovered. Though later one of the children, a babe sixteen months old died in convulsions caused by teething and hooping cough.

The first fatal case was a delicate little girl from the nursery three years old. The rash came out well but the skin looked dark and mottled; temperature 103°. Early symptom. Fever, sore mouth and throat, vomiting. Marked angina; ninth day albuminuria and nephritis. Died the seventeenth day. The remedies given with best effect were, Nit. acid, Arsenicum alb., and Rhus tox.

The second was a little boy six years old; he had frequently had swollen cervical glands. Had soft flabby muscles. Temperature 103, and third day 105 with albuminuria. Cervical glands, badly swollen. Died the sixth day. Remedies used: Belladonna, Merc. sol., and Apis mel.

The third was also a child from the nursery, two years old, not fully developed. Had never walked. Early symptoms, temperature 103° vomiting, and rash. Throat symptoms soon developed themselves, and on the third day a diphtheritic process commenced in the nasal passages. Died the seventh day.

The other children made a good recovery. None of whom had

either impaired mind or body. Inflammation of the cervical glands resulted in supuration in but one case. Here the aspirator was tried but the pus was so very thick that we thought best to use the lancet. The abscess was large but ultimately it healed kindly, and the boy made a good recovery.

Had one severe case of muscular rheumatism which gave some trouble but it yielded nicely to the Homœopathic remedies.

In connection with these facts, you must remember the class of children treated. Some had but a short time before been received into the Asylum in an impoverished condition. You already know the class of children that fill our Asylums. Several were teething. Five had, or had had, suppurative inflammation of the middle ear. These cases were much aggravated during the epidemic.

It was remarked by Dr. Woodyatt, who has charge of the diseases of the eye and ear in the Asylum, that it was unusual and significant that there were no diseases of the eye or ear resulting as sequels of the scarlet fever.

Without going into further details we inquire into the means that were used to bring about these results. I think we must put first careful Homœopathic medication, guided by the constant use of the clinical thermometer, and other helps in careful diagnosis. Second hygienic and dietetic measures carefully carried out by faithful, and competent nurses.

Consultation Department.

CATCHING TAPEWORMS.

When "Country Doctor Jr." has had *experience enough* with his method of getting away tapeworms, we shall be happy to be enlightened. We have no doubt he has struck a bonanza.

O. W. CARLSON.

REPLIES TO QUERIES!

Number 224, page 344 "*Cold feet in bed.*" *Cistus canadensis* will come very near to your enquiry — and for the "*vomiting the first twenty-four hours of the menstrual period in the girl sixteen years of age*" give tincture *Awa samoa*, fifty drops in a glass of water to be taken in frequent sips until relieved.

"NOW FOR TAPEWORM."

I have a case reported to me from a very reliable Allopath, where ext. *Nucis vom* had been given as a tonic for the debility following menorrhagia, the doctor's patient was ignorant of the existence of tænia as no inconvenience had ever been experienced, but the administration of the remedy was followed by the expulsion of a tapeworm some seven or eight yards in length.

D. A. H.

INFANTILE ECZEMA.

Johnnie W., is what would be called an alkali subject, blue eyed, but dark hair, and predisposed to adipose. His mother is of nervous bilious temperament, dark hair and skin. blue eyes, rheumatic taint.

Since writing you I have learned that his father, when a babe was troubled much as Johnnie is.

H. P. CUTLER.

INFANTILE ECZEMA, WHAT WILL CURE?

On page 406 Vol. VIII of THE INVESTIGATOR, Dr. H. P. Cutler, states his case, and makes the above inquiry. All will agree with T. C. D., that the cause may be in the food of the infant, and if so, "No remedy will cure." By attention to diet, and internal use of pellets medicated with *Arctium lappa* 3x, and external application of *Arctium* tincture cerate, one-half drachm to one ounce. I have seen cases seemingly similar, very promptly recover.

E. H.

INFANTILE ECZEMA.

I want to say a word regarding H. P. Cutler's "infant Johnnie," and his "milk fountain." Endorsing Dr. Duncan's views and remedy. *Arsenicum* (3, pellets.) I would suggest a milk diet prepared as follows: One teaspoonful of pure (German) sugar of milk, dissolve in four tablespoonsful of boiling water, and add enough cow's milk to measure one-half pint. Give "Johnnie" all that he will take of it in addition to his nurse, and in preference thereto if not perfect in its character. *Don't cook the milk.*

T. D. WILLIAMS.

ANSWER TO "COLD FEET."

If W. W. French, will use *Iodine* in a high potency say 100,000 and not repeat too often he can warm up his patient's feet at night, and if there is any thing else the matter this great antipsoric will reach that also.

C. J. F., had better study Homœopathy before he sends any more such reports to a Homœopathic journal, *Aconite*, *Bell.*, *Merc.*, and *Chloride potassa*, and pork and pepper, vinegar, and salt and then *Bell.*,

Kali bich., and *P'ermangan. pot.* with alcohol, and then followed by *Ars.*, *Kali bich.*, and *Merc. cyanide*, and death. If scientific practice is such, away with it.

Lachesis in high potency would have done more than this I am sure.

G. H. C.

HAMAMELIS FOR HÆMATURIA.

In regard to the "Hæmaturia" reported by Dr. B., on pages 407-8. A query very naturally suggests itself, to wit: Why was not *Hamamelis* given alone, and first instead of last? For a case of bloody urine, dark in color. An absence of all other symptoms, it is surprising that one with an ordinary supply of medicines used in Homœopathic practice would fail to select *Ham.* in preference to any other mentioned in the report. Such selection in the case reported would doubtless have made a much more prompt, and brilliant cure.

The same absence of symptoms and knowledge of cause which prevented the doctor from discovering the source of the hæmaturia, will in all probability deter others from answering his question. For one I "give it up."

E. H.

CASE OF MUSCULAR RHEUMATISM.

Will you please give me the remedy, strength, and frequency of repetition in the following cases:

Mrs. D., aged sixty-eight, height five feet five inches, weight one hundred and twelve pounds; appetite good; habits sedentary; bowels costive—sometimes four or five days without an operation, where no medicine is taken to relieve—requires three to five "Ayers pills" to move bowels. Afflicted with muscular rheumatism of one year's standing. Continually growing worse, difficulty confined to her *right* arm and shoulder, occasionally in back of neck, and between shoulders.

Fore-arm drawn to a horizontal position and *immovable*, arm gradually drawing backward, and closer to body. Worse at *night*, and still worse when lying down, if raised to a *sitting* or *standing* posture, finds relief, but not complete. No headache; frequently wants *more* air and *less* heat. Does not complain of pain at heart. W. T. KNAPP.

"RECURRENT ABSCESS OF LABIA MAJORA."

While I claim to recognize, and practice the Homœopathic law of similia, I confess I have very little faith in Dr. Pearson's *Thuja* 200 (see *MEDICAL INVESTIGATOR* September 15th) or *Apis*, as mentioned on page 323 of October 1st to permanently cure recurrent abscess of the labia.

I will give my treatment of one case—the only one I remember ever having treated where the abscess was recurrent. Some two and a half years ago, Mrs. L., was attacked with inflammation of the left labia, attended with considerable pain, and swelling. I at once ordered flax-seed poultices applied, and gave such remedies as seemed then indicated. In a day or two, the abscess “broke,” and soon after, healed. About a year later, she informed me that she had suffered similar attacks as often as every two months during that time. I asked her to inform me should another attack occur, which she did. I proceeded to enlarge the opening quite freely where the pus had escaped, and for a few days injected once a day, a mild solution of *Carbolic acid*. I also strictly enjoined the patient, not to allow the external opening to close fully, my object being if possible, to induce the abscess to heal with a slight aperture remaining. She obeyed my injunctions, and the result was a perfect cure. She has had no return of the symptoms during the last eighteen months or more.

I am of the opinion however, that the same good results would probably have been obtained, without the use of *Carbolic acid*.

F. W. GORDON.

“OBSTINATE CONSTIPATION.”

In the February (1878) number of *THE INVESTIGATOR* was an article on the above subject, by Dr. A. M. Piersons, in answer to a “Query” by Dr. Daniels. This article possessed the virtue, which many of our articles in medical journals, do not, of being plainly written, and to the point. It gave such specific indications for the use of the remedy *Nux vom.*, m m, and also so strongly made the point that the remedy in above potency, and no other would cure without the aid of any special diet, that I, in common with many others probably, was delighted with it, and forthwith sent to the pharmacy for the proper potency. A short time ago I saw a call made in your journal for a report from those who had used the consultation prescriptions (always high potencies) so freely made by Dr. Pearson and Dr. Piersons in your journal. I will give my experience with this particular prescription. Having three or four just such cases on hand as Dr. Piersons described, and what doctor has not. I made up my mind if the medicine would do what was claimed for it, it was a perfect God-send, and proceeded to give it to them, exactly as directed, except as to one clause, “till cured,” viz., “at bedtime every night, till cured, which will be in one, two or three weeks according to other conditions.” What was the

result? I am sincerely sorry to say, in each case, it was simply failure. After waiting a few weeks, I tried the same experiment over again with no better results. I got my *Nux* 2,000 from Halsey Bros. Chicago, and have no reason to believe it was otherwise than as represented. Let us hear from others, especially from Dr. Daniels who asked for information on this subject, as to their experience in this matter.

F. S. WHITMAN.

WHAT IS THE DIAGNOSIS AND REMEDY?

CASE. A lady about twenty-years of age, present the following symptoms I transcribe them from notes taken by her father.

She is of a quiet disposition, usually cheerful and not easily irritated nor disturbed. Complains of aching, starting between the scapulae, extending up the neck and over the head and down over the face and upper part of chest, with irregular cardiac action. A feeling as if the brain were loose and sinking down in the cranium leaving a vacuum in the upper part of the cranium. At other times the pain extends from about the fifth or sixth dorsal vertebra to the shoulder and neck, with a feeling as if a band were drawn tightly around the neck. The pains of a pulsating character or as if in waves. Unaffected below the waist. The heart dilates slowly and contracts violently, with fluttering, and feels as if the heart was about to stop. Cold feeling about the heart. Pressing head on pillow makes scalp sore; scalp tender to touch of hand or comb. No falling of hair; hair soft and natural. At times, (not regular), head hot; pain sometimes semi-lateral, with heat and redness, while the opposite side remains normal. Sometimes one and at other times the other external ear red.

Mental excitement or fatigue causes redness of the face, with whiteness about the mouth and below the eyes. During headache pulsations of arteries heard distinctly. An eruption on the forehead at the roots of hair, gets red on washing face. During headache eyeballs seem to enlarge and are difficult to turn. When looking intently and long at an object a piercing pain in the eye—relieved by turning the eye, yet the conjunctiva remains injected.

Tonsils enlarged, occasionally when taking cold. suppuration, discharging bloody pus or cheesy matter; yellowish catarrhal discharge from the throat. Coughs when jarred or when hand is placed on the back of the neck. Laughing causes a hacking cough. Arms go to sleep easily. Appetite only for fruit; none for bread. Likes the taste of cornbread and pancakes but a very little satisfies. No oppression

of the stomach. Bowels regular; loud rumbling in transverse colon, putting hands over head starts rumbling, catamenia normal as to time and quantity until the last two periods when the flow was somewhat clotted. Tired feeling in the hips and pelvis. Left limb becomes cold and numb. At times cold perspiration about the hips. Cannot step up when extending the arms forwards. Knees tremble and give away after exercise.

Since childhood her spine would curve backward on looking up suddenly or extending the arms as for example when spreading the table cloth. Too great exercise often will produce spasmodic contraction of the muscles of the chest, arms and hands. Exercise almost always causes fever, with red cheeks. Cannot bear heat. Wants to be in a cool room. Worse in warm, and better in cold weather. Great tenderness of the spine particularly of the cervical and dorsal regions.

There are almost constantly convulsive twitchings of the hands and fingers. Worse from exercise and from sudden and unexpected noise. I would be glad if your readers would help me in this ease.

J. W. VANCE.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

HUNTSVILLE, Ala., Nov. 14.—This summer and autumn up to this time has been exceedingly healthy along the Tennessee river, from Decatur up. Yellow Jack made some little disturbance in Decatur. I live ten miles southwest of Huntsville. The information that I get by reading *THE INVESTIGATOR* is such that I appreciate highly. I can spot pretty much all your contributors, as to what locality they live, as those in the malarial districts all appear to favor low dilutions and rather larger doses. I use tinctures—one part and two to eight parts alcohol—drop doses—as the case may be. The weather is delightful. I think a Homœopathic physician at Madison would do well.

JOHN HERTZLER.

LEADVILLE, Col., Nov. 7.—We have here now erysipelas (often of a malignant type), diphtheria, sore throats, and colds prevailing. Rheumatism is just making its appearance. Epidemic type seems to be hydrogenoid. *Ammon mur.* meets some cases of cold and sore throat. For a few days heavy fogs have prevailed which aggravate most cases of sickness. A case of plebitis of right leg done well, after inflammatory symptoms had been subdued by *Bell.*, etc., and when pyæmia threatened to set in under *Natr. sulph.* and *Hepar.* Cases of leading, as it is called here, or lead poisoning, occurring in the sampling and smelting works here do better under Homœopathic treatment than under the *Opium* and *Calomel* and general anodyne treatment of Old School remedies. THE UNITED STATES MEDICAL INVESTIGATOR is the most welcome visitor; would not do without it.

O. E. CORNELIUS.

CEREBRO-SPINAL MENINGITIS.

CASE NO. 2.

July 13th, one month after the appearance of the first case, (reported in October 15 number.) was called in the evening to see a young colored woman suffering with this disease, who had miscarried a month before, and again conceived, and had likewise fallen down the stairway two days previously. Neither of these latter circumstances were known; however, upon the occasion of the first visit. The tongue—coated dark-brown down the center—furnished the first reliable symptom for *Arnica 1000*. Next day left *Arnica 100,000*, and so well satisfied was I that it would promptly relieve, I did not visit her the day following. But, alas! for human hopes; she sat up in bed, and foolishly attempted some sewing. Was taken with a relapse, and July 16th I found her in a tetanic condition, with trismus since the evening previous, necessitating two visits for that day. Spasms frequent. The medicine had been too frequently repeated since this relapse, and was of no further use. The moaning present indicating *Bell.*, administered one dose of the 1000th in the P. M., the patient employing the power of suction to draw it between the teeth. Applied sinapisms (made with the whites of eggs, to prevent blistering) to the feet and spine, and bound cloths wet in a tobacco infusion upon the cheeks and lower jaw. She passed a very restless night without any additional medicine having been given; kept rolling and tumbling about till 6 or 7 A. M., after which

her jaws were partially relaxed. At 8 o'clock the medicine was again administered, and at 11 A. M. the tongue could be protruded with considerable effort. The temperature was then about normal. Pulse 82, and patient tolerably easy. The day previous, an attempt to ascertain the pulse provoked a spasm. July 19, the pulse was 80; no spasms since the last visit. Continued *Bell.* 1000. July 22, an occasional pain in chest, extending to between scapulæ. Thirst; dismissed with *Bry.* 1000 in *Aqua*. The subjective symptoms which *Bell.* 1000 relieved she stated as follows:

"Each spasm would commence with a rolling just above the umbilicus, passing upwards till she experienced a momentary dizziness, when a sharp pain at the base of the brain would quickly supervene, followed by unconsciousness of what transpired subsequently." This would be succeeded by violent opisthotonos, requiring the efforts of two persons to keep her in bed. During the intervals she felt "as though the bed was sinking under her; that she was falling," etc. Now and then she would have a pain, sharp and quivering, beginning at a point within the chest some three inches or so (estimated) above the left nipple, and about one and one-half inches to the inside of the same, which would describe a circuit corresponding pretty much to the outer borders of the mamma, and terminating at the edge of the sternum, a little lower down, and to the inside of the point of origin. This would frequently be followed by fainting.

I. E. W.

ON THE TREATMENT FOR TÆNIA.

KAMEELA FOLLOWED BY CASTOR OIL, AND OTHER CURES FOR
TAPEWORM. BY M. A. A. WOLFF, M. D., SAN
FRANCISCO, CAL.

Dr. E. W. Berridge in THE UNITED STATES MEDICAL INVESTIGATOR of March 1, page 235, takes offense of such treatment as is sometimes recommended in this journal, and e. g. names the *Kameela cum Castor oil* treatment as "infidel."

This instance I consider a very unhappy one, notwithstanding Hahnemann's *Organon* and the assurances of several ultras a. f. i. Lutze's: "the disposition for *tænia* has to be cured" and "is mostly accomplished by *Nux. vom.*, *Sulph.* and *Merc.* in alternation; also by *Cal. carb.*," by which means "the worm is expelled by first being destroyed or by conversion into a dissolved mass which passes off with the intestinal mucus."

In vain have I tried Lutze's prescription and I have come to the conviction that his assertion is nonsense and the cure as practiced by

experienced Homœopathists is strict Homœopathic and consequently the "tapeworm-cure" example of Dr. E. W. Berridge a very unhappy one as an instance of uncatholicity, of "infidelity."

Let us consider "*tænia*" a consequence of a morbid disposition of the system, and let us try how our law—"similia similibus"—complies with Lutze's propositions. Where do we find a proving that *Nux vom.*, *Sulph.*, *Merc.*, *Cal. carb.*, have in large doses produced a simile of *tænia*? Every one of these drugs in sufficient quantity will destroy lower animal life; taken in the stomach in large quantity, then, they should destroy the worm, but they could only accomplish this by destroying at the same time the patient, or by producing such other morbid troubles, that we should have a score of symptoms to dispose of before the patient would become cured, not for *tænia*, but for the large list of symptoms produced by the named polychrests. In minimal doses they would only effect the secondary symptoms and relieve for awhile, by no means cure. The *causi morbi*, which we always first must seek before prescribing, cannot be reached by minimal doses. But suppose we were able to cure our *tænia* patient by minimal, it is by all means agreed that it would take such a length of time, that the Homœopathical rule—"mild, sure, safe, and speedy"—is not complied with. Certainly, "mild" would the treatment be for the drug-effect on the *focus morbi* would be *nil*. For its "surety" there exists no proof yet. The "safety", is very precarious; a few symptoms might be covered but the protracted—long-lasting—cure, would only assist to neutralize the supposed good effects. The "speed" would be a myth in this instance.

But "*tænia*" is *not* a consequence of a morbid disposition of the system, and consequently not to be cured Homœopathically, in the *a priori* sense of this word, not more than any real surgical case. As in such a case we must follow the laws of surgical science and art and use our Homœopathical knowledge not as a principal, but as an adjuvant, so in the analogical case of *tænia*, we have to dispose of the worm mechanically and use our potencies as adjuvants.

For *tænia*, and we may add most *intestinal* worms, in the living individual, do not originate by spontaneous generation, favored by local combinations or conditions of a morbid system; they reproduce themselves by generation after *first having been introduced into the bowels with the food*, either as tiny animalcules or as eggs. The *tænia*, especially, is proved beyond doubt to be introduced with the flesh of the pig (*cisticercus cellulosa*), and hardly ever shall a *tænia* patient be found who is not or has not been a habitual pork eater.

A splinter, now, no rational Homœopathist will think of driving out by attending to the consecutive symptoms with minimal doses, and wait for the unavoidable festering when spontaneous elimination will go hand in hand with the discharge of pus. He will remove the splinter with the forceps and give his drug to avert the consequences of a traumatic lesion. And the *tænia* in the bowels is such a splinter, and much worse than the splinter, as it has life and the ability of

steadily increasing in size. Having no forceps wherewith to remove it, we must use such mechanical means as we know will surely do it—do it mild, sure, safe, and speedily. Since the time of the master, such means have been discovered, and it is our duty to use them, and not to trifle with theoretical hypotheses, which praxis has, if not condemned, never substantiated. I, for my part, have only had five cases. They were invariably cured in about six to seven hours with *Filix-maris athereum*; twenty drops mixed with enough sach. lact. to make it a powder, and divided into three powders, followed by a five-grain dose of *Jalapin*. (Next time I intend to try *Kameela*.) I have in every case watched for morbid consequences, but happily none ever arrived, while all the morbid symptoms ceased as soon as the cause was removed, not even debilitating effects were observed. The patients at once attended to their usual business. One, whom I ordered to commence the treatment on Sunday 7 A. M., as he could not spare a week day, permitted himself to commence at 12 A. M., and why? He wanted to partake in a picnic that very same day, and so he did, and enjoyed himself splendidly! The worms came out all in a cluster and dead; their length was from eleven feet four inches to about twenty feet.

The cause, in all these cases, was prescribed for and speedily removed, the co-ordinate or rather consequential symptoms disappeared with the cause, no medical aggravation; everything in the system proved normal, it was a "mild, safe, sure, and speedy" cure. It was "catholic" in its fullest sense; no rational physician can deny it, and if *Kameela* acts as described it supercedes the *Filix mas*. cure and is even more "catholic."

THERAPEUTIC VALUE OF OZONE.

BY MRS. DR. E. G. COOK.

Read before the Illinois Homoeopathic Medical Association.

My experience with *Ozone* for the past two years has been such as to warrant me in asking the members of the Institute to avail themselves of the benefits of this most wonderful agent in their practice, and to recommend it to their patrons. As a prophylactic and disinfectant it stands without a rival. It is decidedly the best deodorizer we have ever used. We have placed it in many water-closets which were almost unendurable; and in a few days, perhaps hours, the air was as pure as after a thunder shower in summer, not a vestige of the old foul atmosphere remaining.

Dr. Noyes, dentist, 103 State street, has seen enough of its workings to give his testimony in its favor.

Dr. G. A. Hall, Professor of the Chicago Hahnemann College, says: "I have used *Ozone* in rooms of several patients operated on for malignant cancer and never before saw such rapid recoveries."

A Mrs. W., living on Eldridge Court, afflicted with terrible cancer had the foul odors all removed in a few hours by using the new generator. She says she cannot live without it.

A Mrs. B., suffering from spasmodic croup, was relieved by a few inspirations after the air had been changed and made pure by *Ozone*. Her trouble left her as if by magic not to return.

Several families among our patrons have used the generator between two and three years, and all decide in its favor, and wish everybody knew of this health-giving and health-preserving agent.

EXPERIENCE WITH DIPHTHERIA.

In the October 15th number of this journal, page 348, appears an article entitled diphtheria, occupying nearly two pages of your valuable journal.

Will you or some of your intelligent readers be good enough to inform some of us "little doctors up the creek" what benefit we are to derive from this article.

Here is a man calling himself a Homœopathic physician who in three days treatment of a case of diphtheria, has prescribed nine different remedies, five of them being compound drugs, and of these, *four* being administered within the short time of three hours, or to average the matter, a different drug being put into the patient every forty-five minutes, and in addition to this, the external application of such potentized Homœopathic remedies, as pork, pepper, salt and vinegar, and still his patient as he "had anticipated from the commencement," succumbed to the disease? "in full possession of her senses."

He then related a case in the same family which was treated Allopathically by the use of alcoholic stimulants, and says that in his opinion they will never prove curative. Judging from what is known of the antiseptic properties of alcohol, and from what is commonly believed to be the origin of diphtheritic membrane, I am of the opinion that the treatment of the latter case evinced more sound judgement, and was more scientific, than the one under pretended Homœopathic treatment.

Supposing, on the other hand that this case had survived the disease (in spite of the treatment) of what practical benefit then, would this article be to those readers of your journal who are seeking for the truth, and desirous of practicing medicine according to the law of similars. I believe that such articles are absolutely injurious to our cause, and should not be admitted to the pages of any Homœopathic journal.

Give us practical articles and Homœopathic experience, whether with high or low potencies is immaterial—by such articles can we

profit, for such do we search the journals, and for this we are Homœopathic doctors.

MILWAUKEE.

O. W. CARLSON.

[After this curtain lecture please tell the poor fellow which was the Homœopathic remedy for his case. If mistakes in practice were as easily corrected as those in writing, there would be less exposure of human frailty.—Ed.]

ON DIPHTHERIA.

BY F. HILLER, SR., M. D., SAN FRANCISCO, CAL.

Read before the California State Medical Society of Homœopathy.

The cause and development of diphtheria has been agitated in the medical literature of all civilized nations during the past thirty years nearly to exhaustion.

The propagation of diphtheria by spores and fungus parasites, as well as the miasmatic theory, have their defenders; and a variety of other speculations have been advanced, without establishing any of these hypotheses satisfactorily.

We find in Ziemssen's "Medical Cyclopedia" that Homer and Hippocrates advanced views from which Bretonneau attempted to prove that diphtheria was known even at those times, and that since the disease has been at various periods destructive to human life. No exact knowledge can be gleaned from the authors of the past, because the disease was frequently confounded with other affections, such as scarlet fever, etc.

Bretonneau is the first who made accurate investigations, and presented his views in two treatises to the French Academy of Medicine in 1821. He named this form of disease angina diphtheritica, on account of its essential characteristic symptom, the exudation. He believed that an inflammation without an exudation is not diphtheritis, and that diphtheritis must be spread by contagion.

He attempted to prove that contagion occurred only when the diphtheritic secretion, in the form of fluid or dust-like atoms, came in contact with the soft mucous membrane, or with the skin deprived of its epithelium. He believed the disease could only be transferred by inoculation, and that the atmosphere did not act as a medium for spreading the contagion. It was his opinion that croup and diphtheria were identical, the latter being but a higher degree of the former.

Thirty years later we find Virchow advancing his theory. He finds that the exudation following diphtheritic inflammation, depriving the mucous membranes and the underlying tissues of their supply of nutrition, is the cause of malignity and consequent mortification.

Virchow asserts that diphtheria and croup are two entirely heterogeneous processes; but Wagner (an equally weighty authority) endeavored to prove that both were identical; that they only differed in the fact that the one was confined to the throat while the other involved the air passages, and that the formation of the false membranes depended, upon the throwing out of a fibrinous exudation over the surface, but upon a peculiar metamorphosis of the epithelium, which he describes as a fibrinous degeneration of these cells.

Several hundred writers, from all countries, have recorded their views and experience in the medical annals without solving the perplexing question — what is diphtheria?

The microscope at first seemed to shed light upon the subject. The discussion concerning the nature of diphtheria assumed a new phase when Oertel and others discovered that the diphtheric membranes, the subjacent tissues, and even the blood of diphtheric patients contained vegetables or bacteria in great numbers. This discovery created quite a revolution in medical matters. Scientists discovered at once vegetable fungi in all pathological secretions; wounds had to be hermetically closed; antiseptics came into demand in the hospital and in the lying-in room, and men of high standing in the medical profession, recognizing these vegetable parasites, which they discovered under the microscope during their clinical observations, demonstrated, with a surprising constancy, the septic character of well nigh every form of disease.

Oertel, who treated the subject most exhaustively, has evidently not been well understood by many recent writers, and particularly by the advocates of the fungous theory.

He says: "The vegetations in the pathological products of diphtheria consist, as already stated, principally of spherical bacteria (the micrococcus), accompanied by a larger or smaller number of bacteria, represented always by the smallest form known, and this occurs so constantly that in every part where a diphtheric infection has appeared there the tissue and exudations are filled with bacteria. They were discovered as far back as 1868, by Buhl, Hueter and myself, in false membrane, the blood and the tissues. In like manner they were demonstrated by Recklinghausen, Nassiloff, Waldeyer, Kelbs, Eberth, Heiberg and others. I called them at the time micrococcus, in the same sense as Cohen used the term. It is not to be confounded with the micrococcus of Hallier, who applied the term to one of the higher forms of yeast (ferment fungi)."

Oertel shows further that diphtheria begins in the catarrhal form beneath the epithelium, in which no bacteria are formed, and that it may pass to the croupous variety, or laryngeal diphtheria, in which, as yet, no bacteria have been discovered until abrasion of the epithelium has taken place, and that this form may degenerate into the septic gangrenous variety, with large development of pus cells and masses of bacteria, which are transported, with the septic matter, into the blood and various organs and tissues of the body.

He very clearly proves that the bacteria are not found in the diphtheritic deposit, unless an erosion and abrasion of the epithelium has been effected, and that they are not found in any of the tissues of the body until after this erosion has taken place and the tissue is destroyed by putrefaction; and it is only through these means that septicæmia and the presence of bacteria may be a consequence, but not a cause of the disease.

Diphtheria is a sporadic form of disease, appearing at times epidemically. Its ravages have been chiefly observed among those individuals who have a scrofulous diathesis complicated with a syphilitic taint; also strumous individuals who are subject to glandular swellings, enlarged tonsils, and who suffer frequently from catarrhal or croupous affections. These, above all others, are the first to feel its destructive power. Nearly all who die from the effects of this disease are known to have had such predispositions.

Vaccination is also a fruitful source to develop this dreaded disease, particularly when the matter is taken from a scab, as we have no means of knowing whether we have taken putrified matter or not.

It is now a generally recognized fact that vaccination has multiplied disease, and has in many cases contaminated individuals who would otherwise have escaped. The complaints following vaccination are either sudden and dangerous, or long, lasting and difficult to cure.

Another cause for the frequency of diphtheria may be found in the fact that to little care is taken in the treatment of the diseases of early childhood. It is well known that suppressed disease of any form is followed by metastasis; the seed of disease is only slumbering in the system, until it breaks forth in great violence when aroused during sickly seasons. Diphtheria has been the scourge of humanity for the past thirty years, steadily increasing in all civilized countries; neither latitude nor longitude, heat nor cold, as far as can be learned, have changed its ravages.

In view of the variety of opinions advanced by professional men about the cause and development of diphtheritis, it is not surprising that there exists so great confusion in its description. Unimportant complications of this disease have been taken advantage of to establish new species, for which a variety of names have been advanced, without deriving therefrom any practical benefit.

Well aware that any man who advances new views or attempts to disprove existing error meets opposition, I am nevertheless prepared to prove that it is improbable and repugnant to common sense to assert that micrococci, or bacteria, are the cause of diphtheria. The history of bacteria shows that they exist independent of diphtheria, and that they form no complication with the disease until after solution of the epithelium has been brought about by suppuration and excessive flow of saliva, which always attends this disease, or by roughly swabbing the throat and fauces, or by attempting to remove the exudation by cauterization.

Diphtheria is, in its primary stages, nothing less than an inflammation of the lining membranes of the throat, which in many instances resembles membranous croup, with the difference that diphtheria has a premonitory stage, while membranous croup commences sometimes very suddenly. The diphtheritic process is a membranous exudation. It is a common occurrence upon the lining membrane of the mouth and fauces. The formation of pseudo-membranes even is not necessarily considered an important complication, but when diphtheritis is the local expression of disease, it pursues a rapid course, and may terminate fatally in a very short time, particularly when favored by climate or telluric influences.

I have made, very carefully, numerous microscopic examinations of the secretæ of diphtheritic patients, but have been unable to discover any of the various forms of parasites as reported to exist in diphtheritic exudation during *the first stages* of the disease; but when the disease is not arrested in the primary stages, its progress is generally very rapid, hastening to decomposition.

The inflamed membranes are covered with patches, which consist of a pulposus, cheesy exudation of various thicknesses, which may be easily detached from the mucous membrane. Sometimes these pseudo-membranous patches are tinged with black blood, and resemble gangrenous crusts, which are frequently expelled in fragments; but they are reproduced with great rapidity. The resemblance of these whitish-gray formations to gangrenous scurfs, and the peculiar odor from the mouth have been frequently mistaken for genuine gangrene.

It is this grayish exudation of fibrinous matter which, when brought under the microscope, exhibits sometimes fungous parasites (*odium albicans*). The sporules and mycelium of this fungus may invade the mucous membranes, the fauces, and even the alimentary canal; its irritation induces in the enfeebled membranes an increased secretion of epithelial scales and exudation corpuscles.

These fungous parasites are only at times, but not in all cases, discovered in specific exudation; therefore these invaders are not the cause but the products of the disease, and are found to exist in all putrid secretions in other forms of disease.

These microscopic parasitic organisms greatly aggravate diseases, but they never yet have been the cause thereof. They find only a suitable soil for their development, and may aid in complicating and masking the original disease, and are the production of putrefactive fermentation.

Another proof of my observation is, that parasitic growths are only witnessed in cases where the putrefaction is well advanced, but never in the beginning. This accounts for the fact, that many observers were unable to discover these parasites at all times, even by the most minute examination.

This parasitic theory has led to great errors in diagnosis and practice. It is, therefore, not surprising that so many individuals fall

victims not of the disease, but of the treatment. The aim of the physician has been to kill the parasites, which has frequently been fatal to the patient; whereas, if we cure the disease, the parasites can neither develop nor exist.

We are daily breathing an atmosphere impregnated with myriads of microscopic cells. The air is also contaminated with effluvia from low or fresh-plowed lands, and from swampy marshy countries. Without that, our health is not materially affected.

This condition is worse during dry seasons, on account of the putrefactive decomposition of animal secreta which accumulate in the public streets, and which are by the winds whirled in all directions, and find their way into the remotest recesses of our dwellings.

It is a well established fact that diphtheria is as readily manageable under Homœopathic treatment as any other form of disease. The experienced practitioner should but seldom meet with a fatal case, because he has therapeutic means at his disposal which readily and surely control the primary inflammation as well as the conditions of the disease in the advanced stages. Even in badly mismanaged cases he is frequently successful, provided the patient is not under the influence of destructive drugs, which may prevent recovery.

There is perhaps no disease which has baffled the skill of the physician more than diphtheria. I have spent considerable time in examining the bulky literature on this subject. It is astonishing to find, in the nineteenth century, that there has not been one spirit to advance anything positive, or to attempt to bring harmony into this lamentable chaos. As it is, we find page after page of contradictions in the Allopathic works on practice. What one man recommends as a fact is denounced by another as false. There is nothing positive; all is conjecture.

The result of my investigations in this direction may be summed up briefly in the words of one of their most illustrious teachers, George B. Woods, M. D., president of the American Philosophic Society and of the College of Physicians, of Philadelphia, etc. In his work on Practice of Medicine, edition 1866, Vol. I, page 520, he says: "There is no certain or special remedy for diphtheria. Many have been claimed, but the partial estimate of their proposers has not been confirmed by the subsequent experience of others. . . . By some distinguished practitioners, reliance is placed mainly on local measures, almost to the exclusion of those addressed to the constitution, particularly of all those for which specific virtues have been claimed; whilst others, perhaps equally distinguished, trusting mainly to general remedies intended to alter the blood or change the systematic actions, attach but little importance to local applications and eschew altogether those of an energetic character."

Dr. Medbery has recorded in the *Journal of Materia Medica*, July, 1877, page 133, and in the *Medical and Surgical Journal*, a specimen of modern treatment for diphtheria. When first called to a patient with this disease, he says: "I invariably prescribe some mild but active

cathartic. *Calcined magnesia* I find is one of the best for this purpose. Locally, I use the *Persulphate of Iron* (Monsel's powder) and *Glycerine*; one to two drachms of the former to one and a half ounces of the latter, used with a swab every three hours, always using this wash soon after the removal of the membranes. Internally, I use *Chlorate of Potassa* in large doses. A favorite prescription of mine is *Chlorate of Potassa*, three drachms; syrup of lemon and rose-water, each one ounce and a half; give one teaspoonful every two or three hours. This is for a child of three to five years. The amount is to be varied so as to meet each individual case. Externally, I use salt pork, well rubbed with *Capsicum* (red pepper). This constitutes my principal treatment in these cases. . . . I give this treatment with much confidence, having used it during the past winter. (Does not state with what results. How many recovered?)

"The treatment pursued by myself and many others (as per our text-books), with *Hypo-Sulphite of Soda*, internally, and liq. *Persulphate ferri*. with *Carbolic acid* and *Glycerine*; *Hydrochloric acid* with *Iron*, internally—each in their turn have all signally failed of good, as the great mortality will show."

In view of such facts, and considering the enormous mortality these physicians meet with in cases of diphtheria, is it not reasonable to suppose that the interest of some conscientious practitioners would have been aroused, and led them to speculate in a direction where they easily could find the solution of their misfortune in the treatment of diphtheria.

Whenever physicians, who administer crude drugs in quantities which are capable of producing poisonous effects in the human system, would learn to ascertain what changes they will produce upon themselves, they would no longer administer them to the sick, nor would they ignore the law of *similia similibus curantur*.

At the beginning of this century, the German Shakespeare, Goethe, recognized the uncertainty and deficiency of the art of healing. He satirized this lamentable condition in his "Faust." Notwithstanding that the studies of physiology, pathology, chemistry, and, since we are blessed with the microscope, histology, have made satisfactory advancements, the therapeutics of to-day are more obscure than ever. The venerable Dr. Faust, accompanied by his devoted *Famulis Wagner*, appears among the joyful people on a bright holiday. In vain is he trying to escape the homages of the people:

A CITIZEN—Doctor, it is really kind of you to condescend to come this way, and not to shun us on this glad day. Your father and yourself always have been our friends, and on evil days, too. You were then young, and full of hope. You went in every house. Body after body was borne hence, but you came out safe. The Helper helped the helper.

FAUST (reverently)—Praise Him above who sends help in distress.

WAGNER—How happy must you feel, great man, who, as you well know, rightly deserves such honors, for the gifts which Heaven has bestowed upon you.

FAUST—A few steps further. On yonder rock let us rest. Here I

have set alone many a time in the past, then rich in hope, possessed with sincere faith, praying and fasting, with sighs and groans to Heaven, to have the sore plague stopped. Oh, could thou read in my very inner being how little sire and son merited these thanks! We raved with our hellish mixtures in these valleys far more than the pestilence. I have administered myself the poison to thousands; they pined away—and died; no one inquired who recovered; and I must live to hear the reckless murderers praised.*

Hahnemann, with his sharp, critical eye, recognized the poverty and unreliability of medicine in his time, and his productive brain was capable of creating a rational and safe therapeutic system in medicine. As such it is not antagonistic to medicine considered as a scientific whole. On the contrary, it constitutes a necessary completion of this science, inasmuch as the Homœopathic system establishes a part of scientific medicine.

Homœopathy is not merely an appendix to science and to scientific pathology, but it is independent in itself. It has created a *materia medica* which is destined to be the guiding star to physicians for ages.

Although we have not yet a complete therapeutical treatise of diphtheria, and notwithstanding the clinical material is scattered through a vast amount of literature, we can boldly assert that the results obtained in the treatment of diphtheria under the Homœopathic law of cure are far more satisfactory than those obtained by Allopathic practice.

For the present, we find in the works of Drs. Hering, Hartmann, Boeninghausen, Raue, Bæhr, Kafka, Hempel, Hughes, Ruckert, Grauvogl, Oehme, Ludlam, Dake, Guernsey, Neidhard, Dunham, Lippe, and many others, more practical information than can be found in the whole bulk of medical literature. Besides this, there is a vast amount of very valuable information scattered through the numerous Homœopathic journals printed in all languages.

But younger members of our profession, desirous of gleanings from the experience of others, will find it, a laborious task to do so, especially in the presence of a severe case, when time is precious; and as, in many instances, the recommendations of writers are not sufficiently supported by clinical facts, or they are not based upon experience.

For instance, we find that Dr. Hughes recommends *Kali. per mang.* Dr. Neidband, *Chlorate of Lime*; Drs. Gigliovo and Davison *Carbolic acid*; Dr. Billig, *Nitric acid*; Dr. Fleischmann, *Kali. phos.*; Dr. Schuessler, *Nat. mur.*; Drs. Gullon, jr., and Gerhardt, *Merc. cor.*; Drs. Alph. Beck and Von Villers, the *Cyanuret of Merc.*; Dr. Trinks, *Phosph.*; Dr. Hirsch, *Iodine*; Dr. Williamson, *Crot. tig.*; Dr. Lutze, *Chromic acid*; Dr. Logan, *Hydrastis*, etc. The busy practitioner has no time to consult all these authorities; he must be prepared in advance.

I must admit that it is difficult to obtain light out of such confusion. At the same time, it is not very important, because the physician who is familiar with the pathogenesis of the remedies which he employs,

*Free translation by the author.

readily overcomes these obstacles. The fact is, cauterization is useless, and therefore an unnecessary torture to the patient.

Diphtheria is not a local affection, but a constitutional disease, a characteristic symptom of which is the exudation in the fauces. Of what use can the destruction of the local symptoms possibly be, since the disease continues its destructive course? With the same propriety we may cauterize the variola pustules.

The practice of alternating several remedies is also a peculiarity of our English brethren, which is followed by some practitioners in the United States. The clinical results from such practice have no professional value, and is no reliable testimony.

The superiority of the treatment of disease according to the law, *similia similibus curantur*, is now well established. The records of epidemics prove beyond a doubt that the mortality in cholera, variola, scarlet fever, measles, yellow fever, diphtheria, etc., is less than one-half of that by any other mode of treatment, especially in diphtheria. A thorough acquaintance with the pathogenesis of our remedies, a correct diagnosis, and careful individualization will enable the practitioner to save lives frequently under very adverse circumstances.

Having applied the precepts of Hahnemann's teaching, in a very extensive practice, for nearly thirty years to every form of disease with satisfactory results, I am confident that earnest study of our text-books, and particularly of the *materia medica*, will be productive of far better results in the future.

The telegraph and the press have brought us in closer relation with the master minds of all nations. Through the medium of our numerous journals we become acquainted with their experience. Every number adds some grains of gold to the storehouse of our knowledge. Every day brings forth new features. Every case which is presented for treatment exhibits some new conditions, which require special study.

YELLOW FEVER—HOMŒOPATHIC COMMISSION.

Wm. H. Holcombe, M. D., New Orleans; T. S. Verdi, M. D., Washington; J. P. Dake, M. D., Nashville; L. D. Morse, M. D., Memphis; L. A. Falligant, M. D., Savannah; B. W. James, M. D., Philadelphia; Wm. L. Breyfogle, M. D., Louisville; E. H. Price, M. D., Chattanooga; F. H. Orme, M. D., Atlanta; F. F. de Derkey, M. D., Mobile.

DEAR DOCTOR: We have been appointed by the president of the American Institute of Homœopathy, a Commission to investigate the results of Homœopathic treatment in the late epidemic of yellow fever, with a view of laying the report before Congress, and getting that body to publish the same, as a supplement to the report of the yellow Fever Commission, now at work upon its cause and means of prevention.

The physicians of our school have done gloriously in the late epidemic, having we firmly believe, reduced the mortality of yellow fever to less than one-half of the acknowledged Allopathic loss. We have much to say about the treatment of yellow fever which it behooves, not only the medical profession, but the people of the United States to listen to and believe. Our reports are denied publication in the Allopathic journals. The great majority of the medical profession itself is ignorant of the vast advances we have made in behalf of science, truth and humanity. We have endeavored, often and in vain, to awaken the conscience and enlighten the mind of the Old School on this subject. We intend to gather our statistics in the most careful and scientific manner and to lay them before Congress, as matters of vital importance to the health, welfare and prosperity of the nation.

We invite your cordial co-operation in this work. We beg you to throw aside all indifference, sloth, business cares, prejudice and personal feelings, and aid the Commission by consulting your books, records and memories and giving us the facts required.

1. How many cases of yellow fever have you treated this year?—genuine, unmistakable cases, the diagnosis of which you would be willing to submit for criticism to the most accomplished yellow fever expert.

Give, if possible, a list of your cases with names, addresses, dates, etc. This is done so that we may have the data ready to verify our claims, and to challenge the scrutiny of the uncredulous and a comparison with the best Allopathic results.

2. How many deaths occurred in your practice? Please give the whole number, including all those who came to you at the last hour, or who relapsed or who committed fatal imprudences. All of us can *explain away* a number of our deaths, thus shifting the responsibility from our own shoulders; but Allopathic physicians can do the same thing; and no just ground of comparison can be obtained unless each physician reports the exact number of patients who died under his hands.

If any physician, as sometimes charged, have reported, inadvertently, by faulty diagnosis, or for other reasons, cases as dying of meningitis, hæmorrhage, congestion of the brain, malarial fever, etc., which were really yellow fever cases, we implore them now to correct the error, and to charge to our practice every single death which may be fairly attributed to it. We are not seeking to glorify Homœopathy or ourselves, but to discover the truth for the common benefit. If Homœopathy has made a better record than Allopathy, we want the profession and the world to know it; if the reverse is true, we wish to be undeceived ourselves and turn Allopaths.

So anxious are we that our system should bear its full responsibility, we beg you to assume as your own loss, any death which took place within thirty-six hours after you handed the case over to an Allopathic physician; and on the other hand to report no case as your

own which came into your hands from the Old School in a helpless condition. .

3. Please state the number of recoveries after black vomit.

4. Please state the number of children under fifteen years, whom you attended and the percentage of loss. Also the number of colored persons and the percentage of loss.

5. Please state how many times you lost more than *one* patient in the same family or the same house.

6. Please state your favorite remedies or measures to reduce the high temperature of the first stage, with dose, etc.

7. Please state your best remedies or measures for the second stage, especially for vomiting.

8. Please state your treatment of the third or collapsed stage.

9. Please give your ideas as to diet and general hygienic regulations.

10. What did you do for the pervigilium and restlessness so peculiar to the disease?

11. What did you do for the hæmorrhagic symptoms including black vomit?

12. What did you do for suppression of urine?

13. What external measures did you find useful?

14. To what extent did you avail yourself of Allopathic or Eclectic means not included in the above answers?

15. Give any other information or suggestions which may seem to you important, relating to temperature, pulse, new features, etc.

16. Give briefly statements of treatment and results, with Homœopathic medicine, in former years.

If every physician of our school will fully and freely answer these inquiries, putting his whole heart and mind into the matter, we can accumulate an immense mass of facts which will render incalculable service to our glorious cause.

It is distinctly understood that in making our report, all names of physicians are to be ignored, each physician casting his facts with a common stock, and sharing equally with all, the advantages or disadvantage of the total result.

WM. H. HOLCOMBE, M. D., Chairman.

T. S. VERDI, M. D., Sec'y.

P. S. Please answer the above inquiries at your *earliest* convenience as the Commission meets in New Orleans on Monday, December 2. Address your communications to

HOMŒOPATHIC COMMISSION.

130 Canal St., New Orleans.

Nitric acid.—Most complaints cease while riding in a carriage.

Ophthalmic Department.

ESERIN IN CHRONIC GLAUCOMA.

BY ALFRED WANSTALL, M. D., BALTIMORE, MD.

In an article by H. Knapp—Archives of Ophthalmology and Otology Vol. VII No. 1, entitled "Some Observations, and Remarks on the Actions of *Eserin* in glaucoma]" he uses the following remarkable language: "In no case of chronic or subacute glaucoma have I seen any benefit from *Eserin*, on the contrary it aggravated some." This statement is exemplified by a case, and I am in position to contribute a similar experience with a patient coming under my treatment a few days ago, which serves to illustrate the value of Dr. Knapp's observation.

For the benefit of those to whom the Archives of Ophthalmology and Otology may not be accessible I will give a resume of Knapp's case, followed by a more detailed description of my own. (Case V. of Knapp's series). E. St., a Jewess, of N. Y. City, aged sixty-eight, had had in her left eye glaucomatous symptoms for a year. Jan. 30, 1878, that eye presented a shallow anterior chamber, opacity of the lens, excavation of the optic disc, S. 10-200, no ascertainable limitation of the visual field, no marked symptoms of irritation, but somewhat increased tension. An operation was advised, as she wanted to go home first, *Eserin* was ordered, with the bidding to return the next day. Her daughter returned in three days, stating that her mother had used the drops, but her eyes had become so red and painful, and she had felt such pains in her head, as to be unable to leave her bed. When the patient returned to the institute five days after the application of *Eserin*, she still showed symptoms of an acute attack of glaucoma. She could only see the movement of the hand. F. was not ascertained, T. 1. An upward iridectomy was made from which the eye did not recover. The anterior chamber was not restored for weeks, and the vision remained reduced to mere perception of light. The operation had been without accident, and the eye soon became free from irritation.

My case is as follows: Catherine B., aged sixty-one, presented at

my clinic October 25, 1878. Last March was struck on the right arm by a ball, which injured it severely, one month later she had an attack of pain in right eye, which lasted twenty-four hours, vision not affected? In about six weeks had a second attack of pain, affecting the same eye, also of about twenty-four hours duration. Seven weeks ago she had the last attack of pain in the right eye, which was followed, one week later, by a similar attack affecting the left eye, at this time she first noticed her sight affected. This last attack compelled her to seek one of the city hospitals, which she entered four or five weeks ago. She was extremely reticent as to what occurred while she was in the hospital, where she remained only a few days. All I could ascertain, was, that her eyes had been completely blinded, and shut by medicine put in them by the physician, and that they did not want to leave her out. I afterwards learned from the lady with whom she is stopping, that the physicians at the hospital insisted upon operating on her eye, and that was the occasion of her leaving. From the time she was first affected her history revealed the usual glaucomatous symptoms, rainbow colors, smoky vision, etc.

Status præsens. Pupils dilated somewhat over medium width, anterior chamber shallow, centre of both lenses opaque, moderate cupping of both optic discs, retinal veins slightly dilated, and tortuous, no spontaneous pulsation. S. 10-200 R., and 10-70 Z., F. not taken, T. n. R., T. 1. (?) Z. R. peri-corneal, and conjunctival injection very slight, Z. moderate. Pain in head, and eyes moderate. Advised an operation to which she reluctantly consented, at her request it was postponed until over Sunday. Dismissed patient, and called at her home one hour later, when I instilled two drops of a fresh 1 per cent solution of *Eserin* in both eyes; as she showed a marked repugnance to its use, I decided not to leave the solution, but call, and instil it myself on the following day. When I left her, fifteen minutes after the application, there was no contraction of the pupils, nor increased conjunctival irritation.

The patient has had trouble with her heart for years, and there is a well marked murmur over the region of the mitral valves.

October 28. On calling at 2 P. M., I found the patient in bed, suffering with intense pains in the head and eyes, which had commenced the night before, an hour or so after the application of the *Eserin*. Conjunctiva intensely injected, veins enlarged and tortuous, smoke before vision, etc., in short a severe attack of acute glaucoma had supervened upon the chronic condition; tension much increased in

both eyes. Patient is very pale, prostrated, and sick at the stomach, having vomited violently a number of times during the day.

October 27. Sunday. The patient passed a very bad night, condition of eyes worse. Pupils dilated to their full extent, anterior chamber very shallow, haziness of transparent media so great as to prevent an ophthalmoscopic examination, S.-o. (?) both eyes, I am inclined to think the patient exaggerated somewhat in regard to her vision, T. + 2. o. u. To day she absolutely refuses to permit any operative interference, in consequence of which I was compelled to decline further treatment of the case.

Since the introduction of *Eserin* to the profession, two years ago, as an anti-glaucomatous means, there has been a large number of contributions to the literature, by the most distinguished oculists of the world, attesting to its value. As far as I am acquainted with the literature, until the appearance of Knapp's paper, there has been no unfavorable effects reported from its use, other than its irritative action on the conjunctiva, and by its long continued use, the tendency to produce a form of papillary trachoma. At the time I saw my patient I had not yet read that paper, although the journal was on my desk.

In what way the *Eserin* can produce an aggravation of the glaucomatous symptoms is by no means clear to me. It may be, that, neither in the case reported by Knapp, or in the one observed by me, the attack was caused directly by the instillation of *Eserin*. With my case I was strongly inclined to attribute the attack to the agitation of the mind produced by the examination, and anticipation of an operation. It is well known that after an iridectomy upon one eye, for glaucoma, the disease often appears almost immediately on the other. H. Schmidt says: "This encroaching on the second eye may be due, in part to irritation of the iris, and corpus ciliare by the operation; sometimes simply through the traumatic irritation. On the other hand the psychological influence of the operation is not to be undervalued, since we know that strong mental agitations give the shock for the out-break of glaucoma." (Graefe and Saemisch Vol. I., page 71).

L. V. Wecker, lays especial stress on the fact, that any increased mental agitation, with those *predisposed* to the disease by senile changes, or otherwise, may give rise to an attack of glaucoma; and explains it by the increased flow of blood to the eye disturbing the equilibrium between intraocular secretion and excretion, consequently

increased tension, and its train of symptoms. (Klinische Monatsblätter, May 1878). Knapp also says: "Glaucoma supervening in the second eye during the recovery from an iridectomy of the first, was in the cases that came under my care, not cured by *Eserin*."

It is especially to be noticed, in the case by Knapp, and in mine, that the symptoms of irritation of the glaucomatous disease were at a relative stand still at the time of the instillation of *Eserin*.

I have also used *Eserin* in a case of *absolute glaucoma*, where a previous iridectomy had proved useless, without any benefit; which corresponds well with Knapp's experience.

Book Department.

CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. Vol. VIII. New York, W. Wood & Co. Chicago, W. T. Keener, Agent. 8vo, pp. 935. \$5.00.

This is an extra large volume, and contains: Diseases of the œsophagus, which includes stenosis, dilatations, ruptures, perforations, hæmorrhages, inflammations, ulcers, gangrenes, morbid growths, parasites, neuroses; diseases of the peritoneum, spleen, pancreas, supra-renal capsules, bladder, urethra, closing with diseases of the male genital organs. This, it will be seen, is one of the most valuable volumes of this standard publication.

THE ENCYCLOPEDIA OF PURE MATERIA MEDICA VOL. VIII. New York Bœricke & Tafel, octavo, pp. 660 \$5.00.

This volume of this royal publication includes a record of the positive effects of seventy remedies from *Plumbum* to *Serpentaria*.

Many of these are new remedies and will be a valuable addition to our armamentarium. The older remedies as *Plumbum*, *Pulsatilla*, *Rhus*, *Sabina*, *Sepia* are here grandly developed. It will only need the index to show the practical nature of this exhaustive work. We learn from the editor, Dr. Allen, that one more volume will complete the collection. "What has Homœopathy done for science?" May be answered by these works, which will ever be a monument to our school.

HOMŒOPATHIC HOSPITAL AND DISPENSARY OF PITTSBURG.—Twelfth annual report.

Among the Alleghany hills nestles the smokiest city in America and strange to say that its Homœopathic physicians dwell in peace, at least, enough so as to carry on a grand charity. During the year, 353 cases have been treated with a mortality of 10 or less than 3 per

cent.! The medical cases number 193, surgical 13. The dispensary department issued 18,183 prescriptions and 1,227 visits during the year. Pittsburg must be a good place for students and we do not wonder that they stand high. The eye and ear department instituted last year, under the charge of Dr. Winslow, treated 93 cases. Manufacturing town with three or more physicians would do well to follow this noble example of our physicians and surgeons of Alleghany Co. Pa. It will pay.

STUDENT'S MANUAL OF URINARY ANALYSIS. Clinical and microscopical. Compiled, translated, and abridged from the most recent French authorities. By C. MITCHELL, M. D., Demonstrator of Chemistry, Chicago Homœopathic College, with a Preface by C. Adams, M. D., Professor of Surgery, Chicago Homœopathic College. Chicago: Jansen, McClurg & Co. 1879. 16mo. 24 pp. 50 cents.

The title indicates the scope of the work. It will serve excellently to refresh the memory; but as a manual for a student we fear it will prove most too much condensed. Still the whole story of urine analysis may be told very briefly.

Society Proceedings.

MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

A regular session of this society was held at the College Building Thursday, March 7th, at 3 P. M. The vice-president, Dr. H. M. Jernegan presiding.

The reading of the records of last meeting, and of the examination committee were read and approved. H. M. Hunter, M. D., of Lowell was elected a member of the society.

Papers were read on the following subjects :

A case of hiccough of one year's standing, by Prof. Wm. O. McDonald of New York. A synopsis of the case and treatment were given which was very instructive and interesting.

Also the report of a very interesting and successful case of ovariectomy made by Prof. R. Ludlam of Chicago.

An interesting surgical case. A very interesting and successful surgical operation and one of considerable magnitude, was performed upon the person of Miss Hannah Carr, a patient of Dr. F. A. Warner, by Prof. H. M. Jernegan of Boston. The case was one of double ovarian tumor, in which the one on the right side had attained the

largest proportions. Both were removed entire, with a success attributable to Prof. Jernegan's original method of operation and after treatment. The patient is doing well, and is quite comfortable.

Interesting remarks and verbal reports of cases were made by the members present. After which the society adjourned until its next regular time of meeting in June.

BOSTON.

GEO. H. PAYNE, Sec'y.

THE CEDAR VALLEY HOMŒOPATHIC MEDICAL SOCIETY.

The Cedar Valley Homœopathic Medical Society was in session in this city yesterday. There was a good attendance, including a number of physicians from neighboring towns. In the evening, Dr. E. A. Guilbert, of Dubuque, delivered a popular lecture before the Association at the Presbyterian church. Dr. Guilbert chose as his subject, "The New Dispensation of Medicine," referring, of course, to Homœopathy, and for an hour he concentrated all his well-known eloquence upon this theme—a subject on which he has devoted as much thought and labor, and for which he has made more sacrifices than any man in Iowa. *

WATERLOO.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE WABASH VALLEY.

Held their semi-annual meeting at Terre Haute, Ind., Nov. 1, 1878, it being the half-yearly meeting. The attendance was not as large as usual. Yet enough were present to make it very interesting. The members present being among the most active of its membership. The president's address was very instructive, and was on motion ordered published in *THE MEDICAL INVESTIGATOR*. The society occupied the day in reading and discussing papers; every member present having something worthy of consideration to bring before the body.

The evening was by invitation spent at Dr. W. Moore's, who very generously gave a banquet in honor of the society. We need hardly say that the members feel under many obligations to Dr. Moore and his estimable family for the pleasant evening spent at his house. We desire to extend thanks to Drs. Moore, Elder, Waters and others for courtesies extended while in their beautiful city.

W. T. BRANSTRUP, Sec'y.

Materia Medica Department.

TRIGONOCEPHALUS LACHESIS—AN ACROSTIC.

BY H. MINTON, M. D., BROOKLYN, N. Y.

- “Cannot compose herself to sleep,” “she fears to go to bed.”—*Lachesis*.
- “Or has prophetic visions,” “she thinks that she is dead.”—*Lachesis*.
- “Neuralgic pains above the eye,” “with redness of the face.”—*Lachesis*.
- “Says her medicine is poison,” and takes it with bad grace.—*Lachesis*.
- “Talks, whistles, laughs, makes odd and singular motions.”—*Lachesis*.
- “And is suspicious, proud, and full of curious notions.”—*Lachesis*.
- “Nose is red and swollen,” “herpes on the lips,”—*Lachesis*.
- “Tearing in the coccyx, extending to the hips.”—*Lachesis*.
- “Inflammation of the ovaries going from left to right.”—*Lachesis*.
- “Never feels as well in the morning as at night.”—*Lachesis*.
- “Eating makes her sick, except coffee, which agrees.”—*Lachesis*.
- “Has pain before the menses, which a flow of blood relieves.”—*Lachesis*.
- “Eyes feel, when throat is pressed, as if they would protrude.”—*Lachesis*.
- “Rumbling in the abdomen, ‘nausea’ and vomiting of food.”—*Lachesis*.
- “Inclined to be loquacious, with a jealous, mocking mood.”—*Lachesis*.
- “Numbness of the finger-tips, “trembling of the hands.”—*Lachesis*.
- “Great emaciation, “malignant pustules,” “and suppurating glands.”—*Lachesis*.

To Constantine Hering, M. D., for the *Lachesis Jubilee*. July 25, 1828.

A FEW VERIFICATIONS OF SYMPTOMS IN PRACTICE.

BY J. C. GANNETT, M. D., WATERVILLE, ME.

Read before the Maine Homœopathic Medical Society.

When a student in the office of our late honored colleague, Dr. Wm. E. Payne, at Bath, the doctor took frequent occasion to impress upon my mind the necessity of recording verified symptoms. This, he urged, was one of the most important matters to attend to in connec-

tion with medical study. For only by this and other such means could provings be corrected, the spurious eliminated from the pure, and the materia medica be established on a sound scientific basis. "Honest provings and honest verifications" was one of his watch-words.

As a member of the committee on materia medica, I will present to this society to-day a very few of these verified symptoms collected from my experience for the past few years. I believe them honest verifications, as the cases were marked and relief prompt. I presume none of them will be new to all the members, most of whom have had much more experience than I, yet, though there is nothing new in them, the old may be strengthened and a little good done by the repetition.

The old, old characteristic of *Cham.* has frequently done me good service. Child wants to be carried about all the time, getting some relief thereby.

Aconite.—Sleepless from a nervous fear that he was not going to get asleep, with great restlessness. The relief in this case was marked, and immediate concomitants were nervous trembling; easily startled by slight causes; pulse hard, full, and frequent; after exercise, throbbing and beating hard in head.

Opium.—Under this remedy, a good proving of the symptom. "After a fright the fear of the fright still remaining." In this case, the patient, a woman, was thrown from a sleigh, sustaining no serious bodily injury, but afterwards, whenever the horse or accident was mentioned, a feeling of the same fear she had at first came over her. There was also a *feeling* of a hurt in the back (small of), but no pain, only a sensation (nervous), the complaint about the back seeming to grow out of the fright.

Rhus tox.—Cracks and fissures in surface of tongue.

Zincum met.—Dragging, wearing pains in the thighs and legs from hip to knee; itching in knee-joint; burning as of coals of fire in knee-joint. The last symptom is not in the proving, but was marked in the case. Rheumatic, laming pains in neck, wrists, arms, and lower extremities.

Prunus spinosa.—Strangury. Very urgent desire to urinate, which, if not attended to immediately, causes severe, sharp, crampy pains in bladder. This patient had, in with these urinary troubles, menstrual and uterine difficulties, with concomitant symptoms of stomach, head, etc. All were controlled by *Lil. tig.* 7th, followed as above by *Prun. spin.*

Plumb. acet.—Sensation of a body rising up into the throat and extending to the ears, pressing up into them. Causes swallowing which makes it descend, soon to return. From 9 a. m. to noon.

Hep. s. c.—Eyes running on looking at anything steadily and on blowing nose, and when out of doors. Alternate stoppage and opening of nose, coming on in evening and lasting all night. Pain in throat going up to ear.

Kali c.—Eyes inflamed with enlarged veins running over them on swallowing (left eye) to outer side of cornea. Profuse discharge from eyes and nose. Racking pain and feeling of sand in eyes.

Plumb. acet.—Strangury. Crampy pains in bladder.

Etiological Department.

THE NEW ETIOLOGY OF DIPHTHERIA.

The diphtheritic poison is so prostrating in its effects that it seems much like a sharp attack of venom inoculation. Knowing that one of the ingredients of the saliva is *Sulpho Cyanide of Potassium*, and that *Cyanuret of Mercury* is a very valuable remedy in some forms of diphtheria, I have wondered what relation the cyanide of the saliva had to diphtheria. It could produce profound and severe poisoning much as we meet in diphtheria. Possibly the derangement of the liver produces a change in the saliva, which is manifest in the poisoning we style diphtheria.

I have been trying to work out this bilious problem for some time. This study was intensified by the following, which I obtained from a patient: Her mother living at Mt. Carroll, Ill., a limestone region where severe diphtheria (croupous) is prevalent, had semi-annual attacks of diphtheria. Last fall she felt as if an attack was about to be ushered in, when she was taken with severe bilious vomiting instead. She never was better during the winter, and escaped her spring attack of diphtheria. That may be a mere coincidence. But it looks very much as if the emesis of bile prevented the diphtheritic attack.

Dr. Reiter has issued a pamphlet giving a new theory of the etiology of diphtheria. That it is due to an excess of fibrin, caused by defective action of the liver, and that profuse catharsis with *Mercury* cures. This catharsis, like the emesis, would prevent hepatic and salivary engorgement and systemic poisoning with bile, and thereby cut short an attack of diphtheria. If there is any relation between hepatic derangement and yellow fever, and hepatic engorgement and diphtheria, then we may expect to see much diphtheria this winter.

If the cyanide in the saliva has any relation to the diphtheritic deposit, then we see the philosophy of the use of alcohol as a gargle, just as we see its value in snake-poisoning—the active agent in the latter being, according to Dr. Hering, *Cyanic acid* (vide *THE MEDICAL INVESTIGATOR*, Oct., 1873).

The chase after micrococci and other “maggots” will doubtless absorb all thought for a time, but the day is coming when the chemical effects of perverted secretions will receive more attention. Even now some of the ablest pathologists in Europe are turning their attention in that direction. But let us investigate the department of etiology still more, for it is a promising field.

T. C. DUNCAN.

Medical News.

G. W. Hilton, M. D., has removed from Chicago to La Moille, Ill.

Tetratology or the science of monsters by M. M. Walker, M. D., Germantown, Pa., is an interesting lecture on these singular malformations.

Sherman's Bulletin of New Remedies is the latest thing out, and contains some interesting practical points. More stress is put upon the uses of medicines than upon their preparation, but the new Pharmacopœia can aid here.

Diseases of Children in Paris.—The Paris medical faculty, now numbering thirty professors, is to be augmented by a chair for Diseases of Children and one for Ophthalmology. Their salaries are to be 15,000 francs each—about \$3,000.

Gregg's Illustrated Repertory.—"Have you, or can you procure for me Gregg's Illustrated Repertory?"—M. J. [This work is out of print, but we have arranged to issue a new edition in book form, which will be out shortly. †DUNCAN BROS., PUBLISHERS.]

Essex Co. (Mass.) Medical Field-day.—This society held its sixth annual picnic at Naugus Head Marblehead, July 31st, with 400 people in attendance. It is needless to say that they had a jolly time. The medical part was chiefly "toast." Dr. M. V. B. Morse, Marblehead, mine host.

The Homœopathic Physician's Visiting List and Pocket Repertory for 1879.—We have often called attention to the value of this diary. The accompanying repertory is convenient for reference when one is miles away from a book. Boericke & Tafel, publishers. Price. \$2.00.

The Alumni Association of the Homœopathic Medical College of Missouri.—The next regular meeting of the above association will be held at the close of commencement exercises in March 1879. The attendance of every alumnus is earnestly requested, and every graduate not now a member, who cannot be present, should send in his application for membership to the secretary at an early date.

W. JOHN HARRIS, Secretary.

Attenuation vs Potency Problem.—In our last number we make G. W. Smith, pharmacist, Cincinnati, say that the 500th potency is the fifth centesimal attenuation. He did not say that it was, but that one might infer so from the books. As we have no standard of power (e. g., horse power) with which to compare drug force, it will be difficult to label it. So I guess we had better stick to the word "attenuation," as is done in the new Homœopathic Pharmacopœia. See page 30.

Homœopathy Troublesome.—At the recent meeting of the American Medical Association (Allopathic) an excited discussion took place in relation to the admission of delegates from the University at Ann Arbor, inasmuch as they were engaged in teaching and affixing their names to the diplomas of those who intended to practice Homœopathy, or as it is expressed "irregular medicine." The code of ethics

was industriously searched for guidance, but as there was nothing expressly relating to the discipline in such cases, a special amendment was drawn up, submitted, and will be acted upon next year.

Semi-Homœopaths, not Pseudo-Homœopaths, was the expression used by Dr. Hale against those who use only the primary symptoms of the remedies, so he informs us. According to his law of dose, if they use the secondary symptoms they must give large doses. So, after all, it is the "dose" that distinguishes, and not law, *similia*. We presume the grade might run: Semi-Homœopathy—"small dose;" Homœopathy—"small or big dose;" progressive Homœopathy—"many doses of several remedies, singly or mixed." We know such an one who has progressed to "four or six remedies in rapid rotation!" He makes it lively for poor women looking up "more glasses"—but then his friends say, he is a little "daft."

New York News.—The "set-to" last winter "brings forth" the following proposed amendment of the constitution and by-laws of the Homœopathic Medical Society of the County of New York. In the constitutions, after the words—"State and who,"—in the fifth line of Article II. omit, "*practices upon*;" inserting in its place, "*who believes in, and has given satisfactory proof, as provided for in the by-laws of this society, that he fairly understands the principle of similia similibus curantur, etc.*" In the by-laws: In Article I, Section I. omit the word "*Homœopathic*," it not being in accord with Article II of the constitution, which says: "*any physician*."

Add to Section 1, Article I, of the by-laws:—"and who has presented to the Executive Committee of the society a certificate from the Board of Examiners upon Homœopathy."

Follow this amendment with a new Section to read as follows:

Section 2. A Board of Examiners upon Homœopathy shall be appointed, consisting of five members, before whom each applicant for admission to this society, who has not a diploma from some medical college in which Homœopathy is taught, shall appear and undergo an examination upon the principle of Homœopathy. The Board of Examiners shall give to each applicant who has sustained a satisfactory examination, a certificate to that effect, which certificate will be required by this society as one of the conditions for membership.

Three shall be a quorum.

Gleanings.—The mortality of St. Petersburg is the highest at present of any other city. Alexandria follows, and Bombay, Madras and Buda-Pesth stand next in their order.

It is stated, *Revue de Anthropologie*, that Polynesia is fast becoming depopulated by pulmonary phthisis.

Small-pox is now declining in London and Dublin, where it has been prevailing during the past twelve months.

Chloroform by inhalation, emetics, sweet oil, white of eggs and linseed tea have just saved a case of poisoning by *Strychnine*.

Key note to *Phosphorus*—Little ulcers outside of big ones, some healing, some healed. *Phos.* 3x and 6x. Dr. Henry Ussher in *Organon*.

Nitrogen, hydrogen and atmospheric air have been liquefied under pressure by M. Cailletet. These gases have heretofore been considered to be impossible of condensation.

An anti-compulsory vaccination league has been formed in England, publishing an organ in which it is proclaimed that small-pox is a providential cleansing of the blood.

An Allopathic physician in Connecticut has been expelled from his county-society for consulting with his wife in a medical case, his wife being a graduate of a Homœopathic college!

THE
UNITED STATES
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A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

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Materia Medica Department.

LEAD—ITS PHYSIOLOGICAL ACTION, AND ITS POSITION AS A THERAPEUTIC AGENT IN SOME NERVOUS AFFECTIONS.

BY J. MARTINE KERSHAW, M. D., PROFESSOR OF DISEASES OF THE BRAIN AND NERVOUS SYSTEM IN THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

Read before the Western Academy of Homœopathy, May, 1878.

It was my intention to compare the action of *Plumbum* with that of *Argentum nit.*, but I soon found that to write of one remedy properly, would require all my time and attention. I have, therefore, chosen *Plumbum*, and shall first speak of its physiological action, and then of its therapeutic properties. Dr. Garrod says that there are several diseases known to be produced by lead as follows: 1. Lead colic; 2. Lead paralysis; 3. Lead arthralgia, often termed saturnine rheumatism; 4. Lead encephalophy. Of these, there are a number of subdivisions, and a number of other quite distinct diseases. Permit me first to cite a few cases of poisoning, marking clearly the symptoms of each with their causes. Dr. E. J. Shearman* reports the case of a gentleman, who had been more or less ill for five years, but had been very much so for the last twelve months of that time. He was delirious at times, *sleepless, with dry skin, feeble respiration, no appetite, bowels obstinately constipated*, and such *great loss of muscular strength* as to be quite unable to turn over in bed, walk, or in any way aid himself in eating or dressing. Pulse 130 to 150 per minute, with increased *secretion of album-*

*Practitioner. 1874.

inous urine, the specific gravity of which was 1,008. half of which was solid on the application of heat and the adding of *Nitric acid*. "Blood-discs were abundantly seen under the microscope, but no casts." The wife of this gentleman was reduced from a large handsome woman to a *skeleton* in appearance, and subject to *tonic spasms* of a violent character affecting the muscles of the *legs, arms, chest, fingers, and abdomen*. Her *bowels were obstinately constipated*, pulse weak and small, *tongue and skin dry*, and she had no appetite. The *urine was highly albuminous*, the specific gravity 1,010. These patients were always improved by going away from home awhile. Examination revealed the *characteristic blue line on the gums* of both the lady and gentleman. It was then discovered that the drinking water used in the house was collected from a leaden roof, carried in lead pipes to the cistern, and from thence pumped by means of lead pipes to the kitchen. An analysis by a competent chemist showed the existence of lead in the water. A change of water with the *Iodide of Potassium* and tonics restored the patients in the course of three months so that they were able to go about. As they began to improve the albumen was gradually reduced in quantity. Finally, however, they began to show symptoms of *granular degeneration of the kidneys*, and both died, one in a fit of apoplexy and the other from exhaustion with comatose symptoms. Dr. Shearman remarks "that these are two of the clearest cases of degeneration of the kidneys produced by lead contamination which have been latterly observed."

POISONING OF AN INFANT—NIPPLE APPLICATION.

M. Bouchut* relates, in the *Gazette des Hospitaux*, the case of an infant eight days old, apparently well and strong, suffering from *severe colic*, which caused it to scream night and day. The *bowels could not be made to move* despite the various injections and medicines used. There was *great distension of the abdomen*, which was also *very tender*. Inquiry revealed the fact that the mother had procured some *Eau de Mad. de la couic* for fissures of the nipple, and which was found to contain a strong solution of the acetate of lead. This had been applied to the breast and nipples before nursing the child. It died the eleventh day.

LEAD POISONING—SODA WATER.

A woman † who kept a soda stand was in the habit of taking a drink of the water *the first thing in the morning* and at times during the day. She was sent to Charity Hospital suffering from *paralysis* of both the *upper and lower extremities*. She first suffered from *colic and constipation*. She could move the shoulder joints a little, but the *arms were powerless*, the *wrists dropping* when the arms were held out by an assistant. There was some *loss by secretions*. She could not turn over in bed. *Blue lines were discovered on examination of the gums*. She recovered under the use of *Strychnia* and *Conium*, the lower extremities regaining motion first.

*Practitioner. March, 1873.

† New Orleans Medical Journal.

LEAD POISONING—EPILEPSY.

I cannot recall the name of the journal in which I saw this case recorded, but the facts are as follows: The case was that of a boy eight years of age. Had several attacks of falling, with *distension of the eyeballs, flexion of the fingers and arms, and back and neck drawn backward*. The attacks were short, but he sometimes had as many as twenty-three in twenty-four hours. There was no blue line on the gums, but the *teeth were very yellow*. He seemed at times to get almost well, and then he would have a relapse. Sometimes there was a difficulty in uttering words, and he would cry bitterly because he could not make known his wants. Finally, *one foot became paralyzed*, and he was obliged to crawl on all fours. There was *loss of power in one arm, so that he could not cut his food or button his coat*. The attacks of epilepsy came on suddenly; there were no premonitory symptoms. Sometimes thought that dizziness preceded the attacks, but could give no warning of their approach. The symptoms were caused by the drinking of water pumped from a well through lead pipes. On discontinuing the use of the water, he recovered. He was always disposed to laugh and cry easily afterward.

EXTREME PLUMBISM—BEER.*

The subject was a cab-washer who had been in the habit for several years of drinking the first thing in the morning. His beer was the first drawn in the morning, it having stood all night in contact with the leaden draw-pipe of the cask. He had had colic three or four times, and for some three months had observed that he was fast losing flesh. *The abdomen was tender and distressed, the bowels constipated, and a blue line was observed on the margin of the gums*. He was greatly emaciated, and if placed in the erect position would fall in any direction if not supported. He had little or no command over either the upper or lower extremities, the upper ones being the weakest. "*The deltoids seemed entirely gone, the head of the humerus could be traced in the glenoid cavity quite plainly, his ribs being covered only by skin*. In fact, he looked more like a dried skeleton than a living person." He was treated by galvanic baths and recovered.

SATURNINE POISONING — SNUFF TAKING.

Dr. Garrod† records the case of a gentleman who suffered from *great exhaustion and debility of both upper and lower extremities*, which was traced to lead paper wrapped about packages of snuff he was in the habit of using pretty constantly. He was able to walk, but *tottered very much, and was unable to raise his arms from his sides*. The *muscles of the arms, forearms and shoulders were extremely wasted; the biceps reduced to the size of a cord, and the flexors of the thumb were greatly withered*. It was at first supposed he was suffering from progressive muscular atrophy, but the blue line on the margin of the gums led to the discovery of the lead poisoning, as related above.

* London Lancet. January, 1877.

† London Lancet, March 1871.

EFFECTS OF LEAD ON CONCEPTION.

In the *Archives Generale de Medicine* M. Constantine Paul* reports his observations of the effect of lead on conception. He reported that there was a great tendency to abortion, to premature delivery, and to the delivery of still-born children. Of four women who had collectively fifteen pregnancies, there were ten abortions, two premature deliveries, one still-born child, one child living but twenty-four hours, and only one living and healthy. Four women, before exposure to lead, bore in all nine children, meeting with no accident, and all at full term. After exposure, thirty-six new pregnancies occurred, followed by twenty-six miscarriages, at from two to six months, one premature delivery, two still-born children, and five deaths, four before the first year. A woman while exposed miscarried five times, but on leaving her employment, conceived and bore a child at full term. M. Paul observed that the wives of men who work in lead are likely to miscarry. Dr. W. R. Milner † reports in the *New Orleans Medical and Surgical Journal*, September, 1873, the facts in a case of poisoning where paralysis was a marked symptom. A little girl four years of age, after the colic and cramps had subsided, lived two months in a paralyzed condition, and then died. A child of three years, lived eight years greatly debilitated, and finally died paralyzed. Amaurosis followed in one case preceded by paralysis. Having given these several cases of poisoning, I would particularly direct your attention to the action of lead upon the kidneys, as noted in several cases, and the albuminous condition of the urine. The effects of lead on conception is worthy of note, according to the observations of M. Paul. A great many other symptoms are of importance — the colic, the attacks of hiccough, the affection of the brain, etc., but I shall pass from these and devote the balance of this paper to the paralytic condition produced by lead, the muscular waste, and in a general way, to the arthralgic pains experienced by victims of lead poisoning.

PARALYSIS.

Tonquerel † says: "The paralysis produced by lead preparations may consist in the loss of motions only in the parts enjoying at once both motion and sensibility. In other cases on the contrary, the sensibility only of these same parts is affected, and rendered unfit to receive impressions from exterior bodies, the power of motion remaining unimpaired." The first is called lead paralysis, and the second lead anæsthesy. The following table is taken from Tonquerel :

* *Edinburgh Medical Journal*, 1860-64.

‡ *Half-yearly compendium of Medical Science*, January, 1874.

† *On Lead Diseases*.

TABLE SHOWING THE RELATIVE FREQUENCY OF THE DIFFERENT VARIETIES OF PARALYSIS. PARALYSIS OF UPPER EXTREMITIES.

| | Cases. |
|---|----------|
| 1. General paralysis of upper extremities | 5 |
| 2. Paralysis of shoulder | 7 |
| 3. Paralysis of the arm | 1 |
| 4. Paralysis of the arm, forearm, wrist and fingers | 4 |
| 5. Paralysis of the forearm, wrist and fingers | 14 |
| 6. Paralysis of wrist and fingers | 26 |
| 7. Paralysis of the wrist | 10 |
| 8. Paralysis of the fingers | 30 |
| | <hr/> 97 |

PARALYSIS OF LOWER EXTREMITIES.

| | Cases. |
|---|----------|
| 1. General paralysis of lower extremities | 1 |
| 2. No correspondency | |
| 3. Paralysis of the thigh | 5 |
| 4. Paralysis of the thigh, leg, feet and toes | 2 |
| 5. No correspondency | |
| 6. Paralysis of foot and toes | 3 |
| 7. Paralysis of foot | 2 |
| 8. Paralysis of toes | 2 |
| | <hr/> 15 |

PARALYSIS OF MUSCLES OF TRUNK.

| | Cases. |
|---|---------|
| 1. Paralysis of intercostal muscles | 2 |
| 2. Paralysis of grand dorsal, pectoral and sterno-mastoid | 1 |
| | <hr/> 3 |

PARALYSIS OF VOCAL MUSCLES.

| | Cases. |
|---------------|----------|
| 1. Aphonia | 16 |
| 2. Stammering | 15 |
| | <hr/> 31 |

The above table is based on cases personally observed by M. Tonquerel. The paralysis of lead poisoning generally effects the extensor muscles, but Dr. Hammond states that in the well marked cases coming under his observation, the flexors were involved also. This paralysis may go no farther, or it may end in the more profound paralysis. We notice that some patients totter and tremble a great deal. These are weak, easily exhausted, always tired. Some of the cases are paraplegic, and resemble in a manner the loss of motion due to lesions of the spinal cord at its base. Others are cases of hemiplegia, and resemble those due to lesions of the brain, such as embolism,

thrombosis, etc. There are others, too, that are very like the cases of local paralysis in single members, due frequently to pressure, injury, etc. A drug such as this, affecting in so profound a manner the motor nervous system, should be a powerful agent for good if used properly. Its terrible destructive physiological paresis should place it with *Arsenic*, *Mercury* and *Strychnia*. We notice, too, that a number of cases were affected with aphonia, that the muscles of the larynx were paralyzed. The muscles of the tongue and lips were affected in some cases, so that the subjects stammered and stuttered, and were unable to speak distinctly. This marked action of lead on these parts causes one instinctively to think of the affection known as *glisso-labio-laryngeal paralysis*. I see too, that Dr. Hughes has observed this, and calls attention to it in his work on Therapeutics.

MUSCULAR ATROPHY.

A waste of muscular substance is a pretty constant result of lead poisoning. Tonquerel says: "When partial emaciation or atrophy arrives at the last degree of marasmus, the skin seems glued to the bones, the paralyzed parts are so much emaciated; the muscles especially are so thinned that the contour of the bones is easily distinguished. If the paralysis attacks the whole of one limb, then this organ abandoned to its own weight, stretches the ligaments and permits the head of the bone to leave its cavity. If the paralysis is limited to one muscle only, or to two, then atrophy contrasts singularly with the muscles of the neighboring parts, which, not being discovered, have preserved all their prominence." In another place he says: "There is always weakness in the parts affected with trembling, when there is no real paralysis." In the case recorded in this paper of the gentleman poisoned by lead paper wrapped about his snuff, the biceps was reduced to the size of a cord, and the muscles of the arm, forearm and shoulders, extensively wasted. Now all through this paper one has been constantly reminded of *paralysis* in some form on the one hand, and of *progressive muscular atrophy* on the other. You may remember that the snuff-taker was supposed by his physician to be suffering from this latter affection. And indeed, he was a fair picture of a subject of this complaint. A well-marked case of this affection, under my care, is taking this remedy, and I may be able after a little to say something with regard to its action.

ARTHRALGIC PAINS—SATURNINE RHEUMATISM.

These pains may affect the limbs, lower and upper, and the head. They are exceedingly severe, neuralgic in character, followed by numbness and fatigue. Sometimes the pains are like "electric shocks." Now, when we call to mind the fact that in some cases there is no paralysis proper, but marked anæsthesia, a tottering gait, and amaurosis, we naturally think of *locomotor ataxia*. Some cases have been reported as cured with this remedy. However, this disease is likely to be confounded with others; is very slow and tedious in its progress.

either way, and is deceptive in those periods of marked improvement are common, and mean nothing, for they occur with or without medicine. Of the kinds of paralysis for which lead should prove the remedy, I do not think much can be said at this time. Progressive muscular atrophy should find in *Plumbum* the remedy of remedies. It should also prove curative in glosso-labio-laryngeal paralysis. There are some symptoms of locomotor ataxia met with in lead poisoning, but they are not decided enough to say much about at this time.

SYMPTOM CONFIRMED.

Is there any drug in the Homœopathic materia medica which has produced the following symptoms in a healthy person: Nervousness and tremulousness coming upon one in the presence of others, so that in a beautiful and rapid writer when called upon to write in another's presence, the hand shakes so that writing becomes next to impossible?

In answer to the above question in the *British Hom. Review*, February, 1878, Dr. A. Claude replies in the March number with the following case cured by *Ignatia*: Miss R., a governess of forty, tall and thin, but usually in good health. She has an excellent situation with very little to do, but has had a good deal of trouble. She consulted me on January 2, 1877, for a peculiar trembling of the hands that very much disturbs her in writing. This ailment is of old date, is not caused by fatigue or prolonged exercise, and has nothing in common with Scrivenes's palsy. It shows itself most when Miss R. has to write in any one's presence, and gets worse as soon as she fancies any one might notice it. This trembling is not to any great degree; does not make much difference to the writing, but shows itself also when she extends her fingers. It is more marked on the right side. The remedy was given in the 6. 30, 200, 500, 1,000. Aggravation from the lower compelled a change to the high, which also aggravated when repeated too often.

NITRITE OF AMYL.

The following are conclusions drawn from experiments with this agent by W. D. Lane, and published in the *British Medical Journal*, Jan. 27:

1. *Amyl nitrite*, when inhaled in small quantities, produces redness of the face of men, and of the nose and mouth in kittens. This action is due, according to Brunton, to the dilatations and over-filling of the arteroids.

2. When inhaled by kittens in large quantities, it produces cyanosis of the nose and mouth with insensibility. The cyanosis arises from over-distension of the venous system, this being due to the engorged arteroids propelling the blood into the veins, while the insensibility is probably caused by over-destruction of the venous system and the heart.

3. When inhaled in small quantities, it produces recovery from *Chloroformic* insensibility by dilating the arterioles of the brain, thus removing the central anæmia due to *Chloroform*.

4. When inhaled in large quantities, instead of producing recovery from *Chloroformic* insensibility, it not only retards it, but it may cause death by paralysis and over-destruction of the heart, and engorgement of the nervous system.

5. It causes a rise in temperature when inhaled in large quantities by the increased amount of blood in the arterioles, causing increased tissue change in the body.

6. In large doses (inhaled) it produces a fall of temperature.

7. It also helps to produce recovery from *Chloroformic* insensibility by raising the temperature, which is also lowered by *Chloroform*. This action is well seen by the *Nitrite of Amyl* making the heart's beats and its sounds louder.

8. Death is caused chiefly by paralysis of the heart, which is shown by all its cavities being distended, and by engorgement of the venous system.

ON TEACHING MATERIA MEDICA (ACONITE).

A REJOINDER BY AD. LIPPE, M. D., OF PHILADELPHIA.

On page 219 of THE UNITED STATES MEDICAL INVESTIGATOR appears a reply of Dr. R. Hughes to my paper, "How to teach Materia Medica," illustrating it by *Aconite*, which was published Dec. 1, 1877. As we are thankful for the smallest favors, we must really thank Dr. Hughes that he has recited to his students a small portion of what Hahnemann said in his Preface to *Aconits*. So far so good. Dr. Hughes would be content to leave his manner of teaching materia medica in the hands of those whom it concerns, and impliedly lets us know that really it is not our business nor in good taste to expose the "fatal errors" of his teachings. We differ entirely with our learned friend. His teachings become as much a public property as his "Pharmacodynamics." When a public teacher leads his students astray, when he teaches them contradictory knowledge, we may be permitted to expose such "fatal errors."

As far as the partial quotations of Hahnemann's Preface to *Aconite* go, all is quite fair; but the fatal error begins when the late Dr. C. Dunham is charged with having discovered, "how exactly these symptomatic indications (as given by Hahnemann) corresponded with

what experience has taught us as the pathological sphere of *Aconite*." And now the professor adds: "It (*Aconite*) is truly anti-pyretic, but only in what may be called 'neurotic' as distinct from toxæmic fevers." The pathological sphere of *Aconite*! Such a thing does not exist. We have a therapeutic sphere of *Aconite*, and of all other proven drugs; but just as soon as we attempt to squeeze our simple symptomatology of our proven drugs into a pathological or physiological livery we enter upon a very dangerous course. It is the very first "*fatal error*" which must lead to failure to cure, as it is in violation of the fundamental principles of our school. Homœopathy must individualize—the pathological sphere is a generalization. And here is the illustration; scarcely has D. professed to have discovered that all the most characteristic symptoms of *Aconite*, the anxious impatience, a restlessness not to be quieted, distress and agonizing tossing about can be harmonized with and belong to the pathological sphere of *Aconite*, a discovery which will not be accepted as worth anything, a discovery which everybody knows is a mere bold assertion, as these very mental disturbances are met with in a great many cases of sickness, or, if you will have it so, in forms of diseases, acute as well as chronic diseases, and in the latter class more freely than in the former, that there is not a single form of disease known in which the presence of these mental disturbances is positively and absolutely necessary; and, therefore, it is utterly vain talk to say that there exists a pathological sphere of *Aconite*. Much better would it have been to tell the students *never* to give *Aconite* when these mental disturbances are absent. Scarcely has *Aconite* been pressed into a pathological sphere (a hypothesis) when the learned teacher enlarges on this first error and now says, "*Aconite is truly anti-pyretic*." As if Homœopathy knew anything about anti-pyretic remedies; or do we as Homœopaths *ever* prescribe for, or attempt to cure, a sick person by any specific remedy because we find him suffering from what is scientifically classed as a neurotic fever? *Aconite* may be the remedy if the mental symptoms are present, and if our learned teacher of *materia medica* impliedly states that in all cases of so-called neurotic fevers the characteristic mental symptoms are present, he is in error, and when these characteristic mental symptoms are *not* present *Aconite* will do no good in any sort of fever, or in any other case of sickness, acute or chronic, no matter in what dose it is given. *Aconite* is furthermore not a specific-anti-phlogistic, no more than any other remedy. We are glad to find that our learned friend *tries* to modify his recital of Dr. Dunham's discovery and the deductions he draws from that discovery when he says: "In all these febrile and inflammatory conditions for which it is suited, there will be found that nervous *tension* which Hahnemann describes." If our learned friend will carefully read the preface to *Aconite*, he will find that Hahnemann says "That the short duration of the effects of *Aconite* would lead us to suppose that this remedy was only applicable in acute diseases, but that nevertheless *Aconite* will be found very useful in the

most obstinate chronic diseases, especially where the condition of the system requires a diminution of the tension of the fibres (the strictum of the ancients).” On this subject, he says, he cannot here at this time enlarge. Our learned friend has mixed up things considerably; but he no doubt did intend to say that in all these febrile and inflammatory conditions it will be suited, *provided* the characteristic mental symptoms (not the strictum of the ancients which is found in grave chronic diseases) are present. That fright and anger will often cause great disturbances in the organism, especially during menstruation, is well known, and for the consequences of this, Hahnemann says in his preface, *Aconite* is indispensable. This has been corroborated time and often. Can our learned friend find among the old clothes laid by in the pathological wardrobe something to grace this spiritual phenomenon?

It may be in place here to make a historical statement. It was Hornburg, who assisted Hahnemann in proving *Aconite*, who for the first time cured a case of pleurisy with *Aconite*, and who was led to give it by the presence of the characteristic mental symptoms, *not* because he had formed a hypothesis of its being an “anti-phlogistic.” As our learned friend progresses in his instructions he goes further from the teachings of the master. He goes astray and commits a grand and fatal error when he says that the application of the drug in quantities large enough to induce its physiological action as an “arterial sedative,” in which it ranks with *Digitalis*, *Tartar em.*, and other drugs, like them, retarding the heart’s action through the vagi, and relaxing the system through the induction of nausea—is not without its merits! Ringer and Phillips brought such practice again into vogue, therefore it is not without its merits. That is exactly what Dr. Hughes teaches. Can Homœopathy with its necessary minute doses be true, and the Enantiopathic treatment with large crude doses, inducing the physiological action of a drug, thereby retarding the heart’s action, be not without its merits? As healers, we must either accept the one or the other of three therapeutic modes of cure. Either the one is true or not. Can they all be true? Or, one true and the other not without its merits? To our mode of thinking, *one* only can be true, and if the one is true there can be no sort of merit in any of the others! But *experience* has taught every observing physician that the administration of such gross doses of such a remedy as *Aconite* as well as of *Digitalis* have not only “no merit,” but are invariably causing a great deal of harm, never induce a cure, always cause evil effects. And how a teacher in a professedly Homœopathic institution can say that such pernicious, anti-Homœopathic treatment is not without its merits surpasses our powers of comprehension. An invariably pernicious practice is not without its merits, so teaches the professor of *materia medica* in that notorious institution, erroneously called Homœopathic, “*The London School of Homœopathy*.” Truth and error may probably be able to co-exist under the newly-discovered doge of freedom of medical opinions and actions, *and no bigotry*.

A THERAPEUTIC STUDY OF BORAX.

BY A. W. WOODWARD, M. D., PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS IN THE CHICAGO HOMŒOPATHIC COLLEGE.

The *Biborate of Soda* is generally considered inert as a therapeutic agent, and is rarely used except for aphthous conditions. This opinion results from the neglect of our practical men to test its virtues, they have been prejudiced by its weak record of cures, found solely in Homœopathic literature, and embracing few primary disease conditions.

Some recent experiences with this drug indicate that we have overlooked an agent that may prove superior at the present time, to many of the so-called polychrests. Among the 480 symptoms of *Borax* in Allen's *Materia Medica*, many are rich in therapeutic significance, these, when studied chronologically, reading first the symptoms developed *late in the provings*, will give us a definite picture of the characteristic action of this drug, and of *its curative power in severe, acute diseases*, while those symptoms developed *early in the provings* correspond mainly to the *secondary* symptoms of severe disease or to *trivial ailments only*. We may by this rule summarize these provings briefly as follows, choosing the symptoms indicative of severe disease forms: "Slight chills or shiverings followed by predominant chilliness, or transient heats when covered, with contracted quick pulse, hot feet and hands," clinically we find "the chilliness or coldness" is attended by elevated temperatures, and often cold feet or hands. Attending these fever symptoms we find at the beginning of the attack, mental apathy or confusion, vertigo, benumbed sensibilities and tendency to sleep, but little debility, restlessness, or thirst, is manifest at this time, though they increase with the continuance of the case.

These general symptoms may be attended by various local phenomena, viz.: Congestive, rheumatic, or neuralgic headaches, chiefly involving the eyes or vertex, and attended by local heats. Catarrhal inflammation or heat of the ear, with or without pain, attended by crusty, herpetic eruptions, or ulcerating pustules within the meatus or upon the concha. Rhinitis with a similar eruption about the nostril or lip. Blepharitis with "wild hairs," causing conjunctivitis. Erysipelatous redness and heat of the cheek with or without pain, attended by herpetic papular or pustular eruptions, or catarrhal discharges from one or more of the mucous surfaces, or both condi-

tions may attend. In the mouth we find great heat and salivation, with in some cases a bleeding aphthæ, or in others severe stomacæ; the ulceration may sometimes involve even the periosteum of the teeth and jaws. These conditions when calling for *Borax*, will, as a rule, be attended by swelling and eruptions about the lips, or the erysipelatous blush upon the cheek.

I have been well pleased lately, with the effects of this remedy in the treatment of diphtheritic tonsillitis, when it was accompanied by this erysipelatous blush, or these eruptions about the nose and sanious discharges; the local phenomena were considerable swelling heat and soreness of the adjacent glands, with somewhat extensive deposits of pearly white membranes upon the tonsils that exhibited points of ulceration, these conditions were attended by fœtor and salivation; and though the temperatures were not high, nor the debility and suffering great, I was more than usually apprehensive of trouble from two sources; one was repeated capillary hæmorrhages from the ulcerated surfaces, and the other a persistent tickling cough that warned of laryngeal deposits; the cases, however, responded promptly to this remedy, and rapid convalescence followed its administration.

When the disease locates below the diaphragm, the initial chill, indicating *Borax*, may be attended by repeated vomiting, and perhaps stitching or cramping pains through the abdomen. Fickle appetites and flatulency are apt to attend all conditions, but especially when the bowels are involved, then we find a painless, debilitating diarrhœa, worse in the morning. But while children are apt to suffer from diarrhœas, we have reason to believe that adults are more likely to exhibit serious disturbances in the urinary or sexual organs.

In all forms of disease where we have given *Borax* successfully, decided irritation of the kidneys and bladder has been present from the beginning of the case, profuse and frequent, or frequent, scant, and hot urination, that gradually becomes more urgent and painful until the right remedy is found; at first the urine is light colored and normal in character, but it soon becomes dark and loaded, sometimes exhibiting minute blood clots in the deposits.

In adults the sexual system is soon deranged by *Borax*. In males seminal weakness and loss of desire may be followed by increased instincts and balanitis attended by an itching, herpetic eruption, or a gleet-like discharge that is sometimes streaked with blood. In females more serious conditions are developed. In one case where

the 1x trit. of *Borax* was given freely for catarrhal fever, there seemed to result first an engorgement of the uterus with bearing down pains and prolapsus; this condition was attended by increased heat in the vagina, and was finally relieved spontaneously by a profuse discharge of albuminous leucorrhœa that appeared clear and glutinous. The experience of many physicians proves that this drug is a most efficient agent for the treatment of leucorrhœas of this character, they are generally profuse and attended by engagement of the cervix uteri with considerable abrasion of the mucous surfaces; these cases differ from others of a like character in the absence of much pain, debility, or reflex disturbances. For these conditions local treatment is the most prompt and efficacious, hot injections daily of *Borax* two grains (crude), water one pint. *Borax* produces first, scant and retarded menstruation which is painless; secondarily it is suited to profuse and premature flow, attended by violent, expulsive pains. This drug has an ancient reputation as an agent to promote tardy and inefficient labor-pains; this I have lately verified with surprising results in two cases: In these women preliminary to and during labor, there occurred frequent urging to urinate and copious discharges. This remedy should prove beneficial in post partum conditions, especially "after pains" when attended by vesical tenesmus.

While the efficacy of *Borax* in true pneumonia is doubtful, the preservative pains and soreness of the chest, the difficult expectoration and harassing coughs point to its usefulness in bronchitis. And it should also prove curative in pleurisy with effusion if these symptoms are of any value, "sharp, stitching pains, difficult respiration, interrupted breathing quite impossible when reclining, sensation as if the heart was displaced to the right side." I have given this remedy to one case of sub-acute pleuritis with effusion with good results; here there existed but slight fever and but little pain, she complained chiefly of the vesical irritation.

The rheumatic symptoms of *Borax* seem to be chiefly confined to the muscles of the neck and shoulders, though many complain of severe pains in the lumbar region, they are probably due to renal congestion as they disappear with the urinary symptoms.

The secondary action of *Borax* seems to be manifested chiefly in the sensory and nutritive sphere, this is shown in the increased irritability of mind, "fear of downward motion," touchiness, sleeplessness after 3 A. M., and increased sufferings of body, and acute pains and

sensitiveness of affected parts. In the nutritive sphere we have various indications of anæmia as seen in emaciation, debility, and blanched and "shriveled mucous membranes of the mouth," the appetite and thirst becoming more craving, and the constipation being followed by diarrhœa.

Borax compares with *Chamomilla* in the local heats and congestions it produces, and in the acute sufferings (secondarily). It compares with *Mercurius* in its action on the buccal and pharyngeal surfaces, and with *Kali bich.* in its action on the skin and respiratory mucous membranes. It compares with *Bryonia* and *Scilla* in its influence upon the serous tissues, and with *Pulsatilla* and *Alumina* in their effects upon the uterine fibres and mucous surfaces. And it should sometimes be considered in its relation to anæmia or hydræmia, rather than *Ferrum* or *Arsenicum*.

I have found the therapeutic usefulness of *Borax* is increased by moderate dynamization, the crude salt being comparatively inefficient except as a local application. The 3x trit. is potent for primary conditions, while the 12 cent. or higher is necessary where the sensibilities are aroused and the debility is great.

Obstetrical Department.

POST-PARTUM HYGIENE.

BY R. N. FOSTER, M. D., PROFESSOR OF OBSTETRICS IN THE CHICAGO HOMŒOPATHIC COLLEGE.

Read before the Illinois State Homœopathic Medical Association.

MR. PRESIDENT: It has happened in midwifery, as in other departments of sanitary service, that exceptional and striking conditions are more carefully studied, better understood, and more skillfully managed, than the more common conditions. Thus a parturient woman is more certain of the best known management if she should have a complicated labor than if she should have a normal labor. A malpresentation, a hæmorrhage, a cellulitis, a septicæmia, mammary inflammation, or conditions even more complicated than any of these, will arouse the average accoucheur to a full realization of his or her responsibilities, and call forth all the resources of the art and science of midwifery. Even our standard works on midwifery are constructed

in accordance with this vicious state of things—fifty pages devoted to the treatment of a parturient phenomenon which occurs once in two hundred labors, and one page to phenomena that may occur many times in every labor. This arises in part from the fact that a perfectly natural labor is a strictly physiological process from first to last—for a “perfectly natural” labor is one that proceeds through all its stages from beginning to end without pain or injury to mother or child; and such a labor requires, of course, nothing more than passive observation, to see that it remains normal. But such labors are exceedingly rare. In nearly all labors there is a departure from this almost ideal norm—and such departure, however small, is always a descent of the organism from a physiological to a pathological condition. We need to realize this fact, and thereby to know that in nearly every case of labor we attend we are in charge of a pathological condition, it may be trivial, or it may be serious; but it is pathological.

In fact, individual reproduction is the grandest effort of organic life; therefore, the greatest strain that can be put upon the organism, and one to which it is rarely quite equal. Hence the frequent lapses after this experience into conditions of disease; hence the long list of chronic ailments following in its path. The list of women wounded in the work of perpetuating the species is longer than that of men wounded in wars that aim to destroy it. The mothers of the race are our hardest and bravest fighters, and our greatest sufferers, yet they are seldom honored and never pensioned. The least that we can do for them is to conduct them through their perilous enterprise with all the safety that our resources will command. Travelers sometimes cross the Andes by narrow paths that streak the sides of the precipitous mountains—they are safe so long as the high pathway is kept—but liable at any moment to make the false step that precipitates to unfathomed depths below.

The parturient woman travels a high and dangerous physiological pathway in like manner, and a single mis-step amid the complicated changes and windings of the road, precipitates her towards, or into a pathological abyss, from which she may not return alive. The safest labor that was ever borne lies along the brink of this abyss. The physician is the guide who is to conduct with safety this adventurer to the end of her journey.

Now the traditional treatment of the lying-in woman is sufficiently careful, at least, in the *great emergencies*, but not sufficiently mindful, as I think, oftentimes criminally negligent I believe, with regard to this fact of woman's constant nearness to great danger during and after parturition, where no such thing as an “emergency” ever appears. Few women are victims to sudden death at this crisis of their lives, but thousands here lay the firm foundation of subsequent chronic disease and weakness. Perhaps my observation has been unfortunate, but if not, then certainly one-half of the invalid women date their sickness from an abortion, a miscarriage, or a birth at full term. “I have never been well since the birth of such a child—one or twenty

years ago," is the observation that each one of us hears almost daily. And the greater part of the illness of these women is due to a failure on the part of their physicians to attend to their parturient patients long enough and carefully enough and constantly enough during their confinement. Physicians have a notion that a stay of an hour with a woman after delivery, and two visits afterward is enough.

SHOULD BE SEEN MORE FREQUENTLY.

Consider the multiplicity of organs, processes, and functions that are concerned in this condition—the rapidity of physiological change then taking place—the high rate of speed that is never safe. Three cases were on my hands at one time in January. One had cellulitis. One had urethritis and cystitis. One had diffuse inflammation of the intrapelvic cellular tissue, without the plastic effusion of pronounced cellulitis, and mild puerperal mania.

Every one of these women had been neglected in her treatment—shamefully neglected—had been deserted by her physician when a touch of the pulse alone would have declared that they were stepping off from the physiological pathway and were on the downward way to invalidism.

Here is a new field for *preventive medicine*—the best medicine in the world in half our diseases—or rather here is the oldest field and widest in a condition of total neglect. Moreover, it is an easy field to work. Nothing is simpler than the treatment of these patients—nine out of ten of them. A few days more in bed would alone save half of them.

Dr. Goodel, of Philadelphia, has of late urged that women should not be kept in bed during the customary nine days, but should be urged to rise on the third or fourth day in ordinary cases, and that their condition would be improved thereby. Let us hope that the teachings of so high an authority on this point will not be interpreted too literally, or followed universally.

When the lying-in woman should rise is not a question of time at all, but of condition. She *may* rise in six hours after labor, and proceed to hard active work, as I have seen, and without apparent immediate injury. Yet in the strongest woman such a performance is simply a hazardous feat. She may not be fit to rise without injury for weeks, or even months, in extreme cases.

The society will not forget that I am now speaking of every-day cases of labor, that are in no way of extraordinary character. I *particularly exclude* marked cases of *post partum* disease. I speak *only* of that large class of lying-in women, 90 per cent. of the whole number, who have not as yet any well-defined, pronounced, and specific ailment, but who, nevertheless, still linger on the borders of that pathological abyss, which it is our sole professional duty to avoid. These women, I say, have as yet no well-defined, because *no fully-formed* disease of any kind, and yet they are all ready to assume any one of a dozen diseases, acute or chronic, at the slightest provocation—that is

to say, from any ignorance or neglect on the part of the attendant physician.

Now as these are not extraordinary cases, we cannot call on them to submit to extraordinary examinations with sounds, and tents, and speculums, etc. Even digital exploration cannot be urged with entire delicacy, for obvious reasons. Yet we must understand these patients, and I proceed to say how I believe it may be done.

There are four points to be carefully noted in the condition under consideration, and strict attention to them will leave but little to be desired. I mention them in the order of their value :

1. The pulse.
2. Pain, present or absent in any part of the body.
3. The uterine excretion.
4. The appetite.

I exclude the temperature in this class of patients as utterly worthless in comparison with these other signs, although in other cases it is of supreme value.

If a woman has passed through the ordeal of labor, and has her normal pulse, about 75 ; if she is free from pain on movement, or when at rest, or under reasonable palpation ; if the lochial discharge is normal, or if at a later period it has ceased and no abnormal excretion or secretion appears in its place, and if the appetite is good ; *that patient is well*, and she may get up, whether it is three days after labor or three months, and if all these things remain so *she may stay up*, and *otherwise she may not*. To bring his patient up to these conditions after labor is, in the class of cases I speak of, the chief duty of the accoucheur, and unless he does so to the utmost of his ability, he has not performed his duty at all. Whereas, the opinion is too prevalent that the physician who has been present during the last hours of labor, has supported the perineum, cut and tied the funis, and waited his hour, has about exhausted his professional resources and his professional dignity both at once. What follows he leaves to luck and oftentimes doubtful nursing. If a half-sick mother recalls him in a month or two to explain that somehow she does not recover her former strength, and indeed has never yet been well since her confinement, he complains of the imprudence of his patient, and the ignorance of her nurse, and the degeneracy of the modern woman—of everything indeed but the right thing, his own culpable neglect and incapacity. We must watch our parturient patients more closely than tradition and custom have heretofore dictated. We must make them more visits and more careful ones. We have no business to resign them to any other care than ours until they are *well*, and they are well when they fulfill the conditions just mentioned, and not till then.

Indeed, I will go farther and affirm that if the accoucheur will but attend carefully to the pulse alone, excluding the other elements mentioned, such cases as those referred to a short time ago would be of much rarer occurrence. If there is any one sign that I have found absolutely reliable in the lying-in woman it is the pulse. It has never deceived me.

A pulse rising much above one hundred right after delivery warns us of impending hæmorrhage—place now the hand upon the uterus,

and it is already distended big with coagula. It has other meanings also, but it never means that all is well.

A pulse of sixty or less at the same period means shock, or injury, and it will be followed sooner or later by a proportionately high pulse, and a slow recovery.

A pulse of ninety-six, scarcely varying from day to day, means that the pelvic organs are wounded and must struggle hard to accomplish their metamorphoses.

A pulse of seventy-five when your patient lies down, which rises to eighty-five or more when she rises up, and flutters between eighty and one hundred four times a minute, while she is up, means that said patient will get better every day if we keep her down and worse every day if we let her up.

But a pulse of from seventy-five to seventy-eight, which is the same whether the patient lies down or walks about, or sits up, is a pulse that I never yet detected in any but a thoroughly recovered patient. Indeed so delicate an indicator is the pulse that I am sure I have seen it kept a few beats above the normal by the slow healing merely of a ruptured perineum. But while it is true that the pulse alone will tell us exactly how our patient is, yet will the other conditions also come promptly forward to confirm its indications.

Thus the abnormal pulse will not have a good healthy appetite accompanying it; it *will* have some intra-pelvic pain or tenderness associated with it, and the pulse and the pain will be proportionate. If the diseased condition does not affect the uterus, however, the lochia will not be disordered. But if the abdominal pain be neuralgic merely, like the so-called "after-pains," the honest and reliable pulse will tell us that too, for it will adhere pretty closely to the norm, notwithstanding the pain.

And finally, the pulse will tell us what all experience confirms, that until our patient is well, *she is made promptly and continuously worse by rising, and that one-half her cure is rest in a recumbent position.*

Of course, in a paper necessarily so brief as this, I must ask for a reasonable interpretation of its statements. I exclude from consideration not only cases of well-known post-partum disease, but also cases of parturient invalids, who never have a normal pulse or a normal appetite, or anything else that is normal. Pregnancy may cure a prolapse or a subinvolution, but not a valvular disease or a case of phthisis.

But *within* reasonable limits, I believe it a truth of great value, that the pulse, aided and seconded by the other three indications given, is an absolutely certain sign of the condition of the puerpera—that the physician ought never to remit his care of her until the pulse is normal, and that if that rule were followed invalid women would be reduced to a much smaller minority.

EXTRA UTERINE PREGNANCY.

BY HENRY HOLT M. D., BROOKLYN, E. D., LONG ISLAND, NEW YORK.

CASE. Mrs. S., aged forty-two years, mother of one child nineteen years of age, no other pregnancy. Has menstruated regularly. Last menstrual flow quite scanty. Has enjoyed good health, except the past two weeks had not felt quite as well as usual. Was seized instantly about 8 A. M., May 27, 1878, with very severe pain in lower part of abdomen, somewhat resembling colic pain, with vomiting, surface bathed with cold perspiration. Countenance sunken and cadaverous; pulse almost imperceptible; extreme prostration. This condition continued perhaps near two hours, after which she gradually improved, and at evening was comparatively comfortable, although some prostration and nausea. Also tenderness over the abdomen.

May 28th. Found her comfortable, except occasional vomiting.

May 29th. Unchanged.

May 30th, at about the same hour as on the 27th, was attacked in same manner with threatened syncope, and all the symptoms named in first attack. Tenderness and severe pain in abdomen and back, and did not recover from the shock as readily as in the first instance. Attended her daily until June 17, 1878, and frequently after that time until July 18.

During all this time the most troublesome symptom was retching and vomiting with slight tenderness over the abdomen, although not sufficient to cause alarm, as pregnancy was suspected. About July 1 made digital examination and also by speculum. Everything appeared in a normal condition. Was unable to detect any enlargement of the womb or any unnatural condition of surrounding parts. And this, taken in connection with what transpired on the 27th and 30th of May, did not show an entire satisfactory state of affairs, and yet hoped that after passing the third month she would be better and be able to be out. She had been confined to bed since the first attack with continued nausea and occasional vomiting, although by no means distressing after the first week of sickness.

Will now call it July 18, about 9 A. M. Another attack very similar to those already named. Saw her about an hour after attack. Pain and prostration more distressing than at either the previous attacks, and hourly becoming more alarming. At 12 M. pain extending over whole abdomen and whole length of back. Abdomen distended and could bear very little pressure—evidence of inflammation of uterus or its appendages. Prostration with icy coldness of the surface and extreme suffering. Prognosis unfavorable. Determined to call counsel. Prof. J. H. Ward, of Brooklyn, arrived about 3 P. M. Heard full history of case, and suspected pregnancy at once. Made digital examination with some difficulty, causing additional pain. Womb very sensitive to touch. Decided there was no fœtus in the womb of three months, as had been suspected. Tympanitis increasing and pain constant. Complains of terrible tearing pain through abdomen and back.

Very little could be learned by external manipulation on account of extreme tympanitic condition of abdomen. At 3 A. M. of the 19th Dr. Ward was recalled. Patient sinking rapidly and suffering exceedingly. Deathly cold and nearly pulseless, and exhibits same moribund condition that obtained on the 18th. And continued to sink until 9 A. M. of the 19th, when she expired.

Time of attack until death just twenty-four hours. Autopsy twenty-four hours after death, Drs. Ward and Beardsly assisting. Tied and removed whole intestines. Three or four pints of dark and black blood lay in the abdominal cavity. Pelvic organs in left side in normal condition, while on the right at the fimbriated extremity of the fallopian tube was a tumor measuring probably seven to nine inches in circumference. Further examination showed it embraced both ovaries in the cyst wall. An opening was also found the size of an ordinary goose-quill, which was undoubtedly the point of rupture from which the hæmorrhage came which caused her death.

The cyst contained a female fœtus at about the third month. Found the womb normal with formation of their decidual membranes. No odor or evidence of decomposition. No abnormal discharge from the vagina during the past three months.

Surgical Department.

EMBOLISM OF THE POPLITEAL ARTERY.

BY S. E. TROTT, M. D., WILMINGTON, ILL.

Read before the Illinois Homœopathic Medical Association.

On Feb. 16, 1878, Mr. E. H., superintendent of the C. & W. coal company's mines at Braidwood, (a man of sanguine bilious temperament and weighing two hundred and thirty-five pounds, presented himself at my office with the following symptoms: Pulse 110; eyes swollen and injected; tongue covered with a yellowish coating; a sense of fullness and distention in the head and pains in the back and extremities; there was also a marked stagnant action of the kidneys.

For several months Mr. H. had been severely taxed both mentally and physically, nearly all the responsibility of the mining operations devolving upon him during the protracted *strike*, and a week or two previous to his presenting himself at my office, being greatly depressed from the combined effects of the long continued mental and physical strain, and having taken quite a severe cold, he came to his home in this city to recuperate, and with the use of the indicated remedies, rest

and "Electric Baths," he felt so much improved in a few days that he thought it proper to return to his duties at the mines, but in a few days after presented himself at my office as before stated. The case progressed favorably and from the use of indicated remedies and rest, the system gradually rallied from its depressed condition, and he seemed to be rapidly recovering, when at midnight on the 27th of February, I was hastily summoned to the bedside of the patient, who an hour before had been attacked with a sudden and severe pain (which he described as most excruciating) in the right lower limb. I found the foot pulseless cold and purple, and most intensely painful. Hot applications, friction and electricity were applied with almost complete relief from pain, but the foot in spite of all treatment remained cold and purple, and no pulsation could be detected. Diagnosed embolism, as the first and most severe pain was felt at the point where the popliteal artery bifurcates into the posterior tibial and peroneal, concluded the anterior tibial would sustain the life of the part until collateral circulation should be established, and so informed the patient.

Acting upon this supposition, hot water-rubber bags were applied, electricity and friction were continued, and for a time with apparent benefit, but more threatening symptoms supervening, Dr. H. B. Fellows of this city (the patient's family physician) was called in council, who concurred in both diagnosis and treatment, and recommended the continuance of the electricity, friction and warmth, as well as the remedy, which was *Secale cor.* 200.

The limb however, gradually assumed a more unfavorable condition and on the 8th of March it became evident that all hope of saving it must be abandoned, for on the afternoon of that day on visiting the patient I found that gangrene had fully set in, and complete death of the limb had taken place, leaving no possible alternative but amputation.

Accordingly on the morning of the ninth, assisted by my partner Dr. C. E. Stinson and Dr. J. B. Backus of Braidwood, and E. J. Abell who administered the anæsthetic, I amputated the limb almost four inches below the knee joint.

The patient came out under the influence of the anæsthetic very quickly, being completely anesthetized in about three minutes. the agent employed being con. *Ether*.

The condition of the limb rendered it necessary in order to amputate below the knee, that a short anterior, and a long posterior flap should be made, the knife in cutting the posterior flap passed through the embolic clot. The patient rallied finely, awaking from the anæsthetic as from a quiet sleep, and being removed from the table to the bed, remarked that the "job had been done as well as though he had bossed it himself."

There was no apparent "shock" but the day following the operation the patient at times was delirious, which condition continued until the seventh day with the pulse at 120, and on that day the case

assumed a more promising condition, the pulse decreased in frequency, the tongue commenced to clear, the bowels moved naturally, the appetite improved, and the wound commenced to granulate. No bandages were used after the second day—the stitches (which were of silver wire) were removed on the sixth, and the flaps supported by adhesive plaster.

The stump was simply placed on a cushion, and showered with a solution of *Carbolic acid* from an atomizer, once in two or three hours. A crib constructed of hoops, placed over it to hold up the bed-clothing, thereby keeping it cool, which together with the other treatment prevented extensive suppuration, sloughing of the flaps, or the setting in of gangrene. The circumstances surrounding the case seemed to indicate that the prognosis would be extremely doubtful.

On the twenty-eighth day the ligature came away, and on the thirty-fifth day from the operation the patient was placed in a carriage and rode for half an hour.

From this time the improvement was rapid, and on the 15th of April he returned to his home in this city. On dissection of the limb after amputation, an anomaly presented itself. The popliteal artery dividing into three branches at the point where the anterior tibial is usually given off, and the embolic clot lodging at this point had effectually destroyed the circulation of the limb.

No cause could be assigned for the embolism, as careful examination revealed no disease of the heart, no varicose veins, and only one small hæmorrhoidal tumor.

What caused the embolism? and why should such a condition as the above described destroy the limb sooner than would ligation of the artery?

P. S. There was severe neuralgia of the stump, which eating of onions cured like a charm.

WOUND OF THE KIDNEY.

BY M. B. CAMPBELL, M. D., JOLIET, ILL.

Read before the State Homœopathic Medical Association.

A case of penetrating wound of the kidney. June 17, 1872, I was called in haste to see F. Watt, seventeen, a telegraph operator who, while endeavoring to eject a tramp from his office, was stabbed in the left lumbar region, the weapon used being a large saber-pointed pocket knife. I saw him within twenty minutes from the occurrence, he in the meantime having walked with assistance to his boarding house three blocks distant. Inspection of the abdomen revealed a wound about two inches long, which was completely filled by a protruding fold of omentum. Hæmorrhage was profuse, and the patient gave evidence to excruciating pains. A hypodermic injection of *Mor-*

phia was administered at once to allay pain, and quiet the general nervous excitement. I then replaced the omentum and closed the wound by silver wire sutures, and adhesive plaster, leaving the lower corner sufficiently loose to allow the escape of any fluid which might accumulate, the patient was placed upon his side, and the abdomen swathed in cloths wrung from ice water. The weather for that season of the year was excessively hot, with the temperature constantly rising, and it required the combined ingenuity of physician and nurse to make the room he occupied, endurable. Next morning found that the patient had been comparatively comfortable during the most of the night, but toward morning had become restless and feverish, the accelerated pulse and rising temperature, pain and tenderness in the abdomen with some tympanitis, gave unmistakable evidence of approaching peritonitis. I gave *Veratrum v.*, using Norwood's tinct. in material doses, and frequently repeated, until the pulse was reduced to between 80 and 90 beats per minute. At about 2 P. M., and while making an effort to slightly change the position of the patient, there discharged from the wound at the nearest estimate, two pints of fluid of a dark straw color, and having a strong urinous odor. Up to this time I had not suspected that the knife had penetrated the kidney; finding upon inquiry that the patient had not evacuated the bladder, introduced the catheter and drew off about one pint of what seemed from all appearance to be clear blood. When exposed to the air it formed a solid and natural clot, and had but a slight odor of urine; this in connection with the escape of urine from the external wound was positive proof that the kidney had been penetrated.

The treatment of the case throughout consisted in alternate doses of *Verat. vir.* and *Oil of Terebinth*, enough of the former to keep the pulse below 90, and enough of the latter to make its odor preceptible in the urine. The abdomen was kept packed in bladders of pounded ice, and the patient was freely nourished. The constitutional disturbance increased constantly until the fifth day, when a change for the better was preceptible, at the tenth day the wound in the abdomen was healed, no trace of blood remained in the urine, and convalescence now followed by rapid and complete recovery. He remained free from any signs of disease of the kidney to the time of his death, which occurred about two years after from drowning. I consider the result in this case unusual, from the nature of the injury, the escape of so large an amount of urine into the abdominal cavity, and the great loss of blood. The treatment in this case may be considered by some as crude, but I was Homeopathically in a crude state at that time, and after six or seven years of trituration and dilution, I should be at a loss to know how to improve it. That wound of the kidney with escape of urine into the abdominal cavity are generally fatal, is conceded by all authors with which I am conversant. Gross says that "wounds of these organs whether incised, lacerated, or gunshot, generally speedily terminate fatally either from shock, or shock and hæmorrhage, from inflammation of their proper substance or from peritonitis.

The latter event being sure to happen when there is the slightest escape of urine into the abdominal cavity. Death occasionally occurs at a more remote period in consequence of pyramidal secondary hæmorrhage, or purulent infiltration into the cellular tissue. There can be no doubt, but that the part of the organ which receives the injury influences greatly the prospects of recovery.

“ Wounds of the pelvic and great vessels are particularly fraught with danger, as the former would be followed by extravasation of urine into the abdominal cavity, and the latter by exhausting hæmorrhage. The cortical portion and the posterior part which is not covered by peritoneum, may be injured with much less risk of serious consequences. Serious complications frequently occur from the injury done to adjacent organs. With the right kidney the liver is frequently implicated. The left being situated upon a higher plane than the right, and covered in front by the great end of the stomach, the spleen and the descending colon, is particularly liable to be complicated by injury to these parts. Among the great number and variety of wounds which occurred to our soldiers during our civil war, there is not one recorded case of penetrating wound of the kidney followed by recovery. There are twenty-six cases of alleged gunshot wounds followed by recovery, but the details of these are so meagre and unsatisfactory that it is impossible to form a decided opinion as to their extent or complications. The escape of urine not being mentioned in but one or two of these cases. The diagnosis was evidently based upon various forms of disease, pains in, and spasmodic contraction of the testes. Lumbar pains and other minor and undecided symptoms. These symptoms are not sufficient to establish an unequivocal diagnosis. There is also no case reported by division of the ureter alone, a perforation producing this lesion would be liable to implicate the emulgent vessels, and such a case would scarcely reach the hospitals. There is nothing new and practical to offer in the way of treatment. It was the practice of some of the older and noted surgeons to freely enlarge the lumbar orifices of wounds of the kidney, to prevent the infiltration of urine internally or into the dorsal muscles. This was recommended by Larry and Dupuytren, but it could not be made of service when the wound was in the abdomen, and pelvis of the kidney. Each case must be relied upon to furnish suggestions as to its treatment.”

The *Veratrum viride* rendered us good service in combating the peritoneal inflammation, and the turpentine in controlling the hæmorrhage.

ANTISEPTIC SURGERY.—The latest antiseptic, and one that bids fair to rival *Carbolic acid* is *Thymol*. This is prepared either from the *Oil of Thyme* or obtained by distillation from the seeds of *Ptychotis ajowan*, an East Indian plant. It arrests fermentation and checks decomposition, and when used with Lister's "method" the secretion from wounds is lessened and the rate of healing is much quicker.—*Med. Times and Gazette*.

Pharmaceutical Department.

PHARMACOLOGICAL.

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

Read before the Illinois Homœopathic Medical Association.

Observation is apparently of but meagre importance; in fact with but few exceptions the question of pharmacy is a subject of absolute indifference; it is one which at present is generally thought to be of no particular moment, and one that in nowise refers to the interest of the busy practitioner.

Samuel Hahnemann, in his *Organon*, paragraph 264, says: "A skillful physician will never rely on the curative virtues of medicines unless he has procured them in the *most pure and perfect state*. It is, therefore, requisite that he should be *capable of judging* of their purity."

From this quotation we are to infer that present opinion is, but a refutable prerogative, "a pre-eminent thought, which infests the mind of man engendering therein a belief that he is in possession of a superior knowledge," and, that the world is to take cognizance of a personal condition, wherein scholastic qualities really *does* outweigh masterly products. How remarkably strange, that out of so great a number of professed disciples of the faith, followers of the teachings of the immortal Hahnemann, that, there are so few who agree with him in thinking it necessary that they, like him, should qualify themselves that they may become "*capable of judging*" the temper of their own steels. I repeat how remarkably strange, and, ask upon what hypothesis, and for what reasons does there exist a non-essentiality, of *our* procuring medicines "in the most pure and perfect state?" Would you gainsay *his* skill? Probably not. Can, and do *you* not, both by word and act, oftentimes gainsay your own? Yes. Then why this disreputable pedantry? To you who profess, but do not believe in the Hahnemannic doctrines, who profess to accept the teachings of the principles which govern the law of similia, I would propound the following questions, and in the name of the three graces, faith, hope and charity, ask that you do individually answer them.

First, confessing to accept the law, by what authority do you dare to attempt to expunge therefrom any of its constituent principles.

Second, in your audacious bravery, why do you individually and collectively seek to find an affinity in the apparent preconcerted attack upon our therapy?

Hahnemann says, that *he* first procured his remedies "in the most

pure and perfect state," and being "*capable of judging of their purity*" and perfection he *then* relied "upon them for their curative virtues." It was upon such a foundation that he based *his* skill. Do *you* procure *your* remedies in the "most pure and perfect state?" Are *you* "capable of judging" of their purity? Believing that you are obliged to answer negatively, I would ask why then display both chagrin and ignorance by attempting to disprove a principle that you have never properly tested? Because you do not possess that which you ought, namely the knowledge and application of a principle is not of itself sufficient cause to command acclimation, but is significant enough to *demand*, sharp reproof.

Standing as you do in ignorance upon a neutral ground, having discarded the principles of the one school, and not daring to accept those of the other, why not define your position? Why not come boldly forward and deny that you belong to *either* school? Such an act, would make a man of you; it would place you in a position either above or below censure, and would enable you, to dispute the principles of pharmacy, therapy and pathogenesis, and thereby permit you to treat diseased conditions as you apparently wish namely, in accordance with the law of *absolute* experience.

As the school of Homœopathy now exists, there is within its pales, two classes of practitioners; the one conservative, the other radical; hence in the words of Bishop Butler, "The thing plainly is that mankind are endued with reason or a capacity of distinguishing between truth and falsehood," and in the language of Dr. Wm. Sharp, we ask, "Right reason being our guide, with which of these two parties is truth most likely to be found?"

Hahnemann distinctly asserts that a knowledge of drugs, and their preparation *does* concern the practitioner, and he reasons well to that end. Yet notwithstanding, during the several decades, in truth, in the passing by of two generations since his first published essay, upon the discovery of the law of similia, there has been a marked spirit of retrogression a falsely termed progressive science, and as the result we of to-day are like unto a ship at sea without compass or helm. Pharmacy and pharmaceutical law *cannot* be ignored, they *must* and *shall* be respected, for without them the end is near, and our gallant ship of state Homœopathy will be stranded upon the barren shores of oblivion. It is the neglect of this one principle the individual indifference to medicines and their preparation which has called into existence the petty jealousies and clamorously worded antipathy of many of our profession; it is this that has consigned not a few of us to a condition that our present acts if deftly explained would tell to the world that we were renegades.

"The *God* of truth, and all who know me, will bear testimony that, from my whole soul, I despise deceit, as I do all silly claims to superior wisdom and infallibility, which so many writers, by a thousand artifices, endeavor to make their readers imagine they possess." (Lavator). "For myself, I here publicly confess, that I will, to the end

of my days, acknowledge it as the greatest obligation that any person can confer upon me, if, in the spirit of meekness, he will point out to me any error, or enthusiastical delusion into which I have fallen, and by sufficient arguments convince me of it." (Thomas Scott). These two quotations are the counterpart of a just and conscientious life, and are foreboding to any element piquant with desire to destroy the tenable principles of an established law.

You, who *can* incorporate into your daily life the full meaning of these words, have within your grasp the *only* destructive weapon of warfare against which this threatening hydra-headed adversary can do battle with impunity.

If there be a therapeutic or pathogenetic effect or power developed by our drugs, especially where either attenuated or dynamized, it is made manifest because first of the purity of the drug, and second by the purity of its menstruum.

Hospital Department.

HAHNEMANN HOSPITAL CLINIC.

CLINICAL CASES.

BY T. S. HOYNE, A. M., M. D., PROFESSOR OF MATERIA MEDICA AND
THERAPEUTICS IN HAHNEMANN MEDICAL COLLEGE
AND HOSPITAL OF CHICAGO.

CASE 6,848. Herpes zoster. This boy, aged five, gives the following history: Several days ago he was feverish and had quite a headache; was inclined to hug the stove, as he frequently felt chilly; and had very acute neuralgic pain in the left side. His parents thought he had pneumonia or pleurisy, particularly as he coughed from time to time. However, this eruption, which you see, came out a few days afterward, and they suspected small pox, and brought him to me yesterday for treatment. You see that the eruption, which consists of a number of vesicles, extends from the spine around the left side to the median line in front; in fact, the eruption as is usual in this affection, follows the course of one or more of the cutaneous nerves. Several of the vesicles as you observe, have enlarged into bullæ. Many of the

vesicles now contain a clear fluid, which will become turbid and dark in a short time, probably two or three days, as we now find some of them which have already changed in character. Some of them seem to contain purulent matter, so dark do they appear. The next stage will be crusting, and in ten days or more the scabs will fall off, and leave dark red stains. The case before you is a typical one. The history of the case shows it; the acute neuralgic pains which he still experiences show it, and the line of the eruption, commencing at the spine and extending to the median line in front, shows it. In fact, you should be able to diagnose a case without any difficulty in the future. The vesicles, you will notice, are larger than those of eczema; they are situated upon an inflamed base, and some of them are so large that they might be considered as small bullæ. The vesicles do not, as a rule, rupture, as in eczema, but their contents are absorbed. The only peculiarity in this case is that the eruption is on the left side. The right side is the one affected in about two-thirds of the cases of herpes zoster of the trunk. In the way of remedies we may mention *Ars.* (intense burning); *Calc.* (scrofulous persons with enlarged glands); *Hepar* (purulent secretion, severe itching and scratching); *Kali* (stitching pains); *Merc.* (burning of the eruption when touched); *Puls.* (mild, gentle persons); *Rhus* (highly recommended); *Sil.* (eruption inclined to ulcerate.)

In this case we shall prescribe *Hepar sulph.* 200, on account of the appearance of some of the vesicles, the severe itching and scratching, and the nightly aggravation. (One week later reported, "The eruption is drying up and fast disappearing." In two weeks, well.)

CASE 6,674. This is also a case of herpes, but not one of zoster. This eruption we observe on the face, neck, and hands. It appeared two weeks ago, the mother says, in the shape of vesicles the size of half a pea, situated on an inflamed base, and was attended with considerable smarting and burning. At present, there is considerable discharge of bloody matter. The eruption itches and burns much, and feels better after scratching; sometimes bleeds after scratching. He is very thirsty in the morning, restless at night, and wakeful after midnight; sleeps after 4 A. M. He is troubled with cold extremities. Poor appetite. Will the class suggest the remedy for this case? *Nux vom.*, *Calc.*, *Sulph.*, *Rhus*, *Lyc.*, etc., are suggested. Why did you suggest *Nux vom.*? "On account of the poor appetite, the cold extremities, and the wakefulness after midnight." Next, why did you recommend *Calc.*? "Because the child has the appearance of a *Calcareæ* child;

because the extremities are cold, and because the child is restless at night." Why did you advise *Sulph.*? "On general principles, as it meets all eruptions." The one who suggested *Rhus* did so on account of the restlessness after midnight and the bleeding on scratching. *Lyc.* was mentioned seemingly because no one else mentioned it. In this case we shall prescribe *Sulph.* 200, not "on general principles," but for these reasons: Disposition of the parts to excoriate, especially after scratching; scratching relieves; eruptions which bleed easily and burn and itch much; drinks much and eats little; coldness of the feet; restless at night; cannot sleep until 4 A. M. And in addition, this child dislikes to be washed and bathed, the mother says. Some one remarks that all children dislike to be washed and bathed. That is not so. Nearly all of you have seen scores of children who would cry with delight on the appearance of the bath-tub in the morning, and would cry lustily when taken out of the water. The characteristic indication is a good one, both of *Sulph.* and *Amm. carb.* The remedies suggested by the class are indicated by one or more symptoms in the case, but the totality of the symptoms, I believe, is best met by *Sulph.* (One week later reports improvement. Sleeps better; appetite good; eruption fading. Continue medicine.)

CASE 6,304. This patient (Mrs. B.) contracted syphilis three years ago. Had, when she came to the dispensary, psoriasis palmaris, syphilitic eczema of the face and a number of syphilitic ulcers about the left knee which discharged an ichorous fluid. The treatment was commenced with *Nux vom.* on account of the Allopathic drugging she had undergone. This was continued one week only. *Rhus tox.* 30 was then prescribed, which seemed to aggravate, and *Sac. lac.* was given for a week with some improvement. The following eight weeks *Rhus* 2,000 was given one week, and *Sac. lac.* the next, in alternation, during which time there was continued improvement. The following three weeks, on account of other ailments (of an acute character), we were obliged to resort to *Sil.* 30, *Puls.* 200, and *Bry.* 200. Two weeks ago, you will remember, we prescribed *Asafoet.* 3 on account of the excessive sensibility of the ulcers; she could not bear to have them touched. There was also considerable pain in the tibia. Last week she reported great improvement—the ulcers were less sensitive, and the pain in the tibia was very slight. To-day she reports that she continued improving until Thursday and since has been growing worse. The psoriasis palmaris has disappeared, and the syphilitic eruption about the face, but she insists that she is growing worse. This may be an aggravation

from the remedy, and it may be that the remedy has ceased to act. In order to determine this point, we shall to-day order *Sac. lac.*

(NOTE.—The following week reported no improvement until the day before the clinic, then somewhat better.)

CASE 2,752. Herpes of the prepuce. This young man has been treated for a period of over six months for chancre of the prepuce. You will observe, however, that the sore does not present the appearance of a chancre. On close examination, it will be seen that this sore consists of a number of vesicles in groups, of a whitish color, with a red base, and of the size of a pin's head. He complains also of intolerable itching of the parts. He has taken any quantity of medicine, and paid out considerable money for the cure of this very simple and easily removed malady. We know it is not syphilitic by its appearance, by the history of the case, and by the absence of enlargement of the inguinal glands. These glands never have been affected, the patient tells us. The remedy most useful in this case, considering the treatment he has received (*Merc.* and ointments) is *Hepar sulph.* We shall therefore order the 200th three doses per day, and shall expect a speedy cure of the herpes præputialis. (One week later reported well).

Society Proceedings.

THE HOMŒOPATHIC YELLOW FEVER COMMISSION.

Perhaps no more important meeting in the interests of Homœopathy was ever held than the Homœopathic Yellow Fever Commission which is in session, as we go to press. We are pleased to place before our readers reports of the first day as they appeared in the *New Orleans Times*, the rest will appear in our next. It was a happy idea to meet in New Orleans—the fountain of the disease—and the reports that go forth will have a salutary effect upon the progress of Homœopathy—the school of fact. We are interested in the favorable comments given by the papers. In speaking of what was accomplished by the American Public Health Association in its recent session at Richmond, the *New Orleans Times* says: “The question as to what has been accomplished by this collection of experts from all parts of the country, has been and is harrowing up the mind of the public, naturally led to the expectation of something great as the result of the ponderous assembly and delegation. The answer to it is brief and *negative*. There is not, we believe one delegate who will concede that one valuable fact in yellow fever etiology has been deduced, or one valuable theory confirmed to any degree.”

PRELIMINARY.

NEW ORLEANS, Dec., 3. — The commission organized by Dr. Woodworth of the navy, whose report of progress was submitted at the late meeting of the American Public Health Association, at Richmond, made inquiry regarding the causes and modes of spread of yellow fever.

The treatment of the disease, or how to deal with it, in individual cases, when it has passed all quarantines and invaded the habitations of our people, was not inquired after by them. The incidental references to medical treatment have shown that the gentlemen of the commission have little or no confidence in it, and that their whole reliance is placed on rigid quarantine. Under these circumstances another commission has been appointed to inquire into the therapeutics of yellow fever. It has been appointed by the president of the national society of Homœopathic physicians, Dr. Conrad Wesselhœft, of Boston, and consist of the following well known medical men :

Wm. H. Holcombe, M. D., chairman, New Orleans; T. S. Verdi, M. D., secretary, Washington; J. P. Dake, M. D., Nashville; L. D. Morse, M. D., Memphis; L. A. Falligant, M. D., Savannah; B. W. James, M. D., Philadelphia; Wm. L. Breyfogle, M. D., Louisville; E. H. Price, M. D., Chattanooga; F. H. Orme, M. D., Atlanta; W. J. Murrell, M. D., Mobile.

The move on the part of President Wesselhoff, as soon as made known, was seconded by Mrs. Elizabeth Thompson, of New York, who so generously came forward with money for the Woodworth commission. She has proposed to pay the expenses of this commission also.

The appointment of this commission evinces a confidence in medical treatment, and a desire to learn more as to what is to be done for our people when stricken down by the plague. It seems wise and timely, and the sessions of the commission, now sitting at the St. Charles Hotel, and afterward to visit Vicksburg, Memphis and other points, may result in the making known of ways and means with which more successfully to combat the great destroyer. It is hoped there will be no hanging back on the part of practitioners, and others, who have had favorable experiences with remedial measures, but that each will come forward and place his discoveries in the hands of the commission.

FIRST DAY'S SESSION.

The question to be taken up at the first session to-day will be — how to reduce the temperature in the first stage of yellow fever. A large number of reports and communications, sent in from different cities and towns where the disease has prevailed, will be read and considered. The first session of the commission was held at the St. Charles Hotel December 2, at one o'clock, Dr. Holcombe presiding. Dr. Breyfogle, the acting secretary of the commission, was busily engaged in assorting the various reports received from Memphis, Vicksburg, Chattan-

ooga, Savannah, Mobile, Atlanta, Marietta, Nashville, Bowling Green, Little Rock, Galveston, New Iberia and other places. Dr. Orme, of Atlanta, arrived during the day, and took his seat in the commission. The name of Dr. T. J. Harper has been added to the list of members.

First Question.—Upon motion of Dr. Dake it was determined that the first point taken up should be “the methods and means of reducing the high temperature in the first stage of yellow fever.” It was an item of note, the remarkable unanimity as to the remedies for the first stage of the disease, shown in reports coming from various quarters of the great field. It was in strong contrast with the diversity of opinions and contradictions manifest in the prescriptions and theories of the ordinary practice. The physicians furnishing these reports seem to have a guiding principle that leads them all in one direction.

The remedies in the first stage were few, not exceeding half a dozen, at the head of which appeared *Aconite*, an agent very largely adopted this year by practitioners of the Old School also. So efficient have these remedies proved, not only in this epidemic, but in former ones also, when used in small doses, physicians have not found it necessary to resort to cold water, ice and other like means found efficient in cooling iron and other lifeless bodies. Recognizing the fact that cold applications cool only the exterior of the body, locking up the secretions, so far as they can effect them at all, and depressing the life power, when persevered with, beyond the possibility of reaction, they are entirely discarded. Nor are other reducing measures, such as blood-letting and purgatives tolerated. The mass of evidence regarding the successful use of *Aconite*, *Belladonna*, and other Homœopathic remedies, seemed highly satisfactory to the commission.

To-day the special subject for consideration will be—“The methods and means to control vomiting and hæmorrhage in the second stage of yellow fever.”

[To be continued.]

Therapeutical Department.

CLINICAL OBERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

SIDNEY, O., Nov. 29.—Prevailing diseases are: Follicular tonsilitis, chronic intermittents. Some little diphtheria. For the past two weeks more than an ordinary number of cases of gastralgy. For follicular tonsilitis *Merc. pro.* and *Bell.* Intermittents: *Puls.*, *Nat. m.*, and *Eup.* Gastralgia: *Puls.* has been well indicated. November is our healthiest month in this section. August and September have always much malarial trouble, more than usual this year.

PLAINFIELD, N. J., Nov. 4.—We have had more fever than usual this fall; mostly of a bilious remittent and intermittent type, and they seemed more stubborn than usual. They have in a measure subsided now. *Gelsemium* served me well in the treatment of them.

E. W. SMITH.

READING, MICH., Dec. 9.—It is alarmingly healthy at this point at present, but there are a great many cases of diphtheria within a few miles of us on either side, so we may have something to do ere long.

E. H. DAMON.

MALIGNANT DIPHTHERIA.

If those men who are contending for the prize, will get down off of their stilts and out of their old ruts—go to the bottom of this matter, and give us something really new, it will be of the utmost importance, for it is an appalling fact that thousands sleep to-day beneath the tombstones who ought to have been cured. Much has been said of late about incompetent physicians, and nowhere in the whole range of medical practice, among “regulars, irregulars, and defectives,” has there been such an utter want of scientific knowledge as in the etiology, pathology, and treatment of this disease. I am now speaking of the real, genuine diphtheria; and will here remark that three-fourths of the cases reported in our medical journals have no manner of relation to this very malignant disease. I have been through three epidemics of the most malignant and deadly form of this death-dealing malady in the country on the uplands, where the water and air were perfectly pure, where there were neither sinks, sewers, nor poisonous gases of any description, and whose every hygienic arrangement were carefully attended to, and yet this disease was of the most deadly and fatal kind. These hard facts, which can be easily demonstrated at any time, knocks the pegs out from under those wild notions usually promulgated by health officers and medical boards. With me, it amounts almost to a demonstration that the real, genuine diphtheria has an actual germinal origin. These germs breed or hatch “bacteria,” which, by a process of fermentation, generates that specific poison, which produces, or induces, those pathological conditions and symptoms, known as diphtheria. Treatment. Nine-tenths of all the acute diseases of which we boast so much of curing, will get well about as soon without our assistance as with it. Not so with this disease. Its headlong and rapid course is to the inevitable grave. And he who proposes to arrest its course by a dose of *Sulphur* 200, or anything else, every twelve or fifteen hours, should be chained up as a mad-man, or sent to an idiotic asylum. Prompt, energetic, and rapid work is the only chance of rescue. How any one having a grain of medical knowledge, can use astringents or caustics, passes my comprehension. There is less objection

to gargles. But I have no use even for them. This disease arises from a deep and deadly poison in the system, which is more completely neutralized, destroyed, or antidoted by the *Mercurials*, the *Iodide of Arsenic*, or *Salicylic acid*. Sometimes the alkalis and sometimes the acids may do good service. As a general rule, I prefer the *Proto-iodide of Mercury*. It thins and increases the exudation, thus rendering it more coagulable, and, by that very process, decreases inflammatory action. Other forms of *Mercury* may be indicated in some cases, but the *Proto-iodide* has served me so well, I place it as the sheet anchor. When the throat is black, with a tendency to rapid mortification, I use the *Iodide of Arsenic* or *Salicylic acid* in from the first to the fifth decimal trituration, blown through a tube directly into the throat. In this way I have saved many a child and several grown people from the very jaws of death, some even in the croupal form. A celebrated surgeon, once said to me, that the real success of a physician, or surgeon, largely depended upon his genius for, and his fertility of expedients in adapting means to ends. This is no doubt true. In the face of death, the mere routinist is of the least possible account. In plethoric subjects, with a full and bounding pulse and a high inflammatory condition, I use the cold water pack with a compress around the throat, and keep it up until the pulse comes down to the normal standard, and the high inflammatory symptoms subside, in the meantime using such remedies as may be specially indicated. In anemic subjects the course must be entirely different. Here *Arsenicum* and *China*, the hot water pack, the vapor bath, and perhaps stimulants may save a weakling from the grave. When typhoid symptoms prevail, *Arsenicum*, *Baptisia*, *Rhus*, and that class of remedies will be indicated.

In general practice, it frequently happens that men of very moderate ability attain great popularity, while real talent rusts out with but little to do. But when black tongue, spotted fever, malignant diphtheria, scarlet fever, and other fatal diseases prevail, the man of real genius usually comes to the front after one-half of the population lie buried in unnecessary graves. Men feel that a great responsibility rests upon a jury in cases involving human life, and forget that an equal responsibility is taken by every physician every day of his life, and he who takes it should rise above the narrow-minded sectarian selfishness of men, and remember that the only object and end of the very existence of the physician is to cure his patients. If he has this ability it should constitute his royal warrant, and if he does not have it, he, by all means, should "step down and out."

There is no use or need of so many people dying of these malignant diseases, if physicians only knew the value of, and how to use water—cold and hot—to the best advantage in connection with specific remedies. But as long as physicians think more of sustaining some special "ism" than they do the lives of their patients, so long will this devastation continue.

J. A. HOFFMAN.

MENDOTA, ILL.

WHAT IS THYMOL ?

“ In the *Medical Record* of March 23, page 227, in an article copied from the *British Medical Journal* on ovariectomy, I see *Thymol* spoken of as a substitute for *Carbolic acid*. Has it been used in America? Can it be had in Chicago?”

Thymol, or *Thymic acid*, exists in the volatile oil obtained by the distillation of *Thymas vulg.*, or common thyme. By exposing this oil to prolonged refrigeration, the *Thymol* becomes crystalized. To procure it in a liquid form the oil is agitated with an alkaline solution, such as potassa or soda; the thymate thus formed is decomposed by *Hydrochloric acid* and the thymic acid thus obtained is then purified by repeated washings and a final distillation. It is also obtained from a volatile oil residing in the gorse mint (*Monarda punctata*) and a plant growing in the East Indies, known as *Ptychotis ajowan*.

Water dissolves but a small portion of the acid, but it is freely soluble in alcohol, ether, and fixed oils. Its antiseptic properties are analogous to those of *Carb. acid*, possessing, however, the additional advantage of being free from the disagreeable odor of the latter. As an antiseptic dressing it is used in the proportion of one part of the acid to one thousand of water. We can obtain it in Chicago at \$1.75 per ounce.

CHARCOAL FOR YELLOW FEVER.

From a Philadelphia paper I quote the following: “ Dr. John H. Henry, city physician of Mobile, insists that charcoal, and not *Carbolic acid*, is the true disinfectant for yellow fever. “ Why,” he asks, “ are charcoal boys so singularly exempt from yellow fever?” Apropos of this view, Mr. C. Lignarius writes the *Mobile News*, giving the result of close observation while traveling in Brazil, the West Indies, and Central America, to the effect that charcoal was generally and successfully used as a preventive to yellow fever. He notes the like success during the epidemic in Norfolk, Va.” The above deserves notice in your journal. It explains why Mobile has remained exempt from the fever. Dr. Hering suggested the charcoal more than twenty years ago.

C. B. KNERR.

NEURALGIA DEPENDENT ON SPINAL IRRITATION.

[Continued from page 427.]

Having prescribed *Sulphur*, I was almost afraid to have her leave the office, she was so bent on making way with herself. Finally, after considerable talk, she promised to call and report the next day. And sure enough, she appeared the following morning bright and smiling, and entirely free from the terrible mental depression, experienced the evening previous. Nor had she a particle of pain. I deem this a somewhat remarkable case from the fact that the patient's surroundings were far from good. She suffered a great deal of domestic

trouble. was nursing a young child night and day, was poorly nourished, ate little, and, from the cares of her young children, she lost a deal of sleep. Now, the simple prescription of this Homœopathic remedy did not change her mode of life, remove her domestic difficulties, nor in any way affect her surroundings. No external application was made; no tonic of any kind was given; her diet was not altered; and yet she was relieved in a short time of all her pain and mental depression, and this, too, despite the many natural obstacles in the way of her recovery. She has been under observation for some months, and has had, up to this time, no return of neuralgia.

J. MARTINE KERSHAW.

Medical News.

S. Worcester, M. D., has removed from Burlington, Vt., to Salem, Mass.

Your Card.—Send us your card when you renew. We want to make a collection of physicians' cards.

E. A. Guilbert, M. D., is president of the Bell Gold Mining Company. Doctors make poor speculators as a rule. "Every man to his trade" is a good rule.

Distant.—A firm in Sweden sends for this journal to place before "some clubs here." Our contributors will please remember that the scratch of their pens echo "round the world." "What is written remains." Ideas never die.

Married.—At the residence of the bride's parents, on Thursday, Nov. 14th, by Rev. J. T. Iddings, Dr. E. H. Damon, graduate of Cleveland Homœopathic Hospital College session of 1877 and 1878, to Miss Lillie B. Kelly, all of Reading Mich. May they live long and prosper.

Holiday Presents.—Doctor, allow us to whisper a word to your wife (or next friend): You cannot show a physician a greater kindness than in selecting a medical book for a present. We can send you any work you want. If you do not know just what to order, say: "Send me a good book for a present, costing about \$—." Enclosed find a list of names of books in his library." Arrange with the express agent and we will send it to your own address C. O. D., so that it may be a complete and happy surprise.

Another Year Closes and another volume! Two portly books to swell our libraries! As we look over the year what varied experiences have we all passed through! How many find an echo in these pages? What a number have been helped by the timely and practical suggestions of these published facts! Thanking all the contributors for their helpful articles, and congratulating readers and subscribers on the privilege of sifting the gleanings of so rich a field, let us join hands and away we go into the unrevealed experiences of 1879—for better, not for worse. That we may all learn more during the next year, in all of the medical sciences, and become more skillful prescribers, more successful collectors and prompt payists, is the humble wish of your editorial friend "at the hopper." Here is our hand. A Merry Christmas and a Happy New Year to all.

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